Inspection Report

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

Queen Elizabeth Medical Centre

Edgbaston, Birmingham, B15 2TH

Tel: 01216271627

Date of Inspections: 11 October 2012
10 October 2012

Date of Publication:
November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	University Hospitals Birmingham NHS Foundation Trust
Overview of the service	The Queen Elizabeth Hospital is part of the University Hospitals Foundation Trust. The hospital provides acute services to over 640,000 patients every year. The trust is a regional centre for cancer, trauma, burns and plastics, and has the largest solid organ transplantation programme in Europe.
Type of service	Acute services with overnight beds
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 Services in slimming clinics Surgical procedures 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

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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, reviewed information sent to us by other organisations, carried out a visit on 10 October 2012 and 11 October 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with stakeholders.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

During our inspection we spoke with over 60 people who were using the hospital, we also spoke with relatives, staff and visiting health professionals. In addition to the inspectors and expert by experience we were supported during the visit by a pharmacy inspector and a specialist theatre clinician. We looked at the care and treatment that people on five wards were receiving, visiting wards 303, 306, 511, 620 and 727. We went to five theatres to look at the care and treatment people were receiving when they were having an operation. We also looked at some of the systems in place to ensure the surgery was being undertaken in the safest way possible. In addition to wards and theatres we visited the departments of the hospital that dealt with complaints and clinical governance. In these departments we looked at the management of complaints and how the hospital monitored clinical practice and the care provided.

The majority of feedback we received was positive about the care and treatment people had received. Comments included, "I felt well prepared, informed. Staff have made it as easy as possible for me", "I can't fault it, my care has been exceptional from start to finish" and "I do believe I am getting the best possible care I can have."

The evidence we collected in theatres identified some minor concerns about the risks relating to surgical safety. We have issued a compliance action to ensure the improvements needed are made.

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

What we have told the provider to do

We have asked the provider to send us a report by 28 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in relation to their care and treatment.

Reasons for our judgement

During our inspection on wards 303, 306, 515, 620 and 727 we observed staff of all grades and disciplines supporting people in a way that was mindful of their dignity. We saw staff using the curtains around people's beds, and closing curtains and the doors to single rooms to ensure care was delivered in private.

We visited five of the hospitals surgical theatres during our inspection. The provider may find it helpful to note that we observed staff using swing doors between theatres to move around the department. We were informed this practice was against the hospitals own policy, and we observed this sometimes compromised the privacy of the person being operated on.

Staff we spoke with who worked in theatres and recovery explained that there had been occasions when the department had become overcrowded. This was because beds were not available for people on wards when they were medically stable to leave the recovery area. Staff described how this had impacted on people's dignity, as the recovery area was not able to provide separate accommodation for men and women. Staff explained that it was sometimes necessary to obtain food or drinks for people, or to facilitate relatives visiting the area if the person was held up there for sometime. Staff told us how this could be an unpleasant experience for people if other people recovering in the area were suffering from the effects of an anesthetic. At feedback we shared this information with executive staff, who explained the action already taken in response to these issues.

We observed staff introduce themselves to people, and address them in a friendly way. One person told us," No complaints from the surgeon down. Staff shake you by the hand and greet you each time you see them."

The majority of people we met had been supported to dress in their own clothes, and people in bed had been dressed and covered to protect their dignity.

We asked people if staff had explained the course of treatment they were due to receive. The majority of people we spoke with said staff had explained this to them well, and their

comments included, "They explain things well here" and, "The nurses tell me all the time what they are doing." However we also spoke to people who were not sure when their operation would be, or why they remained in hospital.

We found that people had been provided with information leaflets about their condition, and about the procedures they were undergoing. We spoke with two people who were getting ready to go home. They had been provided with information about their ongoing care, and had chance to read this and ask questions. They also had letters for their family Doctor.

We met one of the six hospital chaplains visiting ward 515. They explained to us that the hospital had a faith centre, and people who wished to express their faith could visit the centre, or arrange to have a visit from a chaplain or volunteer. Two of the people we spoke with, told us their faith was an important part of their life, and they had been supported with this during their hospital stay.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection we spoke with over 60 people. The majority of feedback from them was positive about their care and treatment, and comments included, " They are looking after me really well", "Care is wonderful, exceptional" and "I am as fresh and clean as I wish to be."

We followed the care of 25 people. This involved us talking to the person, observing the way they were cared for and reading records written about their treatment during their stay in the hospital. We found evidence that each person had been supported with basic personal care each day. This included washing, going to the toilet, and taking care of their teeth and mouth.

Some people we met were at risk of getting sore skin. The hospital had identified this as an area of priority to work on in 2012. All staff we spoke with on wards were aware of this, and were able to explain some of the initiatives being used to improve people's experience and care in this area. We observed a new simple sign that ward 515 had recently introduced that encouraged all staff to take responsibility for encouraging any person assessed to be at risk to move more.

We visited five operating theatres and we looked at the way the risk of sore skin was being addressed there when people were having operations. We looked at the care plan records for three people in theatres. The provider may find it helpful to note that the sore skin element of the care plan had not been completed in any of the three records. Staff we spoke with were not confident about how to complete this element of the plan. Lack of clear planning and records could place people at increased risk of developing sore skin during their time in theatre.

We looked at the action the provider was taking to reduce the likelihood of people having a fall during their hospital stay. The care records we looked at showed that everyone had been assessed for the risk of having a fall when they were admitted to the hospital. These assessments had been reviewed during people's stay. Two people we tracked had experienced a fall, and we found that immediate action had been taken to check the person, and then to re-assess them. This involved a range of professionals to reduce the chance of it happening again.

The hospital kept records about people in paper files, and on a specialist computer system. We did not find that all the paper records had been completed as frequently as the hospital said they should have been. For one person we found that three days of notes were missing from their file. When we brought this to the attention of staff they were not aware of this, and could not account for the care the person had received in those three days.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and hydration.

Reasons for our judgement

We looked in detail at food and nutrition for older people when we inspected wards 411 and 513 in April 2011. At that time we issued an improvement action, as we identified a number of shortfalls. At this inspection we looked at the food provided on wards 303, 306, 515 and 727, and the overall progress made with the food and nutrition action plan that had previously been supplied by the hospital.

People we spoke with were mainly happy with the food they were offered. Their comments included, "Food is ample, I enjoyed my breakfast this morning" and "I have never felt so full in my life!" Comments from people on ward 303 included, "Food is bland" and "Food is awful, it has no taste." These comments were out of keeping with the rest of feedback we received about food, and may have been related to the low sodium and potassium diets served on the ward. The trust informed of us work already undertaken with people needing this adapted diet and of the improvements achieved in recent months.

We looked at the food available for people who needed a soft diet or their food pureed. There was a choice of two meals available, and the presentation of food had greatly improved since our last inspection. We spoke with one visitor who was helping to feed their relative. They said, "I always try it before giving it to (my relative). It doesn't look great but the taste is there." People we tracked who required a soft or puree diet had been seen and assessed by a Speech and Language therapist and Dietician to ensure their dietary needs were known and could be met.

We talked to people who needed a vegetarian or Asian diet. People told us they had a choice of meals, and that they were generally satisfied with the quality and quantity of food provided.

We met four people who needed staff to help them eat their meal. We observed staff support people at a pace suited to them. We saw some people had been given a plate warmer or adapted cutlery, to help them eat independently.

Some people we met were at nutritional risk. Staff had completed a specific assessment about this. We found that the records about how much the person had eaten and drank had been completed in good detail. This enabled staff to manage the nutritional risk, and get additional support or supplements for the person if needed. The hospital gave people who were at nutritional risk a red tray at meal times. This helped staff to quickly identify the people who may need more support, and who would require records completing about

their food and fluid consumption.

Some people we met told us of specific instances when staff had helped them. This included a person who had a very small appetite due to their medical condition. They told us how staff would get snacks during the day for them to ensure they weren't hungry. We saw a person miss the lunch time meal, due to a being off the ward for a procedure. When the person was ready staff obtained a single portion meal from the kitchen, and the person told us they were pleased with the choice available.

During our time on the wards we saw house keeping staff make regular rounds with a drinks trolley. A selection of hot drinks were available for people, providing people with a choice, and were accompanied by a small snack. We observed some people who were not able to help themselves to the drink and we saw that staff supported the person within a reasonable time to have the drink. People told us, "My water jug is filled and changed at least twice each day" and "I always have a drink by me."

Cooperating with other providers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We met two people who were due to be discharged on the day of our inspection, so that they could continue their recovery at home. People we met showed us letters and information they had been given that morning. They had been given time to read the information, to ensure they understood what would happen next, and to give them chance to ask questions before leaving the hospital. One person we met was going to need support from the District nurse team. We checked and noted this referral had been made. Both people we met were waiting for their medicines to take home. Both people confirmed that they had all the possessions they came in to hospital with and were aware of the additional items that they were being discharged with.

We spoke with two people who had travelled from outside the local area for their surgery. They were aware of plans being made for them to transfer to a hospital more local to their home, when they were fit enough.

Staff in theatres told us of the systems in place to work together with specialist surgeons from other hospitals. They also told us how they work together with the agency responsible for managing organ donation.

We spoke to two professionals who were visiting the hospital in preparation to support people ready to go home. One told us that it could be difficult to contact the ward for information, "Staff never answer the phones here," and "I am not notified of changes in people's condition." They told us this does not help to ensure the person has a smooth, timely discharge.

Some people have contacted CQC after receiving treatment at the hospital. They had made us aware of their experience when the correct information, equipment or medication had not been provided at discharge. To address these and other concerns about discharge, the hospital undertook a review of 1000 hospital discharges, and developed a discharge quality group. The aim of the group is to improve patient experience and ensure the expectations for good discharges are being met.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The safe handling of medicines was assessed by a pharmacist inspector. The reason for this visit was in response to the NHS Foundation Trusts own internal audit of the safe and secure handling of medicines which the Department of Health had requested by 31 March 2012. CQC used this information in order to assess how the NHS Trust was handling medicines.

The pharmacy inspector visited three wards and the pharmacy department based in the old Queen Elizabeth Hospital site. We spoke with two pharmacists in the pharmacy department who told us what support was being given to all clinical wards and departments to ensure medicines were stored safely and securely. Three members of nursing staff told us that there was good support from the pharmacy to ensure medicines were stored correctly. We found that systems and processes for the safe storage of medicines were being followed.

We spoke with people about their medicines. One person who was looking after their own medicines told us 'I look after my medicines, which allows me to keep control because I take so many'. Another person told us 'The care here is excellent but I have had to wait up to five hours to get my medicines in order to go home'. Other comments were," I get my medication at the same time every day. Not a problem at all" and, "My medication has all been explained to me."

The pharmacy inspector visited three wards and found that medicines were stored in secure medication and clinical store rooms. Each room had a secure access key pad. The keys for the locked medicine cupboards and medicine trolleys were held by the nurse in charge of the ward. Medicines requiring refrigeration were stored safely. Daily temperature checks were recorded to ensure medicines were stored within the safe temperature range. Controlled drugs (CD's) were stored securely. CD's are medicines that require secure storage and extra recording. We found that CDs were checked daily by nursing staff and an audit was undertaken every three months by the Pharmacy Department to ensure accuracy of records and safe storage. This means that appropriate arrangements were in place for the safe and secure storage of medicines.

Arrangements were in place which enabled people to look after and manage their own medicines whilst staying as an in patient on the wards. Lockable facilities were available

for people to safely store their medicines. The provider may find it useful to note that one person did not use the locked cupboard which was provided. They had not realised it was lockable however they told us they never left their room. The arrangements ensured that people's medicines could be locked away safely.

An electronic prescribing system, called PICS, was used to record and document all aspects of medicine management. This system enabled detailed checks to be made on medicines, particularly to identify any medicine errors or if a medicine was not available to give. The PICS system enabled staff to find where a medicine was located in the hospital in order to obtain it as quickly as possible when the pharmacy department was shut. One member of staff told us 'the medicine locater on PICS is a big help especially as the pharmacy department is so far away'. The PICS system was used to record the administration of medicines. We looked at several people's records. We found that the PICS system documented the exact time a medicine was given and when a medicine had not been given a reason was documented. We looked at the PICS system for one person who looked after and took their own medicines. The records showed that the person was 'self administering' their own medicines, which was documented appropriately. This means that appropriate systems were in place for the safe management of medicines.

The time taken for medicines to be available for people to go home was being reviewed by the pharmacy department. The waiting times are monitored and we were told by pharmacy that the time taken for medicines to be available on the wards is reducing. The provider may find it useful to note that due to the location of the pharmacy department in the Old Queen Elizabeth Hospital site that this increases the time taken for medicines to be made available on wards in the new hospital.

Safety and suitability of premises ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

In June 2010 the University Hospitals Birmingham Trust, opened the new Queen Elizabeth hospital. This was the first scheduled inspection CQC had made to the new premises.

We spoke with people using the hospital and their relatives and asked them about the premises. People told us they liked the individual rooms, and the small shared use single gender bays. One person using a side room said, " I have had the peace and quiet I needed to concentrate on getting better."

People told us the areas they had seen had been kept clean, and their comments included, "Staff come in here and clean everyday" and "The place is kept spotlessly clean." All ward areas and theatres we visited were visibly clean. People told us they had the equipment they needed during their stay. We asked staff if adequate supplies of specialist equipment including mattresses were always available. Staff explained how they were usually able to obtain these quickly. One relative we spoke with said, " All of (my relatives) equipment has been clean and in good working order."

We spoke with staff in all the areas we visited about the premises. Staff told us that repairs were undertaken promptly.

The hospital is very large in size, and feedback we received from people and their visitors was that it could be difficult to get around the site. We observed some of the ways the hospital had addressed this. This included a buggy service from the car park to the hospital entrance, provision of wheelchairs from the hospital reception area to help people move around the site, and the training of volunteers to accompany people to their appointment. The provider may find it useful to note that some people we spoke with were not aware of these initiatives, and reported some anxiety and physical stress in travelling around the site.

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

We looked at the number of staff on duty on the wards and in the theatre areas we inspected. We found that all areas had the correct number of staff on duty to meet the ratio set by the hospital for the area. We found that due to sickness, planned leave and vacancies four of the five ward areas we inspected were supplementing their own established staff with staff from the trust staff bank (locate) and an agency. We asked for copies of nursing staff rota's to review the number and consistency of staff provided. The provider may find it useful to note that rota's and supporting documents provided by three wards did not show consistency of temporary staff or adequate cover at all times.

We talked to staff about the use of bank and agency staff. All staff confirmed that senior nurses were active in ensuring adequate numbers of staff were available across all shifts. We asked if there was continuity of temporary staff. One staff said, "Sometimes we get the same staff, but often it is a case of who ever comes back first to the request." Another staff expressed frustration at the time it could take to fill a vacancy. They explained how people had left the ward for new posts, or maternity leave and that it had taken months to get a permanent replacement. We followed this up with the chief nurse and some of her senior nurse team. They informed us of the current strategy regards recruitment of new staff, and explained how the management of staff is reviewed across the day, and in advance to ensure all shifts are well covered. We felt this was an improving situation, and the result of recent activity in recruitment should soon be evident on wards.

We looked at the staff numbers and skill mix at weekends and nights. We had been told this could sometimes be a time when staff numbers or the skills of staff available impacted negatively on people's care. However, comments received reflected positive experiences. One person told us,"There is no difference in the staffing at weekends. It is quieter on the ward." Another person told us, "The night staff have been great."

We asked people how they found the staff who support them. Some of the positive comments made included, "The nurses are great-some of them are a joy to be with," and "Great. Great staff. A great place." Other people told us it could be hard to get staff help when you needed it. One person explained this in turn could lead to them being uncomfortable while they waited for assistance to use the toilet. One person told us, "They are helpful when they want to be helpful. They don't like it if you buzz them." We observed the support staff delivered on four wards. We did not see people wait an unreasonable amount of time when they needed help. We observed staff work in a friendly and

professional way.

We looked at the number of staff on duty in the theatre and recovery areas. We found the numbers available met the requirement set by the hospital, but were informed that sometimes demand on staff was increased if patients were not moving out of the recovery area when they were fit to do so. At the time of our inspection we did not observe this, but staff informed us there could be a higher patient to nurse ratio than is acceptable, and that they thought was safe. We talked with trust executives about this during our feedback, and were informed of the action already taken to address the situation .

Assessing and monitoring the quality of service provision ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people receiving care in all areas of the hospital.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our inspection we visited four wards and a surgical admission suite. Staff of all grades showed us how they assessed and monitored the service being provided using audits. These audits ensured any risks relating to people's health and welfare were being identified and acted upon.

People we spoke with were familiar with staff and hospital volunteers asking them how they had found their care and treatment. People told us how they complete surveys at their bedside about various aspects of their hospital stay.

The trust operated a system of quality "dashboards". These were computer based charts displaying information in an easily understood format. Senior staff on wards we inspected showed us how they used these to get current feedback about the care being delivered to patients. Staff told us these helped to identify areas of good practice, and they also enabled them to respond quickly in the event of a concern being highlighted or flagged.

We looked at the systems for sharing information with staff across the hospital. Staff we spoke with who were based on wards told us they had regular staff meetings. These were an opportunity to learn of new developments, and to share ideas. The provider may find it useful to note that not all grades of staff working in theatre areas reported having the same opportunity.

We visited the Clinical Governance department of the hospital. Staff working there had specific responsibility to ensure the care and treatment the hospital was providing was continuously improving, and that the standards already achieved were being monitored and maintained. We tracked the work the department had undertaken in response to a number of incidents we had been made aware of. We found that the work undertaken to establish why the event had happened, and to explore and implement new methods to reduce the likelihood of the event being repeated were robust. We found that learning was shared with the relevant staff as soon as possible. We tracked one issue that had been

raised with the hospital as a complaint. We found the investigation that had been undertaken was robust, and feedback provided to the relevant ward. However our inspection did not confirm that the lessons learnt had been fully implemented.

We spoke with the Lead Pharmacist and the Clinical Governance Pharmacist about compliance with the medicines security standards. We were shown a copy of the Clinical Quality Monitoring Group Agenda dated 13 April 2012, which discussed the findings of an audit on medicine security. This audit identified that there were areas of low compliance with medicine security. Six recommendations were made, which included developing an action plan, education of staff and developing more robust systems of checking medicine security. We were told that this was an ongoing process with checks on medicine security being undertaken by the Practice Development Team and also the Pharmacy Department. We were told that new standards were being developed in order to agree consistency in medicine security across all wards and clinical departments. This shows that the service had identified areas of low compliance with medicine security but positive action was being taken to address these issues.

We visited five surgical theatres. We found there were three different operating lists in place for one of the theatres. Staff we spoke with could not confirm which list was accurate. Staff we spoke with could not confirm if people on the lists were all in the hospital, and if they were prepared and expecting surgery that day. Later in the day we found five of the six people from one list had been operated on. Theatre staff told us this event had been formally reported. During feedback the executive staff team told us of the plans in place to improve on this computer system, and the action they were taking in the short term to manage this and similar situations. The situation we observed could increase the risk of an error occurring in the theatre.

The World Health Organisation (WHO) developed a "Surgical Safety Checklist" for use in all operating theatres. It was developed to improve the safety of surgery. The hospital was using the checklist or an adapted form of this in the theatres we inspected. At the time of our visit we did not see the checklist consistently being used as it was intended. Guidance that accompanies the checklist states that some parts of the check should be clear, formal and read out loud. We did see examples of the check being completed fully and professionally but we did not always observe this to be the case. Following surgery a "sign out" check should be completed. We found staff who had been present during surgery had sometimes left the theatre area before the last check had been completed. We spoke about this with a Doctor who had been working on the implementation of the safe surgery checklist. They told us "There is still work to do, it remains a work in progress." The theatre staff we spoke with were all aware of the checks in place for swabs and equipment, and we saw these taking place. The inconsistent practices we observed in the theatres meant there was an increased risk of harm to people during surgery, as checks were not all completed, or not completed with the involvement of all the relevant staff.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We found the hospital was very active in obtaining feedback from people. Examples of this included people having chance to complete feedback using their hospital TV, and each meal time on quality forms about the food they been offered. People we met and spoke with told us that they were very familiar with being asked for their opinion about the care they received. Ward staff we spoke with, told us they had received training in customer care, and senior ward staff told us how they try and speak with people regularly to ensure any issues or grumbles are identified and resolved quickly during the persons stay.

We spent time in the complaints department, and read the hospital complaints policy. We found the policy was written in an accessible style. It explained in a clear and straightforward way how to raise a complaint. The provider may find it useful to note that people we spoke with were not aware of the complaints policy, or where to find it. People did tell us they would find out how to complain if there was a problem, or that they would be able to directly approach staff with these concerns. Some information we have received from people using the hospital in the past year suggests that people are not always confident about how to make a complaint, or who to address their concerns to.

We tracked the action taken by the trust in response to complaints received. We found that a letter of acknowledgment was sent promptly when people first contacted the trust. The letter included a date by which the person could expect a response. The complaint was then allocated to senior staff who worked in the division of the hospital stated in the complaint. Senior staff we spoke with and records they showed us, provided evidence that a robust review of the allegations made was always undertaken. We found that in some cases the review of the situation took longer than was initially anticipated. We found people had been sent new holding letters explaining this delay but in the three cases we looked at, the letter to advise of the dealy was sent several days after the person had been advised that they would have a conclusion to their complaint.

We visited the patient advisory liaison service (PALS) department. PALS staff are dedicated to help and support people when they have concerns or problems about NHS services. They can help people access the NHS complaints procedure. We found that staff working in this department had not received training in safeguarding. This training would help staff identify any potential adult abuse allegations in the information they handle.

People who remain dissatisfied with the outcome of a local NHS complaint investigation,

have the right to refer it to the Parliamentary and Health Service Ombudsman. This organisation provides an independent review of the way the original complaint was handled, and further investigation into the original complaint. We asked the Ombudsman for their feedback about the trust complaints handling procedures. They told us that the number of complaints being referred to them, and taken up by them had "dropped dramatically" in 2012. This suggests that local complaint handling has become more effective, and people are satisfied to a greater extent with the work undertaken locally to address their concerns.

We looked at the way learning from complaints was being applied back into practice. We found there were established pathways by which this occurred. Staff on wards were aware of complaints that had been made about their area and what changes had been recommended or commenced as a result of this.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Surgical procedures	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use medical and surgical wards. These systems were not adequate in theatres.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 November 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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