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

Furness General Hospital

Dalton Lane, Barrow In Furness, LA14 4LF
Tel: 01539716689

Date of Inspections: 26 October 2013  
25 October 2013

Date of Publication: December 2013

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

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<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✔</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✔</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
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<tr>
<th>Registered Provider</th>
<th>University Hospitals of Morecambe Bay NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of the service</td>
<td>Furness General Hospital (FGH) is located on the outskirts of the town of Barrow in the south of Cumbria. It contains one of two accident and emergency departments (A&amp;E) that are managed by the University Hospitals of Morecambe Bay Trust (UHMBT).</td>
</tr>
<tr>
<td>Type of service</td>
<td>Acute services with overnight beds</td>
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</tbody>
</table>
| Regulated activities | Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Management of supply of blood and blood derived products  
Maternity and midwifery services  
Surgical procedures  
Termination of pregnancies  
Treatment of disease, disorder or injury |
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Summary of this inspection

Why we carried out this inspection

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

- Care and welfare of people who use services
- Cleanliness and infection control

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 25 October 2013 and 26 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited the Furness General Hospital (FGH) to check that improvements had been made to cleanliness and hygiene following an inspection that found the hospital non compliant with Outcome 8, cleanliness and infection control.

We spoke with people who used the service (patients) and asked if they were satisfied with the care they received, they told us:

"Yes I'm being looked after."

"I am impressed with nurses, cleaners, everybody! They're working non stop."

"The standard of care is excellent."

"It's alright."

We found that the University Hospitals of Morecambe Bay Trust had made the required improvements to achieve compliance with cleanliness and infection control, specifically within its accident and emergency department.

We had also received information of concern from a member of the public about a specific ward at the hospital. On inspection of the ward we found that patients were being looked after to an appropriate standard. We did identify areas that required improvement around palliative care, however the Trust was already aware of some of the issues and were working towards improving practices.
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

<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
<td></td>
</tr>
</tbody>
</table>

### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

### Reasons for our judgement

We had received a complaint from a member of the public about the standard of care on one particular ward at the Furness General Hospital (FGH). We visited the ward as part of our inspection which was undergoing extensive re-furbishment. We were told that when the re-furbishment work was completed that the ward would provide cancer treatment as well as general medical treatment. We spoke with people who used the service (patients) and asked if they were satisfied with the care and treatment they received. They told us:

"Yes I'm being looked after."

"I am impressed with nurses, cleaners, everybody! They're working non stop."

"The standard of care is excellent."

"It's alright."

We spoke with the staff and asked if there was sufficient staff to give patients appropriate levels of care, they told us:

"There's plenty of staff."

"We are well supported, the sister's marvellous."

"I like my job I like looking after the patients."

"I hope they keep the staffing levels up."

We observed the nursing and medical staff during the morning of our inspection. They were busy assisting patients with their morning routines which included bathing, washing and dressing for those who required that level of support. Patients were also having
breakfast, we noted that those who required support with eating received it and that all the patients had eaten well. We saw that the staff worked quickly and efficiently but also made time to speak with patients in a warm and friendly manner. There were two doctors on the ward who were checking to see if patients required any additional treatment or medication.

We looked at a care and treatment plan for one patient that related to their end of life care and support and spoke with their relatives and staff. We found that the patient’s deteriorating condition had been assessed and discussed on several occasions between different medical and nursing staff. We saw that decisions had been taken about resuscitation without making it clear why the patient had not been spoken with. We saw that at different times the patient’s relative had been given different information by a variety of medical nursing, social work and therapy staff. Speaking with the relative we could see that this had resulted in a disjointed and sometimes contradictory dialogue about the patient’s care and management plan. We found that a multidisciplinary approach had not been taken to planning their care and end of life management as their condition changed and deteriorated. Communication was not being coordinated with all involved in order that all could understand and agreed how care and management of the patient was to proceed.

We spoke with the ward manager and found that there would be support provided for staff on the ward by oncology staff and specialist palliative care nurses within the hospital. Additional training was being provided on effective communication and developing interpersonal skills. The bereavement specialist nurse was going to be available to discuss issues and support staff in the workplace. Additionally the specialist oncology and haematology nurses were doing ‘drop in’ sessions to help staff with practice issues and build their knowledge base. A palliative care ‘link nurse’ was also in place to act as a resource to the ward. On line training was available to all staff on the ward on a variety of practice areas. The ward manager and staff we spoke with were aware of the challenges involved in such a change to the specialities being cared for on the ward. However they showed a commitment to meeting the challenge through good forward planning and to use all the resources available to them to maintain safe and effective patient care. We were also assured by senior staff that the use of the Liverpool Care Pathway for palliative care had ceased and that an alternative method of providing good quality care for patients at the end of their life was in use.

We spoke to senior staff about the complaint we had received. They told us the complaint had been formally investigated and that the investigation was nearly concluded. Though the CQC does not deal with individual complaints we will continue to monitor the progress and outcomes of the complaint about this ward.
# Cleanliness and infection control

Met this standard

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

### Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

### Reasons for our judgement

When we previously inspected the accident and emergency department (A&E) within Furness General Hospital (FGH) we found that it did not meet the required standards of compliance for this outcome. High dusting had not been carried out on the curtain rails between cubicles and some mattresses were ripped and not fit for purpose. We looked at the resuscitation area within A&E and found exposed electrical wiring, an anaesthetic tube that had not been correctly stored which had resulted in the end of it hanging into a drain and general untidiness. There was also a sink that had not been cleaned, a dirty windowsill and beneath a fridge there was a number of discarded needle covers and a layer of dust and dirt.

When we inspected on this occasion we found the all the areas within the A&E department were clean and tidy. High dusting was being carried out and we found no trace of the previous problems. We looked at the resuscitation area and found that it was tidy, all electrical wiring was correctly fitted and not exposed and equipment had been correctly put away. We looked under the fridge and found that the floor underneath had been cleaned. We also noted that the sink and some floor coverings had been replaced. There was a cleaning rota on display that had been signed to say when cleaning had been carried out and by whom.
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:

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<td>Safeguarding people who use services from abuse</td>
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<td>Safety and suitability of premises</td>
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<td>Safety, availability and suitability of equipment</td>
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<td>Assessing and monitoring the quality of service provision</td>
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<td>Records</td>
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#### 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.