

# Review of compliance

East Kent Hospitals University NHS Foundation  
Trust  
Kent & Canterbury Hospital

<b>Region:</b>	South East
<b>Location address:</b>	Trust Offices Ethelbert Road Canterbury Kent CT1 3NG
<b>Type of service:</b>	Acute services with overnight beds Community healthcare service Community based services for people with mental health needs Ambulance service Blood and Transplant service
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	Kent and Canterbury 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: Treble Ward an acute neurological ward, Cathedral Day Unit the chemotherapy outpatient service and the Trust Headquarters.

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

## Our current overall judgement

**Kent & Canterbury 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, carried out a visit on 15 September 2011, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

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

### What people told us

Patients on Treble ward and Cathedral Day unit said their care and treatment had been well coordinated and everything had been explained well by the staff.

They said that they had been informed of their diagnosis and had been consulted about the treatment and rehabilitation support they needed.

On Treble ward patients had discussed their preferred routines with staff and that they were well supported to do everyday things such as to wash, get dressed and use the bathroom. On Cathedral Day unit patients had discussed their preferred routines with staff and they said that they were helped with practical tasks during their short stays.

Patients on Treble ward said that there was a choice of meals and that they had enough to eat. On Cathedral Day unit, patients said that there was always drinks available.

Patients said that Treble ward and Cathedral Day unit were orderly, neat and clean.

### What we found about the standards we reviewed and how well Kent & Canterbury 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 were involved in and received care, treatment and support that respected their right to make or influence decisions relating to them.

Overall, we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit were meeting this essential standard.

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

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

Overall, we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Unit was meeting this essential standard.

**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 Kent and Canterbury Hospital – Treble Ward and Cathedral Unit was 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 abuse and unnecessary risk of injury and their human rights were upheld and respected.

Overall we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit was 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**

The Trust was not always providing staff in the numbers it intended and this had resulted in patients sometimes not receiving prompt or personalised attention.

Overall, we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit was meeting this essential standard but, to maintain this, we have suggested that 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 competent staff.

Overall we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit was meeting this essential standard of quality and safety.

**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 good quality care, treatment and support, due to effective monitoring of the service and the management of risks to people's health, welfare and safety.

Overall, we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit was 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 kept securely. Records remained confidential.

Overall, we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit was 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

Patients admitted both to Treble ward and Cathedral Day unit were consulted about their admission so that they were prepared for their hospital stay.

On Treble ward staff had explained to patients what medical investigations were being completed and why and on Cathedral Day unit they had been told about the treatment that had been prescribed for them. All of the patients said that they saw their doctor regularly and were confident that decisions were being made in their best interests.

They said, "the nurses always speak quietly when speaking about treatment etc." and "my privacy is always respected."

##### Other evidence

On both Treble ward and Cathedral Day unit we saw staff speaking with patients about their medical treatment and care, taking the time to make sure that they understood and answering any questions.

The trust had a policy and procedure to follow when patients were not able to fully understand and consent to the treatment they needed due to limited mental capacity.

In interviews the staff on both Treble ward and Cathedral Day unit showed that they knew about the importance of supporting patients to give informed consent and of the steps to take when additional help needed to be given.

Records on Treble ward confirmed that staff were liaising with key family members so that they were included in and could contribute information useful information about the patient's home circumstances.

**Our judgement**

People were involved in and received care, treatment and support that respected their right to make or influence decisions relating to them.

Overall, we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit were meeting this essential standard.

## 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

Patients on Treble ward and Cathedral Day unit said that they received the treatment and care they needed and expected.

They said that they saw their doctor regularly and that staff assisted them with their health and personal care. On Treble ward this included assistance with everyday tasks such as taking medicines, doing rehabilitation exercises, washing and dressing, using the bathroom or promoting their continence and eating and drinking. On Cathedral Day unit, this generally involved patients being helped to manage having their medication and rest after treatment to be ready to go home.

Patients on both the ward and unit said that they were very happy with their care and treatment. Comments included: "the care has been excellent" and "my treatment has been fully explained and discussed regarding my options and the effects."

##### Other evidence

The Trust had policies and procedures for staff to follow throughout the hospital on subjects such as promoting continence, mobility, good skin care and medication. Documented care plans were based on initial assessments and these plans were looked at on The Treble Ward and Cathedral Unit

On Treble ward individual plans of treatment and care were completed on each patient's admission. There were daily records, reviews and risk assessments for things such as helping people to be mobile and the use of bed rails to make sure patients

were kept as safe as possible. On Cathedral Day unit there were action plans for each person that were based on an assessment completed by a doctor when they had attended an initial clinic.

These plans had information about medical diagnosis, the treatment to be given and the side effects that may occur. This meant staff had a plan to follow which was altered if there were any change in the patient's pathway of care due to any complication or change in their condition.

The Trust has a tissue viability nurse lead to monitor all patients who are at risk of pressure sores who checked that the correct interventions were in place. The recently reviewed pressure care policy included what nurses must do on admission and the information to give to patients and relatives to increase awareness and help them to protect them.

The trust had introduced 'heel offloading boots ' and an improvement in the prevention and healing of heel pressure sores had been identified in recent audits. Reports of all pressure sores were provided regularly to the board. New professional recommendations advise to set a 20% target of reduction on Grade 3 and set a 25% target of reduction on Grade 4 ulcers had been taken into account. The trust reported that they are on target to meet the reduction.

Examples of the management of pressure sores were seen on Treble ward. This included; one person who had a small pressure sore had been referred to a specialist nurse and was receiving appropriate treatment. Another person had been referred to a dietician to help ensure that they could be supported to have enough to eat and drink. This is important as nutrition and hydration has a direct impact on the risk of pressure sores developing.

As well as monitoring pressure sores the trust had a system to identify, record, investigate and respond to things such as slips, trips and falls, medication errors or near misses and other untoward events. There had been four notifiable events on Treble ward in the past three months and none on the Cathedral Day unit. This was within expectations and showed that regular monitoring and action to prevent recurrence was taking place.

On Treble ward patients were encouraged and supported, according to their ability, to do rehabilitation exercises either on their own or with assistance from a physiotherapist.

Patients were helped to go to the bathroom or to promote their continence, to position themselves comfortably in bed or in a chair and to access books and magazines. Staff spent extra time with some patients who were unwell, not able to speak and who needed to be checked to make sure that they were comfortable.

There was a ward round each day at which doctors reviewed each patient's progress so that their need for further investigation and medical treatment could be assessed and met.

The treatment of Cancer is carried out at multiple sites across the trust and in partnership with Maidstone and Tunbridge Wells NHS Trust.

Maidstone and Tunbridge Wells NHS Trust is the Kent Oncology Centre. Radiotherapy services are provided at Maidstone and Tunbridge Wells NHS Trust Maidstone site and at the Kent and Canterbury Hospital site.

Oncologists are provided by Maidstone and Tunbridge Wells NHS Trust of which there are nine visiting consultants.

There are three outpatient's clinics and chemotherapy units, one on each site. There is only one inpatient ward at Kent and Canterbury Hospital which specialises in the treatment of blood cancers. There is also an outreach service which is provided from five community sites. The Cathedral Unit is one of the day care units providing day care oncology treatment.

For every tumour speciality, there is a multi disciplinary team (MDT) that regularly monitors and discusses patient's treatment plans. It depends on the size of the service for the tumour speciality as the whether there will be more than one MDT. Patients spoken to confirmed they were involved in the decisions about their treatment.

On the Cathedral Day unit nurses completed an assessment of each patient before each course of treatment was administered to make sure that the treatment could be administered safely. Patients also saw their doctor on a planned basis at a midpoint and at the end of their course of treatment.

Patients were made comfortable while they were receiving their treatment. Staff regularly checked to make sure that the medication was being dispensed correctly and that patients had what they needed.

On both Treble ward and Cathedral Day unit staff knew about patient's individual needs and they provided assistance in ways that were right for them. Records were kept to monitor patients' general health, including things such as checking how a person was benefiting from or reacting to medication, how their weight had changed and what if any additional equipment might be needed.

Arrangements were being made for patients to be discharged from Treble ward as soon as they had received the medical attention they needed. Staff liaised with family members, social workers and community based services to ensure that patients received the support they needed when they left the ward. On Cathedral Day unit arrangements were made for patients to be followed up as necessary in outpatient clinics or by their own family practitioner.

### **Our judgement**

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

Overall, we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Unit was meeting this essential standard.

## 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

All the patients and visitors we spoke with in the Ward and the Unit were very complimentary of the coordination of their treatment and how it had all been explained to them. Comments from the Unit included: "Very well coordinated." "I know the programme of my treatment up to Christmas." "Both my wife and myself have been involved in discussions at the other hospital and this department."

##### Other evidence

On the ward, staff said that they routinely liaised with other departments within the hospital and with external agencies. During the visit contact was made with several other departments including the physiotherapy, dietetics and social work departments to discuss patients' care.

The cancer services are provided between this Trust and Maidstone and Tunbridge Well NHS Trust. The Trust has an agreement with Maidstone and Tunbridge Wells NHS trust so that they cover all aspects of the service between them.

The initial diagnosis is usually made at Maidstone and treatment would then follow at the hospital providing that service that is the nearest to where the patient lives. Radiotherapy and chemotherapy are provided at Canterbury. There is also an outreach service at the smaller local hospitals but this is dependent on patient need and staff availability.

The Trust have analysed the service provided and identified where improvements

needed to made. They have focused on improving the cancer pathway over the last two years. The cancer pathway is the treatment plan and how it is going to be coordinated for each patient from their initial diagnosis through to their prognosis and progress. There is a cancer compliance team in place which is overseen by a cancer compliance manager and they monitor every patient pathway and identify areas where there may a problem. There is a cancer board meeting every six weeks.

Staff explained how the care and treatment was coordinated in the Cathedral Day unit. Nurses made clinical decisions when patients came into the unit based on how well the patient was. The nurses said that they were able to communicate directly with consultants and other specialists to discuss any changes in symptoms, if a patient was unwell or if there needed to be a change of treatment.

Each patient had an action sheet containing all relevant information to their treatment, which was electronic so any changes could be communicated across departments without delay. Some patients had radiotherapy and chemotherapy and this treatment was coordinated between the radiology team and the chemotherapy team.

The staff team in the Cathedral Day unit included staff employed to schedule the appointments as treatments were agreed upon and progressed. They explained their role and we saw some of the plans. On the day of the inspection we observed that these systems were efficient and working well.

#### **Our judgement**

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

Overall, we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Unit was 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

Patients in Treble ward told us that they felt safe and well looked after. They said it was a relief to come into this ward where they felt that staff listened to them and something was being done to help them. Patients at Cathedral Day unit said that they felt safe and well supported. One comment was: " Yes, I feel safe here, I am especially confident that I am given the appropriate treatment as this is well checked."

##### Other evidence

The Trust had a safeguarding policy and training was provided to staff. Staff were confident that they knew what to do if they suspected abuse. There was a hospital social services department and a safeguarding lead who could be contacted.

The Trust prioritises 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. There were low level beds and equipment like bed rails were used for some patients. Sensor alarms were available for patients who were at risk of wandering due to confusion or dementia.

Training regarding the Mental Capacity Act 2005 was provided. Staff we spoke to demonstrated a good understanding of how to support a patient to make a decision.

They explained how they supported patients with confusion, learning disabilities and/or communication difficulties. We saw staff treat patients who were confused and distressed with kindness and compassion.

**Our judgement**

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

Overall we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit was 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

Patients on Treble ward said that the staff were very busy but they seemed to continue to be cheerful and did not look outwardly stressed. Some people compared this to other experiences at other hospitals where they said the staff were stressed. They commented: "Could do with more staff, especially at night. This is a very busy ward and they do cope." "Sometimes they are rushed off their feet!" They said they did not usually have to wait long if they rang their bell, "...only if they are really busy".

Patients at the Cathedral Day unit also said that the staff were busy. One comment was: "No there are not enough staff, they have had to stop the outreach Chemo unit at Deal (run from here) because of a shortage of staff." However, despite being busy they also commented: "Staff are always cheerful." "They couldn't be more helpful."

Staff said that there were times of day when they felt pressurised because of having to do too many things at once and they were concerned that this might result in patients having to wait for attention. Staff said, 'in the mornings you have to rush so much and I sometimes worry about forgetting things because we're only human' and 'on quite a few days we are short staffed and while it does not impact too much on patients it makes life fraught for staff and it can't carry on long term. The Trust really does need to look into it'.

Staff also said: "Patients numbers have increased, doubled or tripled even, this is because screening has improved and processing is quicker everything has speeded up." This would have an impact on the staffing levels.

**Other evidence**

On the day of our inspection visit several nurses' shifts had not been filled on both Treble ward and Cathedral Day unit. The records showed that this had been a regular occurrence over the four weeks preceding the visit.

On Treble ward there were instances where at peak times people had to wait for assistance. On Cathedral Day unit there were also busy times when patients had to wait or when they only saw a nurse for a short period of time because she was having to respond to the needs of two or three patients at once.

We were told of the arrangements for making sure there were sufficient staff in the wards at the Trust HQ and there were systems in place to monitor this twice a day. There was also a shortage of clinical nurses for the chemotherapy units because of its specialism and because other nurses were not able to cover from other units due to the training required. They said any staff shortages were reported as an incident on the computer data base so that the senior management team and the risk and governance team could see if staffing was at risk and needed to be addressed.

The management team were aware of the need for more staff in the oncology services and were monitoring it closely whilst recruitment was ongoing.

Overall there was a 6% staff vacancy rate in the Trust but when using temporary staff that falls to 1%. NHS Professionals run the bank staff for the Trust and they book them through a web enable system. They use an agency for junior doctor cover.

**Our judgement**

The Trust was not always providing staff in the numbers it intended and this had resulted in patients sometimes not receiving prompt or personalised attention.

Overall, we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit was meeting this essential standard but, to maintain this, we have suggested that 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

Patients on Treble ward were very complimentary of the staff saying that they were knowledgeable and explained their care and treatment to them. They commented: "they are sympathetic when I get upset". "They know I am rather stressed at present and reassure me. A staff member offered to help me have a bath and washed my hair as I was unable to manage myself."

Patients on Cathedral Day unit were also complimentary of the staff, saying that they were always happy to explain their treatment options again to them and answering their questions. One patient also commented: "This is my first treatment and they are particularly reassuring."

Staff talked positively about their training.

##### 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.

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.

Staff we spoke with said they had had a staff appraisal. Staff said they had also competency assessments by their manager when they were working through their training. Staff said that training and competency assessments were carried out and followed the same process whichever department was worked in. In Cathedral Day unit they explained that there was training in each category of chemotherapy. They said the training was very good and they had enjoyed it. They said they went up levels of training using a competency framework and had objective setting and appraisal. All the staff said they enjoyed the training and found it useful. They thought it was a good process.

One of the staff was a trainee associate nurse practitioner which was a relatively new role and involved training whilst working in the unit.

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 competent staff.

Overall we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit was meeting this essential standard of quality and safety.

## 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

Patients told us that they were asked how they were when staff were supporting them or providing treatment.

The patients in Treble ward had not been in the ward for very long and said that they had not been asked to complete a questionnaire or any other type of feedback that they could think of. The people in Cathedral Day unit were only in there for a few hours at a time and they also said that the nurses always asked them how they were and if everything was ok but they had not completed any other type of feedback yet.

##### Other evidence

We saw information and invitations for feedback on the notice board in the ward. 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.)

In every department there is a patient user group which comprises of patients, carers and relatives.

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 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

Feedback regarding cancer services is sought from patients via the National Cancer Inpatient survey. The Cancer network covers the whole of Kent and part of its role is to audit patient satisfaction. There is also peer review and regular reports feed into the trusts quality assurance programme to enable the trust to take action to improve patients' experiences.

The Multi-disciplinary Team lead, cancer nurse specialists and managers attend and review services and analyse change. We could see in board meeting minutes and other documentation supplied that the Trust has identified areas requiring attention and is showing an improvement in their targets for cancer services.

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 good quality care, treatment and support, due to effective monitoring of the service and the management of risks to people's health, welfare and safety.

Overall, we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit was 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 were aware that they had a written plan of care and that their observation notes were at the end of their bed for easy accessibility for the nurses to complete them.

##### Other evidence

Each patient had a case notes folder and this included a written care pathway. Some of the records were kept at the end of the bed. These were mainly the risk assessments and observations that needed to be recorded routinely at different times throughout the day. We saw staff complete these each time they were with each patient. Records were clear, up to date and gave a good range of necessary information.

The Trust had introduced more electronic records to increase efficiency of time for staff to complete them and for the reporting to go to the different departments for monitoring. Staff told us that this had made a real difference. This was particularly the case in Cathedral Day Unit where the treatments were coordinated between different teams and also in the different hospitals that people were attending.

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 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. 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 kept securely. Records remained confidential.

Overall, we found that Kent and Canterbury Hospital – Treble Ward and Cathedral Day Unit was 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 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<b>Why we have concerns:</b> The Trust was not always providing staff in the numbers it intended and this had resulted in patients sometimes not receiving prompt or personalised attention.	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<b>Why we have concerns:</b> The Trust was not always providing staff in the numbers it intended and this had resulted in patients sometimes not receiving prompt or personalised attention.	

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

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