

Review of compliance

Oxford University Hospitals NHS Trust Horton General Hospital

Region:	South East
Location address:	Horton Hospital Oxford Road Banbury Oxfordshire OX16 9AL
Type of service:	Acute services with overnight beds Community healthcare service
Date of Publication:	November 2012
Overview of the service:	Horton General Hospital provides a wide range of acute services, including: general surgery, acute general medicine trauma and orthopaedics obstetrics and gynaecology paediatrics, critical care / coronary care unit, and a cancer resource centre. The hospital has 236 beds.

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

Our current overall judgement

Horton General Hospital was meeting all the essential standards of quality and safety inspected.

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

Why we carried out this review

We carried out this review 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 a visit on 21 August 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Patients told us what it was like to stay at this hospital and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether patients staying in hospitals are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a CQC inspector and joined by an Expert by Experience, who has personal experience of using or caring for someone who uses this type of service.

We visited four wards as part of our inspection. We went to two acute general medicine wards, a surgical ward, and a trauma and orthopaedics ward. We talked to 39 patients during our visit.

Patients were positive in their views of how they were supported by the staff team. Examples of comments they made included, "the nurses are excellent and so are the doctors". "This is a very good hospital". "The nurses are fine, I've got no problems with any of them". "They are very good staff and they take their time helping patients with their meals". "Meals have been fine in quantity and quality". "At first I didn't feel like eating, but the staff have encouraged me".

What we found about the standards we reviewed and how well Horton General Hospital was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was meeting this standard

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

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

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.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 01: 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 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Patients told us about their stay at the hospital and what the care and treatment was like for them. We were told, "they answer your questions and they do communicate about your treatment". "I have found them very helpful". "I think we get a lot of attention". We are very happy with the care and service of the nursing staff and doctors".

Other evidence

Is people's privacy and dignity respected?

The nurses we talked with gave examples of how they maintained patients' dignity. For example, they said they checked how staff were caring for patients to make sure they had pulled curtains around beds when providing intimate care or treatment, that patients had a cover across their body so they were not exposed, and that staff talked to patients politely and respectfully. We later observed nurses carrying out checks on the wards they were working on and saw how private and dignified care was promoted.

The hospital used a red peg system to ensure that curtains around bed areas on the wards were fully closed. The red pegs acted as a sign that under no circumstances were curtains to be opened while the red peg was clipped on the curtains. This was a

way of protecting patient's privacy and dignity whilst staff assisted with care needs.

The nurses, doctors, care staff, and ancillary staff we saw treated patients with respect and dignity at all times during our visit. We heard staff speaking to patients by their chosen name. We also saw staff approached and spoke to patients discretely and politely.

We spoke with the five nurses and eight healthcare staff. All said they respected patients' privacy and dignity by seeking permission before going behind curtains around beds, and knocking on doors before entering rooms.

We saw there were single sex bays on each ward, as well as toilet facilities designated for men or women only.

We observed a patient being cared for in a side ward and we saw staff regularly checking on them.

We saw a ward manager and other staff carrying out hourly recorded checks that included ensuring patients had a drink and their call bell was in reach.

Ancillary staff told us they were encouraged to treat patients as individuals and to engage them in conversation.

Are people involved in making decisions about their care?

Patients told us they felt could talk to nurses and the doctors at any time to be able to make their views known.

Patients told us they were confident that they would be able to request who assisted them with their personal care and the staff would aim to respect their wishes. All of the patients we spoke with told us generally they felt their views and preferences about their care were respected and implemented.

We looked at nutritional assessments and care plans for nine patients. They included information showing patients had been involved in helping to assess their nutritional requirements. They had also had an input into making decisions about what was in their care plan. We saw that nurses had documented to say they had talked to patients to confirm their involvement.

Our judgement

The provider was meeting this standard

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05: 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

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Patients told us about the meals they were offered at the hospital. One person said "The food is on the whole not too bad". Other comments were "The food has been surprisingly good". "The food is very good quality, I worry about having too much". "We have an evening drink and cake at nine pm, and other drinks are available at anytime including at night". A significant number of patients told us how they appreciated the availability of hot drinks through the night.

Other evidence

Are people given a choice of suitable food and drink to meet nutritional needs?

We saw the food choices served for the lunch on the day of our inspection looked appetising. The meal portions looked generous in size. The sweet trolley was taken to patients bedsides so they could make their own choices from the options available.

Patients told us they were happy that they had a choice of accessing the hospital shop and or trolley service when they preferred to have snacks and light meals.

We heard a nurse tell patients if they changed their minds about what they wanted to eat, to 'buzz for her' and let her know. We saw staff offered patients choices of meals at lunchtime.

Patients we met drew our attention to a notice board on the ward. This had a description of the catering services available to them in the hospital. The notice board explained that 'snack boxes' were available 24 hours a day. Nurses told us they ordered

snack boxes for patients who had missed meal service on their ward, for example because they were not on the ward at lunchtime.

Two of the nurses told us that care records contained nutritional information about patients' needs for food supplements and/or fortified drinks. They told us they followed the care directions to ensure patient's nutritional needs were met.

Are people's religious or cultural backgrounds respected?

We saw information in care plans explaining how to meet patient's religious and cultural needs. The menus offered patients meal choices that reflected cultural and religious needs, for example we there were Halal foods were available.

Are people supported to eat and drink sufficient amounts to meet their needs?

We observed patients who needed assistance at mealtime being well supported by nurses and health care staff. We saw staff gently encourage patients to eat. We heard one nurse ask a patient if they could, "tempt them with something different". We saw a ward manager ensured that care workers helped position someone correctly in bed so they could eat their meal safely and in comfort.

The nurses we spoke with told us the hospital used the MUST (Malnutrition Universal Screening Tool) assessment system to identify patients who were at risk of malnutrition. The tool included guidance to help to write a care plan based on what nutritional needs and risks had been identified from the assessment. There was detailed nutritional assessment information in the eight care plans we looked at. These showed staff had worked with patients to identify their dietary needs with them. We saw information in the care plans that set out clearly how to help patients to meet their identified dietary needs.

One of the care workers told us that 'protected mealtimes' helped ensure patients got the time needed to be assisted to eat their meals, because staff were not engaged in other tasks during those times.

We saw patients had jugs of water and other drinks on their personal trolleys at their beds. Care workers refilled the of water jugs through the day. We saw domestic support staff were available to make someone a hot drink when they needed one.

A ward manager told us that staff were asked to report any observations of patients who appeared to have difficulty eating and drinking enough.

Our judgement

The provider was meeting this standard

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Outcome 07: 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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

All of the patients we met said they were able to talk to ward managers, nurses or any of the other staff if they had concerns. They said they were confident staff that would take them seriously and try to resolve issues if they raised them. One patient said "I could not ask for better care". Another patient commented, "the way staff cared for me and other patients is excellent". Patients and their families also told us they felt safe and confident that they could engage with medical staff when they needed to talk to them.

Other evidence

Are steps taken to prevent abuse?

We looked at the training records of ten staff who were on duty on the day of our visit. The staff training records confirmed nurses and care staff went on regular training courses so that they knew how to keep patients safe from the risk of abuse. The staff were knowledgeable about the different types of abuse that can occur and how to keep patients safe. All of the nurses and care workers we met confirmed they had done regular training and on the subject of safeguarding.

Do people know how to raise concerns?

We saw the hospital's complaints procedure on display in prominent areas of the hospital. We also saw that the Patient Advice and Liaison Service (PALS) was publicised on the wards, with posters on display. This information helped people know

how to raise any concerns they might have. The people we talked with knew about this service. They also told us they felt confident concerns would be taken seriously by the hospital.

We saw a copy of the hospital safeguarding procedure was kept on the wards if needed.

The nurses and healthcare workers knew about whistle blowing at work. They understood it meant to report alleged dishonest or abusive activities in an organisation.

Are Deprivation of Liberty Safeguards used appropriately?

We talked with the matron about how the hospital ensures Deprivation of Liberty Safeguards (DoLS) are used appropriately. The matron showed us a copy of the DoLS screening tool used by the hospital. The tool was to help staff assess patients at risk and who lacked mental capacity to consent to decisions to restrictions on their liberty. It also helped staff to reach a decision about the minimum level of restriction for which to make an application for approval. The matron said they were the DoLS lead person in the hospital. They told us there was a weekly review of each patient and at the review the subject of DoLS was always on the agenda.

The nurses we met told us they had done training about DoLS and its impact on patients.

Our judgement

The provider was meeting this standard

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

All of the patients we met told us staff were supportive and helpful to them. Patients told us, "the way staff cared for me and other patients is excellent". "This is my second stay in hospital and it is the best experience I have with nursing staff, they are very caring". "I am in the right place being cared for by those who understand my illness better than I do". However one patient told us "on the whole they do a good job, but there are too few nurses".

Other evidence

Are there sufficient numbers of staff?

One of the ward managers told us staffing levels were assessed and increased where needed to ensure there were enough staff on duty to meet patients' nutritional needs. This was evidenced on one of the wards we visited, where staffing levels had recently been increased at meal times.

We observed doctors, the nurses, and other health care staff cared and provided treatment for patients in an unhurried calm and respectful way. The staff were polite and attentive and we saw them meet patient's needs without unnecessary delay. We saw staff taking time with patients providing specific care and treatment, including helping patients to eat their meals. We observed there were sufficient numbers of staff on duty to meet patients' nutritional needs. We also observed the staff had the time to care for patients in a way that promoted their dignity.

Do staff have the appropriate skills, knowledge and experience?

The nurses and health care workers told us about some of the needs of patients they looked after at the hospital. The staff knew patients' needs and told us how they supported them. They shared with us specific examples of when they supported patients with dietary needs and maintaining their dignity.

The nurses we met told us they had opportunities to discuss practice issues in small groups. They said this helped to increase their awareness of dignity needs and the development of their skills in meeting them.

The nurses told us there were two 'lead' nurses for dementia in the hospital. Their role was to promote awareness of the needs of patients with dementia and how to maintain their dignity.

Our judgement

The provider was meeting this standard

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

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

Patients showed us their records that were kept by their beds. Patients told us they looked at these records to see what staff wrote about them. We were also told by some patients we met that they had asked to see their medical records and this request had been granted.

Other evidence

Are accurate records of appropriate information kept?

We saw that up to date food and fluid intake records were maintained for patients who had been identified at nutritional and/or hydration risk.

We saw up to date information in patients' daily records that showed about how much food and fluid patients had consumed. There were informative assessments of patients' needs that were written by members of the multidisciplinary team of professionals who were caring and treating patients at the hospital. There was a range of information that showed patients' needs including their dietary needs had been identified. The care plans we read guided staff on how to meet the needs that were identified in patients' assessment records. We saw care plans showed what support and guidance patients required to ensure their dietary needs were met.

Are records stored securely?

The staff told us that some care records were kept electronically. We were told that the online system was password protected and only staff trained to use the system properly could access it.

We saw care and monitoring records about patient's care, treatment and welfare were kept discreetly by their bedside. Patients showed us their records and said they appreciated them being left available for them to read if they wished.

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.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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