

# Review of compliance

University Hospitals Birmingham NHS Foundation  
Trust  
Queen Elizabeth Medical Centre

<b>Region:</b>	West Midlands
<b>Location address:</b>	Edgbaston Birmingham West Midlands B15 2TH
<b>Type of service:</b>	Acute services with overnight beds
<b>Date of Publication:</b>	February 2012
<b>Overview of the service:</b>	The Queen Elizabeth Hospital provides assessment and care to people for their health needs. It includes an emergency department where people can go following an accident or unexpected illness.

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

## Our current overall judgement

**Queen Elizabeth Medical Centre was meeting all the essential standards of quality and safety.**

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 because concerns were identified 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, carried out a visit on 30 December 2011, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

People who were receiving the service told us that they were treated with respect and that staff were helpful and informative. They told us that nurses and doctors gave them clear information about their health conditions, what investigations were needed and the treatment they required.

Comments received included:- "They have been really good. Have kept us informed."

We observed the activities within the department and noted that people's privacy and dignity was being maintained at all times.

### What we found about the standards we reviewed and how well Queen Elizabeth Medical Centre was meeting them

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

People's dignity and privacy are respected. The planning and delivery of care and treatment ensures people are safe, their welfare is protected and their needs are being met.

#### **Outcome 13: There should be enough members of staff to keep people safe and**

**meet their health and welfare needs**

There are sufficient numbers of suitably qualified, skilled and experienced staff to meet the health and welfare needs of people using the service.

**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.

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 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

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

We observed the activities within the emergency department. We noted that people's privacy and dignity was being maintained at all times. For example, all bays had curtains with the wording on them 'do not enter'. We observed staff respecting this, by checking whether it was appropriate for them to enter, before doing so. We saw that the nurse call system was within reach for people to activate, as required. People told us that staff had shown them how to use the call system.

We saw that people's dignity was being maintained. People were clothed or covered by blankets during our visit. We spoke with a person who said that they were cold when they arrived and had been wrapped in blankets. They looked comfortable and confirmed that they were, "Nice and warm."

People who were receiving the service told us that they were treated with respect and that staff were helpful and informative. They told us that nurses and doctors gave them clear information about their health conditions, what investigations were needed and the treatment they required.

Comments received included:

"They have been really good. Have kept us informed."

"Happy with care."

We spoke with a person's relative who told us that they had been discharged from the hospital a few weeks previously. They had been informed that staff were trying to

arrange for the person to be readmitted to the ward that they were on before. This meant that they would be familiar with the environment and staff on that ward.

We were shown the imaging department that was accessible by all staff at all times. This included the x-ray department and scanning equipment so that staff could diagnose people's illness.

We were told that nursing staff were able to refer people onto specialist services, where needed. During discussions with nurses they said they valued the additional input provided by military nurses. Military nurses were being employed in addition to the permanent staff. This served to complement the knowledge and skills in provision of appropriate care to people.

We were told that the emergency department had a dedicated consultant and that there was a stroke co-ordinator available at all times. This meant that people could receive specialist care and treatment, in a timely manner. The doctors' working rota included details and contact numbers of other consultants who could be contacted to provide specialist services.

We were told that within the accident and emergency department there was a team made up of a physiotherapist, occupational therapist and social worker known as the Rapid Emergency Assessment Community Team (REACT). This service was available Monday to Friday each week. This team assessed people with a view of arranging appropriate support to enable people to return to their own homes or suitable settings to meet their needs.

We heard on the announcement system that staff had been alerted to an imminent admission that would require urgent attention and of the likely arrival time. We observed the paramedics arriving with the person and saw that a consultant and team of staff were ready to receive the person. The paramedics provided a summary of their observations and treatment to the team and any clarification before leaving the department. This meant that the person received assessment and immediate treatment.

During our visit we observed people being transferred from ambulance stretchers to beds by using appropriate equipment to assist in their safe transfers.

During people's stay in the department we saw that staff regularly revisited people in their cubicles to enquire about their wellbeing and to carry out and record health observations.

During our discussions with staff, they told us that they were continually improving their practices in relation to regularly offering drinks to people.

### **Other evidence**

Although staff were allocated to specific areas of the department, we were told that during busy periods that staff would be flexible by moving temporarily to other areas to meet the demands of the service. We observed this in practice during our visit so that people received care as soon as practically as possible.

### **Our judgement**

People's dignity and privacy are respected. The planning and delivery of care and

treatment ensures people are safe, their welfare is protected and their needs are being met.

## 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 found that people were not waiting for excessive periods of time to be admitted and assessed by nursing and medical staff. People reported that they had not experienced any delays, when being assisted by paramedics. People made the following comments:

"No wait in ambulance, brought straight into cubicle."

"Did not have to wait in the ambulance."

We observed that a person who had been admitted had been assessed within fifteen minutes. We also observed a person was taken straight into a cubicle and the nurse attended to receive the handover from the ambulance staff.

We saw that people did not wait in excess of four hours in the department prior to admission or discharge with the exception of one person who was waiting for an ambulance. The arrival and departure times of ambulances were within a thirty minute timeframe. This meant that the department was operating efficiently.

We spoke with some staff on duty on the day we visited. All staff commented that the staffing team 'all pulled together' at busy times and when there was an unexpected event. Staff told us that they always had enough staff on duty to ensure people received timely assessments and appropriate care to meet their needs. Staff told us that changes had been made in the department that had resulted in improved practices in the care of people.

We had a discussion with the hospital ambulance liaison officer (HALO) who was employed for 37.5 hours per week by West Midlands Ambulance Service. He was based within the department and was responsible for efficient and timely arrivals of people admitted by ambulance. We discussed possible reasons for delays which might occur. These included, delay of the presence of medical staff receiving very ill people, many arrivals in a short period of time, cubicles not ready for occupation and unexpected situations requiring extra measures to be put in place.

#### **Other evidence**

We reviewed nursing staff allocations for the week commencing the 26 December 2011 to the 1 January 2012. The rota appeared to provide enough staff on duty to ensure that the provision of care, was effectively delivered within each area of the department. We found that where staff were unable to work that bank staff had been allocated to those shifts. We were told that permanent staff would also work an extra shift to provide the necessary cover.

We reviewed the doctors' working rota for the same period and found that there was an adequate skill mix including, consultants, registrars and senior house officers to meet the demands of the service. We saw contact details of other specialist medical staff that could be requested to attend, in meeting people's needs.

#### **Our judgement**

There are sufficient numbers of suitably qualified, skilled and experienced staff to meet the health and welfare needs of people using the service.

# 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

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