

Review of compliance

North Bristol Trust Frenchay

Beckspool Road, Frenchay, Bristol, BS16 1ND

Region:	South West
Location address:	Frenchay Hospital Beckspool Road, Frenchay, Bristol, BS16 1ND
Type of service:	Acute Services
Publication date:	May 2011
Overview of the service:	<p>North Bristol NHS Trust provides hospital and community healthcare to the people of Bristol, South Gloucestershire and North Somerset and they are also a specialist regional centre for neurosciences, plastics and burns, orthopaedics and renal services.</p> <p>Frenchay Hospital is registered with the Care Quality Commission to provide the following regulated activities nursing care, diagnostic screening, surgical procedures and the treatment of disease, disorder or injury. They</p>

	<p>are also registered to provide the regulated activity Transport services, triage and medical advice which is provided remotely</p> <p>They support both adults and children at Frenchay Hospital. There are two specialist children services, a brain injury unit, an accident and emergency unit and 26 wards on the site including coronary and intensive care.</p>
--	--

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

What we found overall

We found that Frenchay was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.

The summary below describes why we carried out the 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. We looked at the 16 Essential Standards for Quality and Safety.

- Respecting and involving people who use services
- Consent to care and treatment
- Care and welfare of people who use services
- Meeting nutritional needs
- Cooperating with other providers
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Management of medicines
- Safety and suitability of premises
- Safety, availability and suitability of equipment
- Requirements relating to workers
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints
- Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out an unannounced visit on 22 and 24 March 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

We visited seven wards over a two day period. We spoke to a minimum of two patients on each ward. In addition we spoke to six medical staff, six ward managers ten nursing staff and two matrons.

What people told us

People told us that staff treated them with respect and that they were involved in decisions about their care.

We observed that people's privacy and dignity was respected by staff both in delivering care and when discussing their care for example in supporting a person to move from their chair into their bed whilst wearing a hospital gown, the curtains were closed.

One person said "you cannot fault the nursing staff but they are busy". Another person said "the doctors have told me what is going to happen, but today I went for some tests and I only knew about it when a porter came to collect me".

Another person who said they had been to Frenchay Hospital on many occasions said "I always have the care and attention I require, the nursing staff are busy but they do their best".

"They draw the curtains every time. Everybody has been wonderful and lovely. They are all angels".

One person said "the doctors were very good but sometimes there was a delay in what should happen, for example, a change of medication or you may get told about a test and this may not happen for a couple of days".

One person we spoke to said "I am independent in all areas of my personal care and this was encouraged by the ward staff". Another person said "the staff help me to have a wash but encourage me to do the areas that I can manage".

We reviewed peoples' medical records and found that written consent is obtained for surgical or invasive procedures such as an operation or an endoscopy. Consent was sought in an appropriate manner recording the risks associated with the procedure and both the clinician and the person's signature.

People told us that they had good care from the staff. However one person we spoke to said they felt they were short staffed all of the time and staff were "hard pushed".

We saw that suitable care was provided and staff were caring and considerate towards people who use the service. However, admission documentation was not completed with person centred information such as their food likes and dislikes and details of their usual daily routine, although the documentation template had sections which cover person centred information. We were told that the admission documents are completed by the ward or unit admitting the person but that this information is not reviewed again to complete the missing information when a person changes wards.

Although there were mixed sex wards, men and women were afforded some privacy within single sex bays, which have single sex toilet facilities within them and separate single sex washing facilities in line with government standards.

People told us that staff were responsive to their needs and responded on time when they used the call bell.

People told us that on the whole the food within the hospital was good. People told us that they have a choice of meals although if they moved wards their food order did not necessarily follow them and although they may have a choice on the new ward initially it may only be sandwiches and not a hot meal. People told us that they enjoyed the food they had.

The wards that we saw were clean and had suitable facilities for hand washing. There was alcohol gel available at the entrance of each ward and signs alerting visitors to use it. People who use the service told us that they felt that the wards were cleaned regularly. We observed cleaning going on during the visit. Each ward had a number of domestic staff to assist with the cleaning of the ward.

North Bristol Trust seeks the views of people, using in-patient surveys. The Trust uses the information gathered to monitor and improve the quality and safety of services. This was confirmed in quality audits completed on wards. We were told by the senior management team where common trends had been identified then the matrons would liaise with the wards to devise an action plan.

People we spoke to said they would be able to complain to the staff on duty if they were concerned about the care they had received.

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

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are given information about their care and treatment and are involved in decisions made about their care. People are treated with respect.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People were supported to make decisions about their day to day care and treatment they receive whilst at Frenchay Hospital. This could be improved if people's capacity to consent was discussed at the point of admission.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

The Trust has initiatives in place to improve the outcome for people receiving a service including falls, wound care management and nutrition. People can be confident that they receive the treatment and the support they require.

Appropriate equipment is not always available to meet some specific clinical needs.

Overall, we found that Frenchay Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 5: Food and drink should meet people's individual dietary needs

People can be assured there are systems in place to ensure that their nutritional and fluid intake is being met during their stay at Frenchay. The menus offer choice and cater for specialist and cultural diets.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

The Trust works in partnership with other agencies to ensure the health of the people using the service is met.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

Suitable arrangements are in place to ensure people can be confident that safeguards are in place to protect them from harm. The Trust has developed an improvement plan to ensure that processes are in place and the staff have the necessary skills where an application is made in respect of Deprivation of Liberty Safeguards.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

The environment was clean and free from infection. There were suitable systems in place to minimise the risks of cross infection and wards were kept clean and free from odour.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

People could be confident that there were systems in place to ensure their medication was administered safely.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The premises are safe, accessible, and well maintained and there is a plan that will improve the lay out and design of areas where people will be cared for at the new single acute hospital at Southmead.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

People cannot always be confident that equipment could be sought to in a timely manner to reduce the risks of pressure wounds. Systems were in place to ensure that equipment was clean and safe for use.

- Overall, we found that Frenchay Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Systems were in place to ensure appropriate recruitment checks were completed on staff thus protecting the people they were supporting and ensuring that suitable staff were employed.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

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

Strategic planning of staffing arrangements was in place to ensure that the hospital as a whole could provide safe levels of care. At times the hospital has to move staff from one ward to another to meet the needs of the whole site and ensure consistent care is provided. This was more noticeable during the winter months with the pressures of increased admissions to the hospital.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The Trust has made suitable arrangements to ensure that staff have the appropriate training to fulfil their roles and this is kept under review. Where there were shortfalls action plans were in place to ensure compliance. Support mechanisms were in place for staff.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Systems were in place to measure and improve the quality of the service provided in all areas of the running of the Trust. This included seeking the views of the people who use the service.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

An effective system was in place to ensure that concerns and complaints were investigated in a timely manner with actions taken where appropriate to improve the patient experience of care.

- Overall, we found that Frenchay Hospital was meeting this essential standard.

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

People could not be confident that a full assessment of need was completed on admission detailing their preferences on how they wanted to be supported. There were gaps on admission records and that the recording was not consistent from one ward to the next.

People could not be confident that information held about them is held securely.

- Overall, we found that Frenchay Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 20: People can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken.

Systems were in place for the reporting of incidents to the Primary Care Trust and the Strategic Health Authority. However there was a delay in incident data being submitted to the National Patient Safety Agency. This means that we are unable to act swiftly to ensure ongoing compliance and check that suitable action has been taken by the Trust.

- Overall, we found that Frenchay Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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 1: 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

Our findings

What people who use the service experienced and told us
People told us that staff treated them with respect and that they were involved in decisions about their care.

We observed that people’s privacy and dignity was respected by staff both in delivering care and when discussing their care for example in supporting a person to move from their chair into their bed whilst wearing a hospital gown, the curtains were closed.

One person said “you cannot fault the nursing staff but they are busy”. Another person said “the doctors have told me what is going to happen, but today I went for some tests and I only knew about it when a porter came to collect me”.

Another person who said they had been to Frenchay Hospital on many occasions said “I always have the care and attention I require, the nursing staff are busy but they do their best”.

“They draw the curtains every time. Everybody has been wonderful and lovely. They are all angels”.

One person said “the doctors were very good but sometimes there was a delay in what should happen for example a change of medication or you may get told about a test and then this may not happen for a couple of days”.

One person we spoke to said “I am independent in all areas of my personal care and this was encouraged by the ward staff”. Another person said “the staff help me to have a wash, but encourage me to do the areas that I can manage”.

Although there were mixed sex wards, men and women are afforded some privacy within single sex bays, which have toilet facilities within them and separate washing facilities.

We saw that information leaflets are displayed on the wards. These were about clinical conditions, operations, or a particular speciality related to the type of ward. These leaflets are produced in English and other languages and there is information displayed about interpreter and advocacy services that can be made available when needed.

Other evidence

North Bristol Trust declared they were compliant with this outcome area when they registered under the Health and Social Care Act in April 2010.

Patients periodically complete surveys in respect of being treated in a dignified and respectful manner. This is a national survey and results are compared to other Trusts. The Trust scored above the national average in this area. This was further evidenced from the cross section of people we spoke to during our visit whose comments were generally positive about their way they were treated by the staff.

This same survey asked people whether the medical and nursing staff fully explained what was going to happen enabling them to ask questions about their care. The Trust scored similar to expected in relation to national statistics.

We reviewed care documentation during the visit in respect of the care individuals received. Whilst people were consulted about the treatment they were receiving there was limited information about how the “individual” wanted to be supported. This included basic information about personal preferences in respect of likes and dislikes of food, what they wanted to be called, what personal care assistance they preferred baths for example a shower, bath or a wash. This was found in all the care plans (14) viewed that information was incomplete or lacked any personal information to enable a person to be supported in a person centred way.

We looked at the admission process for twelve people during our visit. The admission documentation completed by the nursing staff did not include how the

person felt about their illness, their anxieties or their hopes even though this formed part of the assessment process. This information would enable individuals to describe how they wanted to be involved and what additional support they needed if any, enabling a staff to support individuals in a person centred way.

From conversations with nursing staff there was some confusion on what the initial admission assessment was for. One member of staff said that this provided them with a baseline on what they could do prior to admission. Another member of staff said that the admission assessment was a tool to devise the plan of care for the person whilst they were on the ward. An example where this was misleading was that for one person the entry said “they were independent in personal care”, however from our observations of the person they were unable to independently complete this area of care without some care support due to a broken arm. Another example was a person who used a walking aid at home but due to a fall they could not safely use this in the hospital but there was no reference to this in the admission documentation to inform the staff.

A national inpatient survey was conducted in 2010. The survey highlighted many positive aspects of patient experience, with 93% of patients rating their care as good or excellent and 96% of patients reported that they were treated with dignity and respect (81% stated always, 14: stated sometimes). In the key patient experience indicator of whether the patient would recommend the Trust, NBT received a positive response from 92% of patients against a national average of 91%.

Our judgement

People are given information about their care and treatment and are involved in decisions made about their care. People are treated with respect.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant

Our findings

What people who use the service experienced and told us
We reviewed fourteen peoples' medical records and found that written consent is obtained for surgical or invasive procedures such as an operation or an endoscopy. Consent was taken in an appropriate manner recording the risks associated with the procedure and both the clinician and the person's signature.

Nursing staff told us that they always gain verbal consent prior to taking a person's blood pressure or taking blood from a person and we observed that this happened in practice.

Nurses told us that they always ask the patient whether they want care delivered at the point of contact and they offer a choice of how this is delivered. We were told this is the same for people who are temporarily confused or are diagnosed with dementia. Nurses would ensure that people understand what is happening with their care by clearly explaining what was happening to them.

People we spoke to told us that nursing and medical staff ask before they assist

them and explain what they are doing to enable them to make a decision. People said the medical staff keep them informed about their care.

Other evidence

We looked at the care records for a minimum of two on people on each of the seven wards we visited. We did not see that an assessment had been made in respect of the person's capacity to make decisions or give consent on admission. This means that a person's ability to make decisions was not formally established or reviewed on a regular basis as the person's health changed.

Staff told us that people were given their consent forms when they were going for invasive procedures including surgery. They said the doctors ensure that the consent forms were completed and the nurse double checks consent has been recorded before the person goes down to theatre.

Staff said that where individuals were confused or unable to make decisions then best interest meetings would occur and this would be discussed at the weekly multi disciplinary meetings held on the ward. It was not clear from talking to both the nursing and the medical staff who would lead the process if a referral was required in respect of the Mental Capacity Act 2005.

Staff said that there were policies to guide them and that they had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Trust has developed an action plan to ensure compliance in this area and improve practices which includes training for staff and clear policies and procedures. We were forwarded a copy of the action plan.

Our judgement

People were supported to make decisions about their day to day care and treatment they receive whilst at Frenchay Hospital. This could be improved if people's capacity to consent was discussed at the point of admission.

Outcome 4: 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

Our findings

What people who use the service experienced and told us
People told us that they had good care from the staff. However one person we spoke to said they felt they were short staffed all of the time and “hard pushed”.

We saw that appropriate care was provided and staff were caring and considerate towards people who use the service. However, admission documentation was not completed with person centred information such as their food likes and dislikes and details of their daily routine, although the documentation template has sections which cover such person centred information. We were told that the admission documents are completed by the ward or unit admitting the person but that this information is not reviewed again to complete the missing information when a person changes wards.

Each person’s medical notes we saw contained plans for treatment and care for the individual based on their assessed needs and included information from medical staff, nursing staff and allied healthcare professionals although there was a lack of consistency in the maintenance of these records. For example on six of the seven wards there was separate nursing and medical notes where as on one ward all professionals were using the medical record to record daily care and treatment.

We saw evidence that peoples’ needs are risk assessed, for example, manual

handling, bed rails, pressure ulcers and wound management assessments are in place. There is also an “early warning scoring” system in place to monitor people for deterioration in their condition. This was a collated assessment of the person’s general observations, for example, blood pressure, heart rate and temperature in order to determine a risk score. The timings of nursing observations were determined by the early warning score. This was completed for all of the people’s notes we saw and appropriate actions had been taken as a result of the observations made.

Staff told us that people who use the service are involved in decisions about their care. We were told that the medical team not only engage people about their condition, treatment and care during the ward round but that junior doctors continue to engage with people to ensure that they understand and have enough information about their care. Through this, and ongoing nursing and allied healthcare professional engagement, staff ensured that people were empowered to make decisions about their care.

People told us that staff were responsive to their needs and responded on time when they used the call bell. One person told us though that their call bell was broken and although they had reported it. It had not been resolved promptly. We reported this to the ward manager who gave reassurances that this would be resolved.

Other evidence

Staff were able to talk us through the admission process. Staff highlighted the need for nursing assessments including baseline observations, blood pressure, blood specific infection screening, risk of falls, the need for bed rails and nutritional screening. Also referrals to the speech and language therapist and physiotherapists in relation to swallowing and falls respectively as part of the process. However, whilst there were risk assessments, there was limited information on how the person was to be supported in a person centred way. For example a person who was at risk of falls or malnutrition a standardised plan was in place which lacked information pertinent to the individual. The plans were a “one fit all” care plan.

Nursing staff told us that doctors discuss treatment plans with the individual before the treatment was decided. In terms of “track and trigger” and care of a deteriorating patient, staff said that an assessment was completed to determine the frequency of observations. Records were seen confirming this.

The reduction of falls is one of the priority areas that the Trust has been focusing on. As part of this review we considered the steps the Trust has taken to achieve this improvement. This has included staff training, developing a new assessment to minimise risks and ensuring improved observations were put into place for those at risk of falls. Some staff we spoke with confirmed they had attended training and that they were aware of the work that was being completed in this area to reduce the risks to patients.

We have been informed of falls where an injury has occurred through reports the

Trust have made to the National Patient Safety Agency. We have also been provided with information from the Trust as part of this review. We saw in Board minutes that the Board highlighted patient falls as the highest category of patient incidents reported across the Trust with a number of falls resulting in serious harm.

We were told in information received as part of this review there was a working party looking at this particular area and looking at ways of minimising falls. We were told that the "Falls Prevention Group" was disseminating information to ward managers and matrons so that this could be cascaded to all care staff.

We were told that all patients would be assessed for their risk of falls and where there was a high risk a falls care plan would be in place. Where patients have a risk of falls the frequency of observations was increased to hourly observations. This was confirmed in conversations with nursing care staff.

We were told on one ward that if a person was at risk of falls, they would be moved closer to the nursing station for more effective monitoring.

The Falls Prevention Group, review incidents of falls to establish the root cause. The Trust has developed an action plan to reduce falls by 20% by November 2011. Evidence was provided as part of this review that the Board were being kept informed of the progress of the working group. A falls "Dashboard" has been developed to improve monitoring.

Where bed rails are required to maintain a persons safety we saw that risk assessments were completed to ensure that the rails do not pose additional risks to the patient for example, when a person is confused.

From the information we had about North Bristol Trust we saw an increased trend in reporting pressure wounds and the lack of pressure relieving equipment through the information the Trust has reported to the National Patient Safety Agency. We requested information from the Trust as part of this review on how they were responding to this area of concern. We were informed that the increase in reporting was due to raised awareness and training of staff to record and report all pressure ulcers accurately.

We were told that the electronic alert informs the tissue viability nurses of patients that they must visit and assess for pressure ulcers. We were also told that an action plan was in place to ensure staff have the appropriate training in wound care management. We were informed that a number of courses had been organised in February 2011 to increase staff awareness with this information being cascaded to staff on the wards. We were told that a new assessment had been developed which highlighted the need for observations and specific equipment. We saw that the new assessment was being used in the wards visited.

Care records we reviewed included requests for specialist pressure relieving equipment and it was noted that out of the fourteen people's care we pathway

tracked, one person had to wait for a period of two days for a mattress and whilst the records made reference to a seat cushion there was no record to confirm that it had arrived. Staff on the ward stated it was no longer required but this had not been recorded.

Staff said that getting equipment can be difficult as you have to leave a message on an answer phone. This was picked up twice a day. They said the majority of orders were delivered within 24 hours.

Staff on one ward said that often it was difficult to get the contractors to collect mattresses that were no longer required. We were told there were two mattresses stored in the day room of one ward that had been there a couple of days.

We reviewed care documentation in respect of wound care management. Risk assessments were in place. It was often difficult to determine the treatment as records indicated "all care given" or a tick by the nurse carer.

Our judgement

The Trust has demonstrated compliance and has initiatives in place that improve the outcome for people receiving a service including falls, wound care management and nutrition. People can be confident that they receive the treatment and the support they require. However, people could be at risk if the appropriate equipment is not available to support people who are at risk of pressure wounds. We have asked the Trust to provide us with an improvement plan to demonstrate ongoing compliance on this specific area.

Outcome 5: 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

Our findings
<p>What people who use the service experienced and told us</p> <p>People told us that on the whole the food within the hospital was good. People told us that they have a choice of meals although if they moved wards their food order did not necessarily follow them and although they may have a choice on the new ward initially it may only be sandwiches and not a hot meal. People told us that they enjoyed the food they had.</p> <p>People confirmed they had a choice of five or six different things to choose from. They said that amount was adequate.</p> <p>We observed staff ensuring that a person who had missed their meal due to a surgical procedure received a meal and that the person was given a choice of what they wanted.</p> <p>Each person had a malnutrition screening tool in place within their notes. Where individuals were at risk of malnutrition a food diary was completed which identified what they had eaten as well as the quantity. We saw fluid balance records were maintained of people where appropriate so that this could be monitored. One person said that they were given nutritious supplement drinks.</p> <p>Staff told us that they don't always have time to complete menu choices with each person and in that case they would do a "bulk order" for the ward but that they would</p>

ensure that there was a variety of choice. Senior managers told us that this was not the practice of the Trust and people were encouraged to choose what to eat. We were told that this would be discussed with the ward managers. We were also told by staff that sometimes the food was too rich for people, particularly if they have had gastric surgery and that plainer food may be more appropriate.

Nursing staff told us that meal times were protected and visitors are discouraged from being on the wards at this time. This was so that people can enjoy an uninterrupted meal and the nursing staff can monitor how much people were eating.

We visited three wards during the lunch time period. We observed protected mealtimes on two of the wards we visited during the lunch time period. One person said that that they had never been interrupted at meal times but had noticed someone being interrupted and the food was heated up afterwards. On one ward there was a number of medical staff visiting a patient during the lunch time period. The ward manager said that this was not the norm and protected meal times were usually followed. However, it was a medical emergency and surgeons were exempt due to the limited times that they could see their patients.

One person said that that they had never been interrupted at meal times but had noticed someone being interrupted and the food was heated up afterwards.

Other evidence

The Trust declared compliance with this outcome area in information received as part of this review and in their application to register with the Care Quality Commission in April 2010.

Results from the last national in patient survey conducted in 2010 showed that the hospital scored much better than expected for menu, choice, availability, quality, quantity, temperature, presentation, service and beverages. They also scored better than expected for providing support to people who needed help to eat their meals. However, they scored much worse for their nutritional screening.

We were informed by the Trust in information received as part of this review that training had been completed about nutritional screening and there was an expectation that this should now be completed for everyone admitted to Frenchay Hospital. We saw in care documentation that this was the case for the wards we visited. We were informed that this was audited on a regular basis to ensure ongoing compliance. This was confirmed in information that was received as part of this review.

North Bristol NHS Trust has recently been awarded a "Food for Life Catering Mark" from the Soil Association for its patient meals. The award has been given in recognition of the Trust's commitment to providing a high proportion of freshly prepared dishes using only farm-assured meat.

We were told in information received from the Trust as part of this review that each ward has a designated dietician. It was not clear if there was a ward champion in

nutrition from talking to two members of staff.

We were also told that all care staff attend training on nutrition. Staff spoken with clearly linked good fluid and nutritional intake with improving the health of the person. This included wound healing and better recovery rates. Some staff we spoke to evidently went the extra mile to ensure that individuals had what they wanted to eat by contacting the canteen for special meals based on preferences or ensured the food was presentable.

Nursing staff on the stroke unit said there were ward volunteers who assist patients to eat and drink. They said that the ward could be busy. One member of staff said that sometimes the meal times were not protected and that this may be due the ward being “over run” by doctors. Staff said the quality of choice of food available to patients was good.

The South Gloucestershire Local Involvement Network (LINK) visited the hospital to look at how patients were supported with their nutrition in October 2010. The LINK found that nutritional screening was in the process of being implemented across the Trust and protected mealtimes were in place. They visited two wards in Frenchay Hospital and two wards in Southmead. Whilst there were some recommendations for North Bristol Trust around hydration both wards in Frenchay had systems in place to ensure that adequate fluid intake was in place. They saw that water jugs were replenished during their visit. This was further confirmed during our visit; both staff and patients told us during our visit that water jugs were frequently refilled.

The Trust offer a la carte menus catering for different religious and cultural beliefs and for those who require specialised diets. They also offer a snack box service for those who have missed a meal and the wards also have adjoining kitchens which are available 24 hours a day. The Trust has a winter and summer menu. Staff told us that the snack boxes were accessible. Patients were not always aware that snack boxes were available as evidenced in conversations with two patients during our visit.

Our judgement

People can be assured there are systems in place to ensure that their nutritional and fluid intake is being met during their stay at Frenchay Hospital. The menus offer choice and cater for specialist and cultural diets.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant

Our findings

What people who use the service experienced and told us
We did not consult people who use the service about this outcome area.

Other evidence
The Trust declared they were compliant with this outcome area in information we received as part of this review and at the point of their registration to the Health and Social Care Act 2008 in April 2010.

We were informed by the Trust, in information received as part of this review that “Partnership is at the crux of much of the work of NBT: with the local health community in terms of demand, financial and risk management; discharge; services at different locations and shared between providers”.

We were told the Trust processes and procedures make clear, and were dependant on good co-operation between North Bristol Trust staff and staff in other agencies in regard to the care, treatment and support of patients

We were told there were clear protocols for sharing information between agencies which protect confidentiality of patient information and these were closely monitored for compliance through information governance processes.

The Trust identified an area for improvement to ensure that the quality of the patient discharge/transfer information was consistent across all areas within the Trust. The Trust was planning to introduce a new electronic system to manage this. We were made aware of a concern relating to a patient discharge and this was fully investigated by the Trust with an action plan developed for improvements to be implemented across the Trust. We were kept informed during the investigation and informed of the outcome and the actions.

We were told there was a comprehensive 'Emergency Preparedness Plan' agreed between relevant agencies in the event of a major incident and this is tested annually with a full emergency exercise, with wounded actors etc to test the plan's effectiveness with an evaluation completed to ensure the emergency plans remain effective in the event of an emergency situation.

We were told by staff about partnership working within the pathology services where Consultant Histopathologists report on cases from University Hospital Bristol NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust. They also attend the multi disciplinary team (MDT) meetings at the appropriate Trust. Staff reported that although there were suitable arrangements in place to facilitate video conferencing of MDT meetings and viewing of histopathology slides by colleagues, the infrastructures within other trusts does not link with this presently, which doctors felt would improve the partnerships working arrangements in this area. This means that time was spent attending these meetings across the city by the pathologists.

We were also informed about other areas where the Trust works with other agencies in improving services for people. This included a dementia strategy that was being implemented across the Bristol Area involving other health providers. From information received from the Trust it was evident that the Trust was ensuring staff were working towards the National Dementia Strategy which included training, improving the environment, improving the patient experience if they have dementia and supporting their carers.

Our judgement

The Trust works in partnership with other agencies to ensure the health of the people using the service is met.

Outcome 7: 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

Our findings

What people who use the service experienced and told us
We did not consult people using the service about this outcome area.

Other evidence
The Trust declared compliance with this outcome area in information received as part of this review and in their application to register with the Care Quality Commission in April 2010.

Staff told us that they were aware of the safeguarding processes, that they knew who to report it to and where to find information to confirm the processes. Nursing staff told us that they had received training in safeguarding for children and for the protection of vulnerable adults.

However, three junior doctors told us that they had not received training in the protection of vulnerable adults however they confirmed they had completed safeguarding for children. We have received evidence from the trust which demonstrates that junior doctors have received training in this and this was completed during their induction. The Trust should ensure that the training is clear that it relates to vulnerable adults.

Staff spoken with during the visit said that they had all received training in the

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Where Deprivation of Liberty Safeguards were discussed with staff they were not clear about who would take the lead if an application needed to be made and said that it would be discussed at the multi disciplinary team meeting.

A member of nursing staff said they had safeguarding training before they joined the Trust 18 months ago. They were aware where the trust policy was kept. They were aware of who to talk to if they had safeguarding concerns. They would talk to their manager first and depending on the situation, the matter could be escalated.

The Trust provided us with evidence that there was a rolling programme of safeguarding training and they had exceeded their target to ensure that 85% of the workforce had completed the training. All staff we spoke with confirmed they had attended the training. We were told this was completed via e-learning with an assessment at the end.

The Trust gave us assurances as part of this review that policies and procedures were in place to guide staff. There were named staff within the hospital that have the overall lead for safeguarding. There were systems in place to audit the effectiveness of the processes that were in place.

The Trust had identified an area that requires improvement to ensure ongoing compliance in respect of making applications for a Deprivation of Liberty. This included the recording of the information, completing the application, training for staff and the notifying the Care Quality Commission in accordance with the Health and Social Care Act 2008. We will continue to monitor this at future visits to the Trust.

Our judgement

Suitable arrangements are in place to ensure people can be confident that safeguards are in place to protect them from harm. The Trust has developed an improvement plan to ensure that processes are in place and the staff have the skills where an application is made in respect of Deprivation of Liberty Safeguards.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement
The provider is compliant

Our findings
<p>What people who use the service experienced and told us</p> <p>The wards that we saw were clean and had adequate facilities for hand washing. There was alcohol gel available at the entrance of each ward and signs alerting visitors to use it. We did see on one ward that the hand gel bottles were both empty on the entrance to the ward but this was rectified. There was no information for visitors in respecting of reporting empty hand gels.</p> <p>There was also alcohol gel available by each bed. Staff told us that they encourage people who use the service to wash their hands and there are wipes at each bed space for people who were not able to get out of bed.</p> <p>We saw evidence of the appropriate use of personal protective equipment (gloves and aprons) and also evidence that gloves and aprons were changed between patients. There were different coloured aprons used when serving food and when providing care.</p> <p>People who use the service told us that they felt that the wards were cleaned regularly. We observed cleaning going on during the visit. Each ward had a number of domestic staff to assist with the cleaning of the ward.</p> <p>There were isolation facilities in place within the wards and people who had infections were in side rooms rather than in the bay areas.</p>

Other evidence

The last hygiene code inspection of the hospital was in January 2009. They needed to undertake a number of improvements at this time. When this was followed up in August 2009, we found no evidence that the trust had breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

There was evidence of hand hygiene audits on all of the wards visited. Five of the six wards demonstrated high compliance levels recorded (92-100%). One of the wards had not submitted data in the last month so it was not possible to determine if they were compliant or not based on their audit. We requested further information to clarify the situation.

The NHS staff survey results, stated that only 56% of staff said there was always hand washing facilities available compared to 62% the previous year. However, staff spoken with during the visit were able to demonstrate there were sufficient hand washing facilities. One ward manager said that they requested an additional sink to be placed near the nurse's station to improve the facilities and the Trust had responded appropriately.

We were told in information received as part of this review that weekly audits were conducted in all areas of the hospital by the clinical matrons and domestic services. Where areas have scored below 80% then a report was generated to the domestic site manager and below 75% then a referral is made to the Clinical Matron and the infection Control Team. It was evident that the Trust was being proactive in ensuring the hospital was clean and infection control measures were in place. Copies of these audits were displayed on notice boards in the wards visited.

We were told by nursing staff that routine cleaning was completed on the ward on a daily basis. We were also told that wards have a deep clean on an annual basis. We were also told that as patients were discharged that the bed and equipment that had been in use was washed ready for the next person. We were told that commodes were washed after every use. Audits were completed by the Trust to ensure staff awareness of how this should be done.

All of the staff we spoke with told us that they have had infection control training. The Trust provided us with information that staff training was updated every two years. Infection Control Practitioners complete advanced training as part of their role.

Our judgement

The environment was clean and free from infection. There were suitable systems in place to minimise the risks of cross infection and wards were kept clean and free from odour.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement
The provider is compliant

Our findings
<p>What people who use the service experienced and told us</p> <p>At least one medication chart was in place for each person using the service. Where multiple charts were in place they were numbered. There was evidence of pharmacist support on each ward and each chart had been reviewed by a pharmacist. Where there were complex medication needs, additional advice and plans were recorded in the person’s medical notes.</p> <p>One person said “If I am in pain I only need to ask a member of the nursing staff and they would respond”.</p> <p>A person told us that they had been in pain and the care staff had not been responsive to their needs. However when we looked at the care documentation it was evident that a doctor had been contacted by the nursing staff to resolve the concern. Clear records were maintained of the actions being taken and the rationales for these actions.</p> <p>Other evidence</p> <p>The Trust declared they were compliant with this outcome area in information requested as part of this review and at the point of their application to register with</p>

the Care Quality Commission.

Medicines required for resuscitation were available on each ward within a tamper evident box. Although the additional equipment for resuscitation was in the sterile wrapping they are not stored in a tamper evident trolley. This was noted on three of the wards visited. This means there were no guarantee that the trolley was stocked.

Our judgement

People could be confident that there were systems in place to ensure their medication was administered safely.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant

Our findings

What people who use the service experienced and told us
We did not consult with people about this outcome area.

Other evidence
The Trust declared they were in part non compliant with this outcome area at the point of their registration to the Health and Social Care Act in April 2010.

They told us in their application “The Trust is fully compliant with all aspects of safety, security and planned maintenance programme. However In regard to element that 'care is provided in a suitable design and layout' the Trust is unable to declare full compliance with this element given the age and condition of Frenchay Hospital”. They continued by stating “The Trust continues to carry out a range of minor works to upgrade and improve facilities throughout the Trust. The Trust is now in partnership with contractors to build the new single acute hospital in North Bristol opening in 2014, which will see the necessary improvement to meet the element of compliance with care being provided in a suitable design and layout”.

Generally the buildings we saw were in a good state of repair. There were no areas that we noted during our visit that required decorating. All areas of the hospital were accessible to people in wheelchairs. There was a lift up to the first and second floors in the main part of the hospital. All areas were well signed and there was car

parking available.

We did see that that there was limited storage space on wards and some equipment for example hoists and equipment stands were stored in the day rooms on the wards. There was a lack of areas for patients, visitors and staff to have discussions/consultations in private on the ward areas. We were told that these were being addressed in the new building in Southmead Hospital. We were told that staff and visitors could look at the plans on the Trust's Web site and look at a virtual ward.

Regular Audits were completed on the environment and information we had been given indicated that the data submitted was similar to other Trusts. This included looking at signage throughout the hospital, car parking and external space, privacy and dignity, looking at specific access arrangements for people with disabilities. They scored better than other Trusts in maintenance, décor, lighting, tidiness, furnishings and flooring.

Our judgement

The premises are safe, accessible, and well maintained and there is a plan that will improve the lay out and design of areas where people will be cared for at the new single acute hospital at Southmead.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

- People who use services and people who work in or visit the premises:
- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
 - Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement
There are minor concerns

Our findings
<p>What people who use the service experienced and told us We did not consult people about all aspects of this outcome area.</p> <p>One person told us that they found the chair they were sitting on uncomfortable. We looked at the care records for this particular person and it was evident that a pressure relieving cushion had been ordered on the 22 February 2011. From discussion with the patient and our observation it was not in place. We were told by a member of the nursing staff that it had been assessed as no longer being required. The reassessment and decision was not documented in the care records.</p> <p>Other evidence Staff told us that it is easy to obtain additional equipment during the day but that is a more difficult at weekends. They told us that in the event of an equipment failure that medical electronics will fix it quickly and where necessary will provide a replacement item whilst it is being fixed.</p> <p>We were told by three members of staff that obtaining pressure mattresses is difficult and there is a process in place where you leave a voicemail message which is picked up twice a day (at 9am and 3pm) and that if you miss the final time you would have to wait until the next day. Out of hours and at weekends it is more</p>

difficult to obtain a pressure mattress. However, it is possible to obtain one out of hours by calling the clinical site manager. Staff reported that it took from between half a day and two days to obtain a pressure mattress.

We discussed equipment with the senior management team at the end of our visit. We were informed that they were aware of the issues of ordering equipment and this was being audited and an action plan developed to ensure ongoing compliance. This will be reviewed at future visits to the Trust.

Staff told us that they had all had training in the use of equipment that was available on the wards. They also told us that they had received manual handling training.

We observed that the wards we visited were well equipped and the equipment was clean and ready for use. We were told that if equipment was faulty then it will be taken out of use, clearly marked and arrangements made for its repair.

Our judgement

People can not always be confident that equipment could be sought to in a timely manner to reduce the risks of pressure wounds. Systems were in place to ensure that equipment was clean and safe for use.

Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant

Our findings

What people who use the service experienced and told us
We did not consult people about this outcome area.

Other evidence
The Trust told us that they follow safe and robust recruitment practices to ensure that they always employ suitable staff. These procedures are followed for all staff whether permanent, temporary or bank staff appointments. Procedures followed include references, criminal record bureau checks, occupational health clearance, validity to work in the UK checks and professional registration confirmation. Staff we spoke with during our visit confirmed these arrangements.

Our judgement
Systems were in place to ensure appropriate recruitment checks were completed on staff thus protecting the people they were supporting and that suitable staff were employed.

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.

Our findings

What people who use the service experienced and told us
People who use the service told us that they felt that the wards were short staffed and that care staff were working very hard to ensure that everyone’s care is delivered. Although we were told by one person that sometimes the call bells were not answered we did not observe any call bells not being answered rapidly or anyone waiting a long time for care.

Other evidence

Staff told us that often one member of the nursing staff is moved from their usual ward to work on other wards and that they just about covered the staffing under the current skill mix. Although we did not observe people not receiving the care that they needed, staff told us that they do not always have time to help people complete menu orders and the admission documentation is only completed with the clinical information and not fully completed with person centred information.

Staff also told us that there was a recruitment freeze in place. During our feedback to the Trust the senior managers assured us that there was not a recruitment freeze in place but that there are recruitment controls in place. Where a position becomes vacant the role is reviewed to determine the need to recruit into that position and

ensure that appropriate managerial oversight and sign off of recruitment occurs. The Chief Executive said that she would be writing to all staff to clarify the situation regarding recruitment and that this would also be noted at the next board meeting. A copy of the letter was forwarded to us after our visit.

Pathology staff told us that there were some consultant vacancies which were being re-advertised. We were also told there were not suitable clinicians to provide a particular service in an area of Histopathology and that it had been outsourced to another provider. The Trust has kept us informed of this. We were told this would be resolved by the end of March 2011 with the recruitment to the vacant posts.

Nursing staff on one ward highlighted that there were not enough registered nurses to enable them to perform their work effectively when registered nurses were redeployed from the ward to support other areas in the hospital. We were told about concerns on a specialist ward where there was an expectation that there would be a higher ratio of registered nurses per patient. This was highlighted by both the nursing and medical staff. Staff said that this could put patients at risk due to the lack of specialist knowledge in respect of supporting patients with heart conditions.

We spoke to a number of ward staff at all levels about the staffing levels. We were informed on all four wards on the day of our first visit that staff had been redeployed to work in other areas of the Trust where there was a shortage. Staff said that this always happens during the winter months due to the winter pressures. Staff said that sometimes staff were replaced with bank staff who do not necessarily have the specialist knowledge of that particular area.

We visited two of the "winter pressure wards". We were informed by both the ward matron and the clinical matron that where possible staffing is organised so that individuals could have some consistency. This has meant that nursing staff have been redeployed from wards to ensure they are staffed by North Bristol Trust staff and not agency. We were also told that a locum doctor covers the ward to ensure continuity. Other doctors from the hospital could visit depending on the patient's medical diagnosis. We were told that there was a better planned approach this year in respect of the winter pressures. However we were informed that this can be unpredictable in relation to admissions. We were told that one ward was specifically set up to meet the winter pressures and this was staffed with permanent staff with every ward releasing one full time member of staff to ensure continuity of care and they were replaced with relief staff from the Trust's pool of bank staff.

We also heard that some wards have reduced staffing at the weekends. One registered nurse said we have five staff working during the week and then four on a weekend. However, on a Friday some of our patients will be discharged, but by Saturday morning those beds will be filled and we will have to focus on the admissions of the individuals this can be time consuming and adds to the pressures of meeting the needs of the existing patients. They told us that it is still busy at weekends. We were not informed of the rationale for the reduction at weekends.

Ward managers told us that the Trust was planning to complete a skill mix review for each area. This will enable the Trust to review the staffing levels and roles within the

hospital. This would include a time and motion analysis of clinical care provided by the registered nurses required per patient. This was confirmed in conversations with the Director of Nursing who said that this was due to commence over the next few months. We were told that this would take into account National Guidance in respect of staffing and areas of specialism for example coronary care and intensive care. However, it would also be based on number of beds and occupancy.

Each ward has a designated team of professionals including doctors and nursing staff. Doctors worked across a number of wards depending on where their patients were. Nursing staff were designated to the ward. We were told that there were minimum staffing levels for each area. This included a ratio of registered nurses and health care assistants per patient. Rotas were maintained for each ward.

As part of this review we discussed with senior management the concerns that had been raised by staff. The Chief Executive said that a letter would be sent to all staff working in North Bristol Trust detailing the impacts of the cuts and to explain there was no recruitment freeze. We were copied into the letter. This included the increase of staff due to some of the community care services transitioning to North Bristol Trust and that more people are treated in the community.

The Trust submits regular data on the recruitment of staff and vacancies throughout the Trust. The data showed us that the Trust's vacancies were similar to all other NHS Trusts. This information was based on a three month vacancy rate.

Our judgement

Strategic planning of staffing arrangements was in place to ensure that the hospital as a whole could provide safe levels of care. At times the hospital has to move staff from one ward to another to meet the needs of the whole site and ensure consistent care is provided. This was more noticeable during the winter months with the pressures of increased admissions to the hospital.

Outcome 14: Supporting workers

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 competent staff.

What we found

Our judgement
The provider is compliant

Our findings
<p>What people who use the service experienced and told us</p> <p>Staff told us that they felt comfortable in raising concerns with the performance of a colleague with their manager.</p> <p>All staff we spoke with said that they had received the mandatory training that they needed, with the exception of some of the junior doctors who did not think that they had received protection of vulnerable adults training. All staff said that they had received an appraisal within the last year and that they had an associated personal development plan in place.</p> <p>Staff said that they had received the supervision and support that they required from their managers. Pathology staff felt that they had received appropriate support from their managers during an independent histopathology inquiry, which has not concluded.</p> <p>All staff spoken with during the visit said that they had received an induction when they first started in their role within the trust.</p> <p>Other evidence</p> <p>We spoke to five ward managers. They told us they have regular meetings on a monthly basis with the ward team. In addition multi-disciplinary meetings are held on a weekly basis involving all professionals involved in the care of the patients on the ward, including the discharge team.</p>

Ward managers and matrons told us that they had processes in place for monitoring non-attendance at mandatory training and that where a member of staff was not able to attend training they were booked on the next course. They also said that they ensured that where a member of staff is booked on mandatory training they ensure that this is marked in the off-duty rota so that they are not rostered on the ward a working shift.

Ward managers spoken with during the visit confirmed they kept up to date with current changes and training. Some of this was done via e-learning, email and training sessions organised by the Trust. We were also told that "cluster meetings" held in the Trust were a good way of keeping informed about the latest clinical development/best practice.

Generally staff felt they were listened to by the Trust at all levels. One ward manager said "the trust was under a lot of pressure, but appear to listen to concerns and are fair but acknowledged it was difficult in this climate of cuts.

Ward managers and clinical matrons told us that all mandatory training was reviewed at yearly staff appraisals. These were closely monitored by the HR Department and the Executive Board for compliance. The Trust has provided assurances that staff (90%) working for North Bristol Trust have had an annual appraisal.

Each year a random group of staff are asked their views via a National NHS survey. Information is collated on various aspects of their role. The results are then compared to other similar Trusts. The Trust scored 90% in ensuring that staff had an annual appraisal. 79% of the staff surveyed said they felt supported by the colleagues. However, the Trust did not score well in work related stress and work pressure. Staff were asked questions to assess the extent to which they feel there is adequate time, equipment and staffing for them to do their job properly. Possible scores range from 1 to 5, with 1 representing that staff experience low work pressures, and 5 representing that staff experience high work pressures. The Trust scored 3.28 which scored worse than other NHS Trusts with the national average being 3.11. We were informed that the results of the survey would be reviewed and an action plan where relevant would be developed to address the cause of the lower scores.

Staff were asked questions through the NHS survey to assess the extent to which they feel they worked in a team where team members have shared objectives, meet often to discuss the team's effectiveness and have to communicate closely with each other to achieve the team's objectives. The Trust scored better than the average score for all Trusts.

The Trust declared they were compliant with this outcome area through information we received as part of this review. We have been informed through information given to us as part of this review that attendance relating to training for health and safety and fire safety had not been as well attended as what the target the Trust had set. This was noted on the response in the NHS staff survey 2010.

The Trust has provided us with figures that demonstrated that this had been improved on and was being audited to ensure continual compliance. All staff we spoke to during the visit confirmed they had attended this training. We were told that this was completed via e-learning.

We were informed in information received as part of this review that in March 2011, 50% of the work force had up to date fire safety training and 71% had Health and Safety. An action plan was in place to ensure compliance with the Trust's targets for training and this was being monitored on a monthly basis.

Our judgement

The Trust has made suitable arrangements to ensure that staff have the appropriate training to fulfil their roles and this is kept under review. Where there were shortfalls action plans were in place to ensure compliance. Support mechanisms were in place for staff.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement
The provider is compliant

Our findings
<p>What people who use the service experienced and told us</p> <p>North Bristol Trust seek the views of people using in-patient surveys and use the information gathered to monitor the quality and safety of services. This was confirmed in quality audits completed on wards where the views of individuals were recorded.</p> <p>Other evidence</p> <p>The Trust provided evidence to us, prior to our visit, on the various systems in place to measure the quality of the service. They told us that they have a number of different mechanisms in which they gather record and evaluate the care and treatment that people receive.</p> <p>We saw evidence that infection control audits take place within each ward and that results are shared with staff on notice boards in training rooms. Staff told us that they were aware of rolling programmes of audits e.g. hand hygiene and documentation, and that they were involved where necessary. We were also told that additional audits are also identified as a result of complaints and incidents.</p>

Medical staff told us that they also carry out clinical audits which are pertinent to their practice.

Staff told us that they all felt able to report incidents and a new electronic reporting system has recently been implemented which is an electronic version of their previous paper system. Some staff told us that they found the new system a bit difficult to complete.

Pathology staff told us that they feel comfortable in reporting incidents but that there was some discussion about what would constitute an incident or error, e.g. a misdiagnosis communicated to a patient would be classed as an incident but refining a diagnosis through the MDT meeting may not be. We were told that there is currently a working group made up of the Medical Directors of North Bristol NHS Trust and University Hospitals NHS Foundation Trust as well as Histopathologists from both trusts, developing a guide to what defines a reportable incident within this field.

Ward staff and the matrons collate information gained on a monthly basis and feed into the overall governance arrangements.

A range of different audits are undertaken. Monthly incident reporting and mortality reviews seek to identify and address any trends or concerns. There were audits relating to falls, management of pressure wounds and other care related practices.

We were also told that a Patient's Panel was involved in audits and quality monitoring. The panel was made up with membership of key committees and contributes information for reports and to the Trust Board.

Leadership "walkabouts" and direct observations are undertaken by the chief executive, directors, clinical matrons and patient groups. This process gathers evidence about patient care and safety within all areas of the Trust's activities. The chief executive confirmed that she completes weekly tours of the hospital to enable her to speak with patients, visitors and employees.

The Trust also reports to the Strategic Health Authority on a number of specific clinical areas including medical outliers.

Our judgement

Systems were in place to measure and improve the quality of the service provided in all areas of the running of the Trust. This included seeking the views of the people who use the service.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement
The provider is compliant

Our findings
<p>What people who use the service experienced and told us People we spoke to said they would complain to the staff on duty if they were concerned about the care they had received.</p> <p>Other evidence The Trust has a Patient Advice and Liaison Service (PALS) who assist people who have a concern or an issue that they wish to raise in respect of the care and treatment they receive. The PALS also provide information and support on how to make a formal complaint.</p> <p>The Trust has a web site that clearly details how people using the service can raise their concerns. Information leaflets were seen on wards detailing how patients can raise concerns about their care.</p> <p>The Trust has a designated team to respond and deal with complaint handing. We did not visit this team or look at records.</p> <p>We have been made aware of some concerns that people have had and when we</p>

have discussed the complaint with the Trust they have kept us informed of the investigation and how they are keeping the complainant informed. It was evident that the complaints have been fully investigated and in some instances an independent professional had been sought to review how the person was treated and supported during their stay. Where we have been copied into the complaint the Trust has developed an action plan to improve the patient experience and learning from the incident.

Our judgement

People can be confident that their concerns and complaints will be investigated in a timely manner with actions taken where appropriate for the patient experience to improve.

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

There are moderate concerns

Our findings

What people who use the service experienced and told us
We did not consult people on this outcome area. However, the Trust completes audits on every ward which includes questions about access to records.

Other evidence
The Trust declared they were compliant at the point of their registration to the Health and Social Care Act 2008. We have had no information prior to the visit that they were non compliant.

On two occasions during the visit we observed medical records left unattended by a porter on top of their trolley in the corridor. Records on wards are kept in a number of places, medical records in the records trolley which is not locked but by the nurses station, and nursing notes, individual risk assessments and medication charts are kept in a folder at the person's bedside.

We were told that double reporting of histopathology specimens was not consistently carried out and that there were not the resources to double report on all

specimens. There is formal and informal double reporting carried out. Formal double reporting occurs on complex cases and is formally recorded.

We visited seven wards over two days. We looked at records for at least two patients on each ward visited. The recording of information varied from one ward to the next. On one ward all staff were recording in the medical notes this included allied health professionals, medical and nursing staff. From this information it was evident who was supporting the person and how. On other wards the medical and nursing notes were separate. We consistently saw that certain information pertinent to the person was not being completed on admission. For example the faith of the person, likes and dislikes, concerns they may have about being admitted to hospital.

We discussed our findings relating to the records we saw with the senior management team. From our conversations it was evident a plan of action was in place to address this with a new central electronic system being introduced in the autumn of this year. We will follow this up at future visits.

Regular audits were completed on each ward on the records held. We were sent a copy of a report completed on one ward we visited. This audit identified that that records were not consistent and confirmed our findings during our visit that there is a variation in standards of the completion of records.

The ward audit recorded that the patient number was not always included on the record, that the member of staff had not written in their role and that some of the nursing notes did not include a clear plan of treatment and delivery.

When we visited wards, medical records were in open trolleys or on the nursing station. This could mean confidential information could be seen by visitors.

Our judgement

People could not be confident that a full assessment of need was completed on admission detailing their preferences on how they wanted to be supported. There were gaps on admission records and that the recording was not consistent from one ward to the next.

People could not be confident that information held about them is held securely.

Outcome 20

Notification of Other incidents

What the outcome says

This is what people who use services should expect.

People who use services:

Can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken.

What we found

Our judgement

There are minor concerns

Our findings

What people who use the service experienced and told us
We did not consult people who use the service about this outcome area.

Other evidence

The Health and Social Care Act clearly details what is reportable to the Care Quality Commission. NHS services do not report directly to the Care Quality Commission (CQC) but to the National Patient Safety Agency (NPSA) who then reports to the Commission.

We have reviewed the information that we received from the NPSA and there was a trend of a two month delay, from the incident occurring to reporting by the Trust to the NPSA. This impacts on how the Care Quality Commission can act upon information of concern swiftly. We were informed of the action plan that is in place to address this and the timescales both during the visit and in information received as part of this review. The Trust told us that the new electronic alert system should ensure that information is shared more promptly.

We were informed by senior management of the Trust that staff were required to report all incidents within 12 hours. All serious incidents are reported to the Primary Care Trust and the Strategic Health Authority within 48 hours. We were told that a report is generated for the board monthly. The Trust completes a full root cause analysis of all serious incidents and this is completed within 45 days and forwarded to the Primary Care Trust and the Strategic Health Authority. The Trust incurs penalties if this is not complied with.

Our judgement

Systems were in place for the reporting of incidents to the Primary Care Trust and the Strategic Health Authority. However there was a delay in incident data being submitted to the National Patient Safety Agency. This means that we are unable to act swiftly to ensure ongoing compliance and check that suitable action has been taken by the Trust.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Nursing Care	20	21
Diagnostic screening Treatment of Disease, Disorder and Injury	<p>Why we have concerns:</p> <p>We have minor concerns about patient records where there were gaps on admission records and that the recording was not consistent from one ward to the next.</p> <p>People could not be confident that information held about them is held securely.</p>	
Nursing Care	16,9	4,11
Diagnostic screening Treatment of Disease, Disorder and Injury	<p>Why we have concerns:</p> <p>People could be at risk if the appropriate equipment is not available to support people who are at risk of pressure wounds.</p>	
Nursing Care	18	20
Diagnostic screening Treatment of Disease, Disorder and Injury	<p>Why we have concerns:</p> <p>Systems were in place for the reporting of incidents to the Primary Care Trust and the Strategic Health Authority. However there was a delay in incident data being submitted to the National Patient Safety Agency. This means that we are unable to act swiftly to ensure ongoing compliance and check that suitable action has been taken by the Trust.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Nursing Care Diagnostic screening Treatment of Disease, Disorder and Injury	20	21
	How the regulation is not being met: People could not be confident that a full assessment of need was completed on admission detailing their preferences on how they wanted to be supported. There were gaps on admission records and that the recording was not consistent from one ward to the next. People could not be confident that information held about them is held securely.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA