Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Salisbury District Hospital

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Tel: 01722336262

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Salisbury NHS Foundation Trust
Overview of the service	Salisbury District Hospital is the primary location for Salisbury NHS Foundation Trust. It provides a range of clinical care, which includes general, acute, and emergency services. The hospital provides both inpatient and outpatient services to people of all ages living in mainly Wiltshire, Dorset and Hampshire. The hospital also provides specialist services including being a centre for spinal injury treatment and rehabilitation. Just over 4,000 staff work for Salisbury NHS Foundation Trust.
Type of services	Acute services with overnight beds Community healthcare service Hospice services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Management of supply of blood and blood derived products Maternity and midwifery services Surgical procedures Termination of pregnancies Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Salisbury District Hospital had taken action to meet the following essential standards:

- Staffing
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Salisbury District Hospital is the main location for Salisbury NHS Foundation Trust. We visited the hospital to review improvements the Trust told us it had made to staffing levels and information governance. On our previous inspection in February 2013, we found staffing levels across the hospital were not always at levels to safely meet the needs of patients. We also found there were a number of occasions on wards in the hospital where we found patient records left unattended.

The Trust sent us a series of action plans to outline how it was going to improve in both of these areas. We went back to the hospital to check on progress, and also to ask patients and staff about their experiences of the service. All the patients we spoke to told us they found the staff caring and professional. They told us the wards were busy, but staff would answer the call bells and deal with any queries promptly.

We found the Trust had made sufficient progress to improve the staffing levels and skill mix. This included recruiting additional staff and reviewing the workforce plans on an annual basis. We also found the Trust had also put in place effective measures to prevent confidential patient information being left in areas accessible to the general public.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our visit in February 2013, we were not assured patients were being cared for by enough skilled, qualified and experienced nursing and health care staff in the hospital. The Trust provided us with a series of reports detailing the improvement plans and actions it was taking. Part of their improvement plan had been to recruit over forty nurses. The nursing director told us this had now been completed with the staff working across the majority of wards.

Patients we spoke with during this visit said they were not concerned about staffing levels. One patient told us "my experience has been good here; the staff are extremely nice and do their best". Other comments made to us included; "they (the nurses) are so busy but they look after me very well", "staff answer the buzzers quickly, except sometimes at night", "they are so wonderful".

We met with four senior ward staff from different areas within the hospital. All of them told us about how they were meeting with senior managers to review the staffing levels and skill mix in their respective areas over the coming weeks. One told us "it a very positive move by the Trust and it gives me the opportunity to make improvements to the staffing levels. Another told us "I'm looking to increase the night staff on my ward in response to rising workloads and the review will enable me to do this".

We looked at the staffing rotas in the areas we visited and these reflected the current staffing levels. Not all the staff we spoke with felt there were enough staff on duty at night. One staff nurse told us "there are only two qualified nurses on duty on the ward at night and we could do with another to cover breaks and medicine rounds". Another told us "it can be difficult at night when staff are newly qualified and need more supervision". We spoke with the nursing director about these concerns and she confirmed they would be looked at as part of the forthcoming reviews.

In the areas we visited across the hospital we saw there were sufficient staff to look after patient's needs and no one had to wait long for assistance. We observed staff talking with

and reassuring people, as well as providing clinical care and treatment. We saw the systems used by the hospital for reviewing staffing levels took into consideration dependency of patients as well as overall numbers. Staff we spoke with told us staffing on each ward was reviewed twice daily at the hospital bed management meetings. Where staffing shortages were identified staff were transferred from other wards and/or bank or agency staff were brought in.

One of the Medical Consultants told us "the staffing numbers have definitely improved over the last six months; the situation is a big improvement on the previous one". We met three of the new nurses employed and they told us how they felt supported and looked after by the Trust. Two nursing staff told us how the ward administrators had made a positive impact on the administrative tasks for nurses.

The introduction of the new staff and the on going recruitment drive for newly qualified staff had significantly improved the staffing situation since February 2013. The Trust told us it was an on-going process to maintain recruitment to meet its own targets. Staff and patients we met at the hospital told us they felt the current levels were safe, with any unplanned shortages addressed quickly without compromising patient care.

We had previously been concerned about how staffing levels were reported and considered at Trust board level. The Trust provided us with a range of reports from both the nursing and human resource directors which showed how this was now reported. They showed whether the hospital was meeting staffing levels, the use of agency and bank staff, unfilled vacancies and sickness levels.

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our previous visit we noticed there were a number of occasions on wards in the hospital where we found patient records left unattended by staff. This included full sets of patient notes unattended on nurses' stations, on patient tray tables (including beside unoccupied beds). We saw them left outside patient bays, for example on trolleys where they were not supervised by either the patients, or the hospital staff. We also saw patient drug charts left on nurses' stations without supervision. The Trust sent us the action plan to address this and we took this opportunity to check it had been implemented.

Staff we spoke with confirmed they had received training this year on keeping patient records safe and confidential. The new staff we met confirmed the subject had formed part of their induction training. In all the areas we visited staff we spoke with knew their responsibilities to ensure patient information was stored correctly to prevent unauthorised disclosure.

We had been told by the Trust it had introduced cover sheets for any patient records which were to be stored outside of patient's immediate bed space. This was intended to prevent any patient identifiable information being seen. We saw these covers used in two of the wards we visited and they clearly identified the information was confidential. However, the provider may wish to note in one ward we visited these cover sheets were not used for every record outside patient's rooms.

The Trust had also started a monthly audit of safe storage of information which involved senior managers visiting different parts of the hospital to check on compliance. We were shown the records of these visits and the actions taken to remedy any shortfall. An example was where on one ward all patient records were now stored in one designated area. We saw this arrangement during our inspection, and staff on that ward told us they thought it had been a positive improvement to help maintain confidentiality of records.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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