Review of compliance

East Kent Hospitals University NHS Foundation Trust William Harvey Hospital	
Region:	South East
Location address:	Kennington Road Willesborough Ashford Kent TN24 0LZ
Type of service:	Acute services with overnight beds Community healthcare service Blood and Transplant service
Date of Publication:	December 2011
Overview of the service:	William Harvey hospital is one of five hospital sites managed by East Kent Hospitals University NHS Foundation Trust. This is an acute hospital providing services to the general population of around 720,500 people in the South

	East Kent area. This inspection included visits to: Bethersden/emergency assessment ward, the Richard Stevens stroke unit and Cambridge M1 and M2 wards, both mixed sex general medical wards.

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

Our current overall judgement

William Harvey Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider.

What people told us

People told us that they "were not given a lot of information prior to or soon after admission to the ward". They said that "The nursing care has been very good", and that "Nurses were so patient".

They also said that sometimes care staff can be rushed, and perhaps there should be more care staff on the ward. We spoke with two people who both told us that care staff treated them with kindness and respect at all times, and that they felt safe on the ward.

Everyone we spoke to on Bethersden ward said that they were satisfied with their care and treatment. People told us that even though the staff appeared busy, they always had time to talk to patients and ask how they were.

People said that they felt safe and that their privacy and dignity was respected. People said that they were kept informed about their care and treatment and had been given choices and options of treatment when available.

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

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

People understood the care, treatment and support options available to them. People could express their views and their privacy and dignity was respected.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety.

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

People experienced safe and appropriate care and treatment that met their needs and protected their rights. Inconsistently completed documentation left more vulnerable patients at risk of not getting the right care and treatment. The Trust has identified record keeping as an area of weakness and they are addressing it.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety but to maintain this we have suggested some improvements are made.

Outcome 06: People should get safe and coordinated care when they move between different services

People received safe and coordinated care, treatment and support when more than one provider was involved.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety

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

People were protected from the risk of abuse and their human rights upheld and respected.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety.

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

People were safe and their health and welfare needs were met by sufficient numbers of appropriate staff. Some wards were managing their staff vacancies better than others. Not all of the vacant posts had been filled.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety but to maintain this we have suggested some improvements are made.

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

People were safe and their health and welfare needs were met by suitably trained staff. Not all staff were properly trained, supervised and appraised.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety but to maintain this we have suggested some improvements are made.

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

People benefited from safe quality care, treatment and support, due to effective monitoring of the service and the management to risk of people's health, welfare and safety.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety.

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

People's personal records, including medical records, were accurate, up to date and held securely. Records remained confidential.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety.

Actions 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.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
Everyone we spoke to on Bethersden ward said that they had been kept informed about their care and treatment. They said that they understood their options and one person said that the nurses had kept them informed "every step of the way". People told us that they were aware of the routines of the ward because they had been told by staff or had been given written information.
One patient said "The sister came to talk to me and also explained to my husband. The doctor also came and explained everything that would happen".
Another patient felt that their choices were taken into account and was asked if she wanted her husband present for the consultations but she didn't and staff respected this.

People on Cambridge ward told us they had found the information given to them when they were admitted to hospital helpful and informative. Others said they were not given any information. Two said they were unsure about what information they had received but were happy that staff had explained their treatment and options available.

Most people felt that they had been involved in their care. Where choice was available people were happy that it was offered and they felt in control. Even when choice was not available staff asked before carrying it out and explained the procedure.

People understood their care and treatment but did not always know when things, like scans, moves to other wards and other tests would happen.
We spoke to patients on the Richard Stevens Stroke Unit and one patient told us "the doctor comes each day and explains a little bit but not much. I don't ask as I know when my daughter comes in she'll find out".

People told us they were able to make decisions about their care and day to day lives and that staff sought their consent. The care and support the person required was discussed with them when they came into hospital and during their stay and when any new concerns about their care arose.

People told us that their privacy was respected and although this was difficult on a ward, staff did use the privacy curtains and spoke in a low voice when talking to people. One patient said "they always draw the curtains, they have been amazing".

Other evidence
No concerns were raised by patients with regard to their dignity and privacy being maintained. Staff drew the curtains around their bed and spoke in low voices. All those spoken with felt staff did their best to ensure privacy was maintained even at busy times and had not observed anyone else's privacy being compromised either.

Staff said that they felt confident to raise any concerns about other staff's practice should privacy and dignity be compromised and found management supportive of their concerns.

Staff gently encouraged people to do as much for themselves as possible. Staff spoke to people calmly and respectfully. On the stroke unit, staff calmed a person down who was anxious and upset by talking softly to them and offering them a cup of tea in another quieter room.

People said they were generally happy with the time they had to wait for care and were accepting when staff were busy. Overall people spoken with were happy with the length of time they had to wait.

There was information about the ward and the hospital for patients and relatives to see in Bethersden ward and the Richard Stevens stroke unit. There were leaflets displayed that people could take away with them. The routines of the ward and how it worked were explained to people who were admitted.
We found that there was information displayed on notice boards in the wards M1 and M2 relating to diabetes, health care associated infections and pressure sores, as well as the releasing time to care programme, but there was no specific information on visiting times, meal times and other relevant information for patients and visitors displayed in ward M1, although more information including meal times and visiting hours, was available on ward M2.

Staff kept people informed about their care and treatment. Staff offered choices to people and encouraged people to make decisions about their treatment. If a person lacked the ability, or capacity, to make a decision, an assessment was carried out to make sure the treatment needed was in the person's best interests. The decision would be considered and made by at least two health professionals involved in the person's treatment and usually included the person's consultant.

Staff on the Richard Stevens stroke unit told us that patients were generally asked about their care and treatment and able to make decisions about their options. They gave people information about strokes and leaflets were available in the day room for people to look at.

Staff used different ways of communicating with people to gain their views. For example staff would use picture cards or write things down for people to read and respond to.

Our judgement
People understood the care, treatment and support options available to them. People could express their views and their privacy and dignity was respected.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
People spoken with were happy with the care provided. People commented:
"They work in teams. They do get you involved. I'm very happy."
"The nursing care has been very good", and that "Nurses were so patient."
"I've been in a few times, so I know the place. They ask me what I want and explain everything to me."
"My fluid intake is monitored. I'm allowed 1.5 litres and I always have a jug of water available."
They also said that sometimes care staff can be rushed, and perhaps there should be more care staff on the ward.

Patients on Bethersden Ward told us that staff were caring and adapted to different people's needs. "One was really good this morning because I went a bit silly and she came and put her arm around me"

People were offered support in addition to their medical conditions. One person told us that the nurses would be putting her in touch with specialist people to be able to tell children about her condition.

People felt that they had a choice of pain management and staff worked with them by offering alternatives and additional medication. One person said "They said to me that this is good but will give you stomach acid and so they also give me antacid to counteract it". They felt that they received excellent care and treatment and said "Even the night shift staff will sit with me. When I needed painkillers, they didn't just want to

kill the pain, they wanted to make sure everything else was ok."

One person on the Richard Stevens unit said that they had been given a walking frame and had gone to the gym that morning with support. They sad that the food was very ordinary but they had never been hungry and they had plenty of cups of tea.

Most people told us that they were satisfied with the care and treatment that they had received. Most people said that the food was satisfactory.

Other evidence
There were individual plans of treatment and care that were based upon an initial assessment completed on each patient's admission for staff to refer to for treatment and care needed for each patient during their stay on the ward. There was a daily checklist to be filled in on each shift by nurses, covering a number of criteria, which included breathing, circulation, nutrition, elimination, mobility, and pain. On M1 and M2 we found that the nursing assessments were sparsely populated. We found that parts of the checklist were signed with no reference to current issues of concern. There were also gaps in the daily signatures for some shifts. The continuing health care needs assessment in the care plan was also not filled in for both people we spoke with, although both of them had specific needs, such as diabetes and pressure sores. There were risk assessments for falls, nutrition, and moving and handling, but any proposed actions were not translated into the daily checklist for further monitoring and support. We did not observe a lack of care but with the written plans inconsistently completed this left people at risk. The Trust were aware of this and the outcome of their audits was that whilst the documentation was incomplete the assessments were being done and treatments were being carried out. They were still providing training for staff in the new care pathway.

Care plans on the assessment unit had the information they needed. People came and went from this unit quite quickly, sometimes after only a couple of hours, to other parts of the hospital. Care plans and assessments were completed within fifteen minutes of a person's admission so that staff had the information they needed to give the right care and treatment.

Risk assessments had been completed as part of the care planning process and these were personalised for each individual. Risk assessment covered a wide area and linked to the care plan. Nursing assessments had not always been completed and on one care plan was blank. Medical records showed all health and social care professionals involved in the patient's care, tests and treatment plans. These professionals worked as part of the team and were available for advice and support, usually based on the ward.

We saw care staff helping people with their lunch, and walking them to the toilet. We saw care staff asking people if they needed help, and filling in their daily care plan records. We found that care staff were busy, and on several occasions the call bell was not answered for about 5 to 10 minutes.

Staff told us that patients were not given copies of care plans as Bethersden Ward and the Clinical Decision unit had a short discharge time, but they discussed everything with patients and doctors came round everyday.

On the Richard Stevens Stroke unit they had daily ward rounds where doctors saw the

patients and addressed any needs. They also had weekly multi disciplinary meetings which gave all staff the opportunity to discuss the care and welfare of all patients. Each ward manager or their deputy, attended meetings twice a day with other ward managers to ensure that communication between wards was good and to ensure smooth transitions for patients between wards.

The Trust has a tissue viability nurse lead who focuses on all patients who are at risk of pressure sores and checks that the interventions are in place. There is a pressure care policy and this has recently been reviewed. This includes what all the nurses must do on admission and giving information to patients and relatives to increase awareness and help them to protect themselves. They have introduced 'heel offloading boots ' and have seen an improvement in prevention and healing of heel pressure sores. A report of all pressure sores are reported to the board.

Our judgement
People experienced safe and appropriate care and treatment that met their needs and protected their rights. Inconsistently completed documentation left more vulnerable patients at risk of not getting the right care and treatment. The Trust has identified record keeping as an area of weakness and they are addressing it.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety but to maintain this we have suggested some improvements are made.

Outcome 06:
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 with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us
People using the service told us that they had been able to see care managers and doctors and other specialists.

Other evidence
The ward sister on M1 ward told us that care managers were involved about 72 hours prior to discharge, to start the process of arranging a care package and locating a suitable care home placement if necessary.

We found that care staff worked well within the multi-disciplinary team, and discharge planning started at admission for most people. A discharge coordinator came to the ward daily, and spoke to the ward sister about people due to be discharged, care package needs, onward referrals to community teams and funding decisions awaited from the local authority.

People's records included a discharge summary with an estimated date of discharge (EDD), although it was noted that there were several copies of this summary in the notes of one of the people, with the EDD being pushed forward each time.

The Richard Stevens stroke unit had a stroke liaison person who worked evenings and weekends to be available to visitors and relatives. This staff member worked with people using the service and their families to ensure any discharge was planned and went smoothly.

Twice daily meetings for ward managers meant that there was good communication between wards and smooth transitions for patients between wards.

Consultants and other specialists were based on wards so they were easily accessed by staff and people using the service.

Our judgement
People received safe and coordinated care, treatment and support when more than one provider was involved.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
All the people we spoke with said they felt safe on the wards and knew how to call for assistance. People said that they would talk to staff if they had a concern. Comments included: "I feel very safe here" and that care staff "treat me well".

Two of the relatives we spoke with told us that they felt care staff did not give them enough information about their relative's care, and this made them feel quite vulnerable.

Other evidence
Staff showed an awareness of protecting people from abuse and knew what steps to take should it occur. Staff understood the whistle blowing policy and how to use it.

We found that care staff were busy and sometimes rushed, although they tried to spend time with people where possible.
We spoke with the senior nursing staff on both M1 and M2 wards, who had received training in protection of vulnerable adults last year, and they had a good understanding of the various types of abuse and how to recognise the signs of abuse. They also both mentioned the falls screening tool used by the trust, and the various methods, including sensor alarms, utilised to manage this risk in people.

Staff on Bethersden Ward told us that they did not think security was very good at the hospital. They said "There are 3 porters at night for the whole hospital" and the "drug abusers and alcoholics demand attention from the nurses". However, they have had some conflict resolution training. We were told at the Trust HQ that there was a

security contract in place to protect patients and staff and this was monitored.

The Trust prioiritises preventative methods to protect patients. There were policies for the prevention of falls and, incidents of falls were monitored and investigated.

There was a head of patient safety and a designated falls team which included four nurses and a consultant. Each patient was assessed. If they were considered to be frail or at risk of falling then measures were put in place to protect them and monitor them.

Bethersden Ward had introduced a visual way of reducing the number of falls that happened on the ward. This seemed to be working and they could show a reduction in the number of falls recently. They used hip protectors for people that were at risk of falling and bed sensors that raised an alarm if a person at risk of falls tried to get out of bed.

Staff told us that there was support available for people that needed capacity assessments as there were care managers and consultants on site.

Staff completed clinical incident forms for incidents and staff were able to access these.

Our judgement
People were protected from the risk of abuse and their human rights upheld and respected.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People, on Bethersden ward, commented that they were happy with the level of support offered and said that staff responded to their calls for help if they rung their buzzer. However, they accepted that at times when the ward was busy, delays in responses did occur. One person said "If I press the buzzer some times they come straight away other times they take a little longer"

People said that sometimes the ward was very busy and they would have to wait if their needs were not urgent. However at quieter times staff were available.
People on Bethersden Ward were very happy with the staff that were looking after them. One person told us "You don't have to say anything, they are very aware of how you are feeling"
On Bethersden ward, one person said, "Surprisingly, staff do have time to stop and talk because they are so busy. They do make time to talk to me".

People also felt that there was not enough staff but they were always busy. One person told us that "They seem so rushed but are always cool, calm and collected" and another person told us "My overall impression is they are good, they work hard, have a lot of patience and are able to deal with everyone".

People on the Richard Stevens stroke unit did not think that there were enough staff available. Someone told us "There are not always enough staff on duty during the day but the nights are ok", they also said "Staff don't really come and talk to you"

People on M1 and M2 told us that they felt more staff were needed on both wards, as the care staff were always so rushed and busy

Other evidence
All of the wards we visited had staff vacancies. Some wards were managing their staff vacancies better than others. Agency staff were used and permanent staff would cover shortfalls by working overtime. This meant that on some wards people who use the service had no complaints about staffing levels but on other wards they did.

A staff member spoken with stated staffing could be stretched and difficulty arose if someone phoned in sick at the last moment. Weekends were sometimes difficult to cover and agency staff were not always available or were unreliable.

The staff rota for M1 and M2 for the period of 29 August 2011 to 25 September 2011 was seen, with around 5 or 6 care staff on duty in the mornings, and around 4 or 5 care staff in the afternoons. There were usually 2 or 3 care staff on duty at night. The ward sister said that a computerised tool was used to work out how many care hours the ward required, but this did not take account of the dependency and needs of the people. We noted that call buzzers sounded for about 5 or 10 minutes before care staff were able to answer them.
The senior nurse on duty on M2 ward told us that more care staff were needed on the ward, especially when they had acutely ill people who required more personalised support. She also said that requests to the trust staff bank for more care staff were usually not met, especially when the request was for a qualified nurse.

Staff told us they used temporary staff if they were unable to cover each shift with permanent staff. We were told that most of the night staff were regular or permanent staff members.

We observed staff on Bethersden ward. They were busy but always available to speak to patients if needed. They were polite and knew people's individual needs.

Staff on the Richard Stevens Stroke Unit told us that "Staffing changes have changed the atmosphere of the ward". "It used to be more structured, now its all over the place" They felt that they haven't got enough staff to be able to give enough observations and there were not always enough staff on each shift.

Our judgement
People were safe and their health and welfare needs were met by sufficient numbers of appropriate staff. Some wards were managing their staff vacancies better than others. Not all of the vacant posts had been filled.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety but to maintain this we have suggested some improvements are made.

Outcome 14:
Supporting staff

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 with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
People who use the service commented that they where happy that the staff had the skills to carry out their role and meet their needs.

People told us that staff were knowledgeable about their care. People told us "My daughter asks them a lot of questions and they are able to answer" and "Senior staff wander around and helped out if they needed to".

Other evidence
The Trust used the National Learning Management system and e-learning for most training. For nursing, midwifery and Allied Health Professionals there was a competency framework for procedural skills which was developed by an expert in that area.

An interaction and training programme which was designed to increase awareness of the patient experience had been started earlier in the year. This had been in response to complaints about staff attitudes.

We observed staff being very respectful to the people using the service. Staff said "would you mind if.." and "Would you like to…".We heard one staff member say " Shall I do that for you or will you be able to do it yourself?". And "Let me know if you need help".

Staff told us that they had attended safeguarding training and could tell us about different types of abuse and who they would report it to. One member of staff spoken

with stated that she had not received any safeguarding training and had been working for the trust for two years.

There was a staff appraisal system in place. We were told at Trust HQ that this had recently been changed which had slowed down the number of appraisals that had been carried out during the year. The performance appraisal rates for August 2011 showed that there was a variation across departments of between 21% and 97% of the staff that had received an appraisal within the last year. 64% of cancer services staff had had an appraisal. The Trust was taking action to make sure all staff had an annual appraisal.

The ward sister on M1 ward told us that she had not received any formal training in the last 12 months, nor had she received any supervision or appraisal sessions in the same period. She had, however, conducted appraisals for junior care staff.

She told us that staff morale was low at the moment because there were plans to merge this ward with another medical ward (which currently has 18 beds), resulting in a new 26 bed unit. Care staff were concerned that the potential loss of 18 beds would mean more pressure on available resources and a busier ward.
The senior nurse on ward M2 told us that care staff had not received training in the use of the new care pathway before it was introduced, and found it difficult and time consuming. The directors at Trust HQ were aware that not all staff had received this training and this was being organised.

We spoke to staff on other wards who were aware of their roles and their responsibilities. Staff said that managers and senior staff were available if they needed advice and or support. Staff told us that they had access to training courses.

As staff completed training and reached the levels of competency this was added onto a report. Monthly reports were produced which illustrated what training had been completed by which staff and to track staff progress. This also meant that if there were gaps in training or competency assessments, particularly if this may be a risk to patients or staff, then it would be followed up. We were able to see some of these reports and discuss the training at the Trust HQ. Training and competency was monitored at all levels in the trust and then reported to the board.

Our judgement
People were safe and their health and welfare needs were met by suitably trained staff. Not all staff were properly trained, supervised and appraised.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety but to maintain this we have suggested some improvements are made.

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 with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People spoken with expressed different experiences of services provided within the hospital. Some had been moved internally within the hospital between several wards which had not lead to a positive experience. However once having moved to Cambridge M1 and M2 ward they expressed satisfaction with the level of care received and did not express any concerns.

People told us that the nursing care they received was good and that nurses were very patient with them.

One person told us she was thought there were "too many people and not enough beds". Another person said "I do not know what uniform is what, but I think that there is a structure". One person said that they had completed a questionnaire about the food.

Other evidence
Staff spoken with stated that the ward carried out surveys of patient's experiences and the results were pinned up around the ward. Literature with regard to making a complaint was available on the ward and notices were seen pinned to the notice board.

How the wards were doing in relation to things like MRSA, falls and accidents was displayed on easy to read charts so that everyone could see the results.

Patients are requested to complete Dr Foster questions on the hand held devices before being discharged from the hospital. Results are recorded and reported to the

board. (East Kent Hospitals University NHS Foundation Trust was named Trust of the Year in the Dr Foster Hospital Guide 2010. The Hospital Guide is published annually by the Dr Foster organisation. Dr Foster is an organisation which, on behalf of the Government, measures healthcare across a range of different areas that are important to patients. It gathers information to identify potential problems in clinical performance and also areas of high achievement.)

We spoke with the ward sister on M1 ward, who told us that, a sample of 4 people and relatives were surveyed daily using the Doctor Foster system. We saw a staff member on M2 ward using a portable survey device, linked to the Doctor Foster system, to gather the views of people on the ward.

The senior nurse on ward M2 told us that she conducted appraisals of junior care staff, during which the quality of the staff member's work was discussed and training or learning needs identified.

The Trust uses a level 3 training evaluation to make sure staff training is making a difference to patient's experience. They ask staff and their managers if they are applying new skills. Feedback is then collated to ensure training is relevant, current etc

The ward sister on M1 ward told us that care records were usually audited by the ward manager, but as she was away at the time of the site visit, the audit records were unavailable.

There were meetings at 9am and 4 pm each day to discuss the availability of beds throughout the hospital and to enable wards to work together.

Staff told us that directors of the trust visited the emergency floor every day. Staff told us that directors were on call overnight for any emergencies.

The Trust identified from the complaints and enquiries received through PALS (Patient advice and liaison service), there was an issue regarding communication and staff attitude. They developed an Interaction and training programme which is designed to increase awareness of the patient experience. A video is also used in this training. PALS have seen a result in a reduction of complaints.

The Trust has a reporting policy that is based around the NHS Litigation Authority standards and includes investigation, analysis and learning. When feedback is received that highlights a concern there is a system that raises the alert and it is assigned to a relevant specialist and manager to investigate.

The Trust has a corporate risk register which the board of directors see on a monthly basis. This also goes to the Risk Management and Governance group monthly. They have an Audit committee which is a sub committee of the Trust Board. They analyse risk and identify areas that they need to focus on. There are divisions of this group across departments. The divisions themselves have their own governance structures which look at incident trends, risk analysis and learning from incidents. They also conduct planned visits to ward areas to speak to staff about patient risks.

Our judgement
People benefited from safe quality care, treatment and support, due to effective

monitoring of the service and the management to risk of people's health, welfare and safety.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety.

Outcome 21:
Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us
People spoken with said they had not contributed towards their records and whilst most was aware of their right to review them had not requested to do so.

Other evidence
Staff spoken with raised their concern about the level of paperwork and the number of forms to be completed. The Trust were monitoring all records and looking for more efficient ways to record all aspects of care and treatment. Where possible records were being moved away from paper to the computer. Nurses who used the computer records commented that they had really speeded up the time taken to complete them and the communication between wards and units.

The new care plans were implemented in December 2010 at the William Harvey and January 2011 at the Kent and Canterbury. The care plan documentation is also discussed at ward managers meetings.

One of the difficulties with the new document is the quality of the print. The main improvement is that it is printed off as a booklet so everything is in one place. One of the directors commented that there is still a training issue with the implementation of this. Training was being planned for pre-assessment nurses at the time of the visit.

We reviewed care records on both M1 and M2 wards, and found that all had incomplete

initial and daily nursing assessments. We spoke with staff on both wards, who told us that they found the new care pathway difficult to use, and time consuming. They also told us that sometimes they did not have enough time to complete all the sections of the nursing documentation, as the wards were always so busy.

Records on Bethersden ward and the Richard Stevens stroke unit were mostly completed, signed and up to date. Records were secure and there were systems in place for storing, sharing and destroying confidential information securely. Staff checked our identity before sharing any confidential information with us. Computer records were protected by passwords.

We saw staff completing patient's notes and saw the pharmacist talking about medication with a patient. They looked at the medication chart and asked questions about the medication at the same time. They reassured the patient that everything would be alright.

We saw that the Trust had identified improvements needed in the record keeping throughout the hospital sites. There was an extensive record keeping policy that had been developed from this and audits were undertaken by the record management team in all departments on a rotational basis. There were some gaps but overall the record keeping was good in the ward and unit and demonstrated the improvements that had been gained by this new system.

Our judgement
People's personal records, including medical records, were accurate, up to date and held securely. Records remained confidential.

Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety.

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
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People experienced safe and appropriate care and treatment that met their needs and protected their rights. Inconsistently completed documentation left more vulnerable patients at risk of not getting the right care and treatment. The Trust has identified record keeping as an area of weakness and they are addressing it. Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety but to maintain this we have suggested some improvements are made.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People experienced safe and appropriate care and treatment that met their needs and protected their rights. Inconsistently completed documentation left more vulnerable patients at risk of not getting the right care and treatment. The Trust has identified record keeping as an area of weakness and they are addressing it. Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential	

	standard of quality and safety but to maintain this we have suggested some improvements are made.	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	Why we have concerns: People were safe and their health and welfare needs were met by sufficient numbers of appropriate staff. Some wards were managing their staff vacancies better than others. Not all of the vacant posts had been filled. Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety but to maintain this we have suggested some improvements are made.	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	Why we have concerns: People were safe and their health and welfare needs were met by sufficient numbers of appropriate staff. Some wards were managing their staff vacancies better than others. Not all of the vacant posts had been filled. Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety but to maintain this we have suggested some improvements are made.	
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	Why we have concerns: People were safe and their health and welfare needs were met by suitably trained staff. Not all staff were properly trained, supervised and appraised. Overall we found that the William Harvey Hospital –	

	Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety but to maintain this we have suggested some improvements are made.	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	Why we have concerns: People were safe and their health and welfare needs were met by suitably trained staff. Not all staff were properly trained, supervised and appraised. Overall we found that the William Harvey Hospital – Bethersden ward, Richard Stevens Stroke Unit and Cambridge M1 and M2 were meeting this essential standard of quality and safety but to maintain this we have suggested some improvements are made.	

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 to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement 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
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