Inspection Report

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

Calderdale Royal Hospital

The Calderdale Royal Hospital, Salterhebble, Halifax, HX3 0PW

Tel: 01422357171

Date of Inspections: 13 August 2013
12 August 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Calderdale and Huddersfield NHS Foundation Trust
Overview of the service	Calderdale Royal Hospital is situated about 1.5 miles south of Halifax town centre. The hospital offers a full range of day case and outpatient services and an accident and emergency department. It is also the specialist centre for planned orthopaedic and general surgery for the residents of Calderdale and Kirklees.
Type of services	Acute services with overnight beds Community healthcare service Diagnostic and/or screening service Community based services for people with mental health needs Rehabilitation services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Management of supply of blood and blood derived products Maternity and midwifery services Nursing care Surgical procedures Termination of pregnancies Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 August 2013 and 13 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by other regulators or the Department of Health and reviewed information sent to us by other authorities. We reviewed information sent to us by local groups of people in the community or voluntary sector and were accompanied by a specialist advisor.

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

What people told us and what we found

We visited ward seven the stroke unit, ward two short stay unit, the Ambulatory Assessment Area, the Medical Assessment Unit, Maternity Services including the Antenatal Day Unit ,Labour Ward, Post Natal Wards 9 and 1D,Triage, Labour Suite and main Operating Theatres.

We reviewed the care and treatment records of 25 people using the services; spoke with around 46 people using the service, 17 relatives and 49 members of staff. The review of the estate, quality of services and complaints also included evidence gathered from across the trust as well as from the Calderdale Royal Hospital (CRH).

We found that people were receiving the care they needed in the areas of the hospital we visited. The majority of people who used the service provided us with positive feedback on their care and treatment. We found that the trust had satisfactory systems and processes in place to manage complaints and quality assurance for example, assessing and managing risk in relation to staff/people dependency and records management.

These are some of the comments that people told us:

"The biggest percentage of staff are very caring and will do anything, this goes from the cleaners all the way up."

"I have received good treatment on the ward from the doctor, he has reviewed my medication and I feel much better."

"The staff are fab, really helpful and will answer any questions. Even when they are really busy you aren't made to feel you are a bother. They are all very professional."

"The staff are great but they have been really busy. There have been occasions when I would have liked staff to spend more time with me, but they have been so busy this hasn't been possible."

"I can't fault my care the staff have been great."

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 11 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People's diversity, values and human rights were respected.

In the areas we visited people who use the services told us that their privacy and dignity was respected and they were included and involved in decisions about their care and on-going treatment. Throughout our visit, we observed people's privacy and dignity was respected by staff. Staff told us that the new privacy curtains had made a difference; there is a panel down the side that reminds people that 'care is in progress.' We saw that people's bedding, night attire was clean and call bells were in easy reach for people to use. One person told us "It is not difficult to summon help, I have my buzzer and they come straight away." Another person told us "If I need them I use the nurse call button, they come and see me."

Staff remained visible and available throughout all of the patient areas and we saw they provided assistance in a timely manner. We observed when people required care, curtains around the bed were closed and staff spoke with people in a polite and courteous manner. We also saw there was separate accommodation for male and females, which meets the Department of Health's requirements for the elimination of mixed sex wards.

However the provider may wish to note that in one area on the stroke unit we saw that there were two toilets close to each other. Neither toilet had a sign to differentiate whether they were for use by male or female. We saw that this resulted in a member of staff opening one of the toilet doors, whilst assisting a lady to the toilet. This toilet was already in use by a gentleman who had not locked the door.

We were told by staff about the butterfly scheme which identifies specific care planning needs for people with Dementia; this helps staff to care more appropriately for the needs of this group of people. When we looked at the care records for people with dementia we saw that this scheme was in use. Staff told us that families were encouraged to support the delivery of their relatives care in whatever ways were appropriate and what they felt able to contribute. We saw that one of the white boards on Ward Seven displayed in the

public area listed the family as integral to the care team alongside medics, allied therapist staff, dieticians and nurses.

We saw information in the care records that people were involved in their care and their wishes were respected. For example we saw that people's wishes regarding the frequency and preferred time of day for personal hygiene had been recorded. One person told us "I have been kept informed about my treatments and the plan ahead. I could not have asked for better care." Another person told us "I have been kept fully informed about my care and treatment. I've had no problems with staff they have always been respectful."

We saw one person being discharged; the staff were reassuring and told them their relative would be waiting for them at home. The ward clerk informed them that they were making a follow up appointment for them and told the person they would telephone them with the date and time and would organise transport for them.

One of the dieticians we spoke with told us that where people had the capacity to consent to their care and treatment they were actively involved.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People we spoke with who used the services and/or their relatives told us the care and treatment they had received was positive. They were able to describe their care and treatment to us and the following are examples of what they told us;

"Care has been excellent; I can't fault them at all."

"Kept informed of the treatment and regularly told about progress."

"Staff are great, we are very pleased with the treatment so far."

"They have explained to us both the treatments and condition. Even the consultant came to see us and explained in a way we could understand, what it was and how it would be managed."

"The staff are caring and the doctors have provided explanations about what care I needed. I've been given time to ask questions and this has helped to reduce any stress and helped to make informed decisions about my care."

"The staff are fab, really helpful and will answer any questions. Even when they are really busy you aren't made to feel you are a bother. They are all very professional."

"The staff are great but they have been really busy. There have been occasions when I would have liked staff to spend more time with me, but they have been so busy this hasn't been possible."

"I can't fault my care the staff have been great."

"My relative has received very good care and has been settled here. The staff are very friendly and have kept me informed about my relative's wellbeing."

"Staff explain what they are doing and why they are doing it."

We reviewed the care and treatment records for 25 people using the service and saw the care and treatment records. Nursing records included a standardised nursing assessment of people's safety and welfare needs. Risk assessments were completed for example, in relation to pressure areas, falls, skin integrity, nutrition and hydration, moving and handling, pain management, oral care, continence, use of safety bed rails. We saw that the care plans in people's records were clearly recorded and related to the nursing assessment of the peoples' needs.

However in some of the records we found that there was a lack of information about the persons' communication needs even though this had been identified in the nursing assessment. Staff we spoke with subsequently were able to describe these people's communication needs. However, the provider may wish to note that communication needs identified in the nursing assessment should have a corresponding care plan for staff to follow.

"Intentional rounding" is a nursing duty that involves regular checks on all people's care who were using the services throughout the day, for example pressure area care, pain, hydration and nutrition. We saw evidence in people's care records that these rounding's were being completed. Daily observation charts for monitoring people's fluid and dietary intake, vital signs such as blood pressure, pulse, respiration, temperatures and pain were recorded and up to date. Staff remained visible and available throughout all of the areas we visited and provided assistance in a timely manner as they answered promptly when people called for support.

In one person's care records we saw that it was important for the person to have their medication at set times. We asked the person if this happened and they told us it did, when we spoke with two of the nurses they understood why this medication needed to be given at exact times. In another record we saw the person had been assessed as being at high risk of falls and the action that needed to be taken was for the safety sides to be used and for two staff to transfer them. We spoke to this person who confirmed this happened.

We saw one care assessment specifically for people with memory problems. This gave information about their preferred name, likes and dislikes, what might make them anxious and what staff could do to reassure them. We saw that this person had been assessed as being at risk of malnutrition and the dietician had prescribed fortified drinks. We saw that they received the drink as prescribed in the morning and also at lunchtime and they received assistance from staff with their meal.

We spoke with one person who was due to be discharged home. They told us that the staff had asked them if they had any food at home, because they knew their relative was away on holiday. The person told them that there was plenty in the freezer. However, the staff also told us that basic provisions such as milk, bread and juice had been provided to take home with them. This was to ensure they had something to eat and drink when they arrived home.

We also looked at the care records for one person using the service who had a pre-existing mental health problem. Their progress notes illustrated a comprehensive overview of communication with their Consultant Psychiatrist and Community Nurse and staff appeared to have a general understanding of how to approach the person in delivering care. However the care plan did not provide staff with clear instructions on how to care for

this person's mental health needs. This was discussed with the senior nursing staff at the visit and a new plan of care regarding their mental health needs was instituted.

Staff told us there were regular Multi-Disciplinary team (MDT) meetings where different staff meet to discuss and co-ordinate people's care. In addition Doctors gave cards out to people who use the service and relatives with contact details about how to get in touch with them in between contacts on the ward. They also said that family meetings took place regularly to update families on the progress of care.

Safety and suitability of premises ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider has not taken steps to provide care in an environment that is suitably designed and adequately maintained.

During our visit we observed that the hospital looked bright and was a pleasant environment. On each ward there were single sex occupancy and this included the use of toilets. Above the entrance to the ward bays there was a sign of the sex of the patients in that area. On the doors of the toilets the sex of the patients to use those toilets were clearly displayed in pictorial signage. There was a mix of single rooms and multi occupied, single sex bays. Curtains were available to be pulled around each bed in the bay areas.

We spoke with a number of people about estates including the Executive Director of Estates, Director of Nursing, Estates manager, Health and Safety manager and staff working within the hospital. The trust was able to show us a structure for estates, which outlined the roles responsible for the maintenance and monitoring of the premises and its systems. The Director of Nursing made us aware that following the appointment of the Chief Executive a review of Directors portfolios had been completed. As a consequence this resulted in changes and two new portfolios were introduced; Executive Director of Planning, Performance, Estates and Facilities and Director of Commissioning and Partnerships. The trust did not have a senior manager with Chartered Engineer status to support the Director, but the trust had employed an Independent Consultant to provide this service pending recruitment of a Chartered Engineer to a new senior post.

In terms of fire safety the Director of Nursing provided us with information that 782 members of staff had been trained as fire wardens. Staff who attended the focus group confirmed that fire training had increased since the fire inspection. One person told us "there has been an increased activity about fire safety." Another told us "the fire officer has been working around the wards and departments to look at specifically how they would evacuate that area."

We spoke with the Executive Director for Estates who told us that the trust and West

Yorkshire Fire Authority had developed a joint protocol which outlined an action plan to look at fire safety across the trust. In addition the trust had appointed a fire safety consultant to support with fire risk assessments and providing fire safety training for staff across all sites. We saw examples of fire risk assessments undertaken. We found that there were a number of actions to be taken within these assessments however it was unclear from the documentation if the actions had been completed and who was responsible to make sure this happened.

The Calderdale Royal Hospital (CRH) site was due to be inspected by the West Yorkshire fire service on 20 August 2013. Following our visit the trust told us that the feedback from the inspection were that improvements had been noted following the focussed effort on fire safety within the trust and overall the visit had been positive. We spoke with the fire safety Inspector from West Yorkshire Fire Authority who confirmed this.

The Private Finance Initiative (PFI) is a way of creating public/private partnerships by funding public buildings with private capital and CRH is an example of this type of initiative. We saw information in the management plan for CRH on how the site was maintained by a private company. We also saw information that designated people were responsible for certain areas; for example we saw that there was a named person as an Authorised Engineer for boiler and pressure systems. However we did see that there was no Authorised Engineer for Ventilation Services. The Director of Nursing confirmed to us that as a matter of urgency the trust intended to appoint an Authorised Engineer for Ventilation Services. The Director of Nursing also told us that in the interim they had commissioned the services of an external Consultant to support them with this service.

We were also told by the Director of Nursing that the Estates team provided 24 hour cover using an on-call system; this allowed the team to provide planned and reactive maintenance services to the site causing minimal disruption to staff, patients and visitors.

During our visit to the operating theatre the staff told us about a recent incident where the ventilation unexpectedly failed in the orthopaedic theatre. When they reported the problem they were told that engineers were undertaking routine maintenance. We looked at the internal plan for when theatre ventilation fails. We saw that the staff had taken the necessary steps in accordance with this plan to ensure that people were safe. However, the provider may wish to note that the theatre staff should be informed prior to any planned maintenance being undertaken so that appropriate contingency plans are put in place to manage this.

We also visited the endoscopy unit as part of our inspection, which was opened in 2010 and we noted that the unit did not have a designated dirty utility facility. We did see that there was a room identified for dirty utility. However, on closer inspection we found that this room was used as a store room. Therefore this meant that the endoscopy unit had no dirty utility area and sluice equipment in accordance with best practice guidance.

We asked the staff how they currently disposed of these items and they told us that they used crystals that solidified any liquids and then these items were disposed of in the clinical waste bins. Staff also told us that they were responsible for cleaning commode chairs in the areas where they had been used. This meant that there was an increased risk of cross infection. We spoke with the infection control team who told us that they were not aware that the unit did not have sluice equipment. Since our inspection the Director of Nursing confirmed that work to introduce a dirty utility room and sluice equipment in the endoscopy unit had been commissioned and work would commence in September 2013.

We also saw in the staff beverage area that one of the electrical sockets was very close to the water taps. We asked estates staff if the socket was appropriate so that staff were protected against the risk of electrical shock. They told us that they were unsure without checking. Following our visit the Director of Nursing has confirmed that the socket has now been fitted with an appropriate socket.

We looked at the results of the 2012 in-patient survey. The survey contains a range of questions to enable people to share their experiences of their stay in hospital. The report showed how the trust scored for each question compared with the range of results from all other trusts that took part. We saw that the trust scored about the same as other trusts for the cleanliness of the ward areas including toilets and bathrooms and the availability of hand wash gel for patients and visitors to use. People we spoke with confirmed this commenting how clean ward areas were. We saw evidence of infection control audits that included the ward environment. Where concerns were identified we saw that actions had been taken to rectify this.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

We spoke with a number of the trusts directors and general managers they included, the Chairman of the trust, Director of Nursing/Deputy Chief Executive, Associate Director Risk Management, Director of Planning, Performance and Estates and Facilities, Director of Workforce and Deputy Director of Workforce Assistant Director of Corporate Affairs, General Manager Orthopaedics and A&E, Orthopaedic Ward Manager, General Manager Clinical Governance.

We found that the trust had an appropriate governance structure that included a board of directors with mandatory sub committees reporting their findings into the board for example, audit, risk and quality. There were many other committees that covered the full range of integrated governance on a trust wide basis. Integrated governance is an overall approach that is used to assure the board that trust processes and systems are robust and stand up to scrutiny.

In total we found there were in excess of 34 committees and groups identified in the trusts quality assurance framework. We saw that the five divisional areas within the trust had a management structure to support this framework. The trust had a wide range of systems and processes to collect information on key governance functions. However, we found it was difficult to be able to link this data into a clear format that informed managers of this information. For example information on complaints, incidents and staffing levels to inform managers and the trust board.

Prior to our visit the board had recognised that their governance assurance framework needed to be streamlined. As a result they had commissioned an independently led board health review and a review of the divisional risk management governance arrangements.

Both these reviews were completed at the time of our visit. The directors told us that the trust had not yet received the final report of the independently led board health review. However, they did tell us that at the Board of Directors workshop on 19 June 2013, "headline feedback" was provided.

As a result of this work a panel led by the trust Chairman and involving a Non-Executive Director, two Executive Directors and two Membership Councillors will meet on 12 September 2013 to commence a review of the trusts governance framework. We were also told that the Director of Nursing had completed a review of high level governance committees and their report will be considered by this review group. The Board of Directors will consider actions from this review at their meeting in October 2013.

We also looked at the draft report from the external divisional risk management review and saw the report included areas of good practice and areas for improvement. The report's findings and conclusions had been priority rated and a recommended action plan developed. The report together with the actions is to be considered for implementation by the Quality Assurance Board at its meeting on 27 August 2013.

The trust had systems and processes in place to record, report, investigate and learn from incidents. We looked at the annual learning from experience board report May 2013 and saw this report. 'Provided the Board of Directors with information regarding events from which the trust can learn and make improvements to safety, clinical effectiveness and people's experiences'.

Overall the report showed a slight reduction in incidents from the previous year and included some of the key lessons learnt from these events. We also looked at the trusts on-going actions plans in relation to two recent mortality alerts. An outlier is a measure which lies outside of the expected range of performance. We saw from these plans the trust was managing and monitoring these alerts effectively.

We saw within the report the learning from the trust investigations following the recently reported never events in maternity. We were told by the trusts nursing and risk directors, it had been agreed with the trusts board of directors that these events required further review and scrutiny. As a result a review panel had been convened comprising of a number of external Nursing Directors together with the trusts Medical, Nursing and Risk Management Directors.

We looked at the review panels minutes from May 2013 and saw they had identified a number of further actions including the appointment of an external advisor to review these events. This review was on-going at the time of our visit. It was also noted during our visit to the operating theatres that changes to practice following these never events had been implemented and weekly audits were on-going to ensure continued compliance.

Staff throughout the course of our visit provided us with a range of mixed views and opinions on staffing levels within their areas. Whilst some were of the opinion that their areas were low in staff numbers at times and this impacted on them being able to provide basic care. Others told us that there was enough staff and they worked well as a team to provide safe care to people who use the service. They were aware on how to escalate staffing problems.

People who were using the services on ward 1D told us that staff were really busy, they told us that there were usually just two Midwives and a Health Care Assistant (HCA). The

Midwives on ward 1D told us they can be moved often to support the delivery suite. There was no ward clerk/receptionist in post in this area so staff were also answering the phone and enquiries at the wards main entrance. Staff also told us that they can ask for help when they were busy, but didn't get the help they needed.

We saw that staff were moved between the maternity wards in response to increased pressures in other areas. We looked at the trusts escalation policy, which outlined what actions should be taken in the event of these increased pressures. We also saw that the risk assessments and incident sheets were completed when this had happened in line with the policy.

We spoke with the associate Director of Nursing and Head of Midwifery and they told us that the trust had appointed 20 midwives this year with the majority due to start in October 2013. This will serve to alleviate these pressures and further investment had also been secured to increase the number of Midwives next year.

The trust Directors provided us with examples of the trusts workforce plans for two of the areas we visited. They also told us that the trust had adopted the Royal College of Nursing (RCN) minimum guidance on safe nurse staffing levels. Both the Directors and other Senior Nurse Managers we spoke with told us where shortfalls still existed in line with this guidance; recruitment was on-going at the time of our visit. They also told us that on a daily basis each area site co-ordinators assessed people's acuity and dependencies in order to prioritise staffing allocations within each division to maintain the RCN guidance.

Staff told us that incidents and lessons learned were cascaded through the Team Leader Information Brief which was sent out every month. They said that they felt that information was communicated to them in a transparent way and that there was always someone they could approach if more information was needed.

As well as talking with individual members of staff to elicit their views on people's care, treatment and quality of services. We also met with a group of 12 staff, selected from a range of services across the trust. They included representatives from Radiology, Pharmacy, Pathology, Doctors, Estates, Appointments, Physiotherapy, Portering, Nursing and Midwifery. The key messages we received from the group were:

- Staff felt that if they had any concerns they could raise them with management and felt they would be listened to. They also said that the executive team were visible across the trust.
- Staff said that they received feedback on individual incidents however there didn't seem to be a mechanism to share incidents across the whole the trust where learning could be shared.
- There were pockets of good practice in sharing information in different areas but there did not seem to be a uniform approach across the organisation.
- Generally staff felt the changes in nursing documentation were really positive, a lot clearer and documented the person's journey. Staff from other disciplines told us that they have adapted/ reviewed their own documentation as result of the last CQC inspection.
- Staff told us there had been an increase in fire safety activity recently compared with what they had known previously in the organisation. All band seven staff, for example ward sisters and the estates staff had been trained as fire wardens.

To improve the quality of services the trust delivers, it is important to understand what

people think about their care and treatment. The trusts 2012 national inpatient survey results showed a rating of 'about the same' this means that the trust is about the same as most other trusts. The trust also asks people what they think about the services they receive through real time surveys. This survey captures people's views at the time they are receiving services.

We looked at the survey results from the areas where we had visited and saw the trust was monitoring people's satisfaction. Improvement action plans were developed in response to people's comments and these plans were reviewed and monitored by the divisional quality and safety boards. We spoke with two Divisional General Managers and a Senior Sister. They confirmed that real time surveys results were reviewed at the Divisional Quality and Safety Board. They also told us that other initiatives were being undertaken locally to learn from and understand people's satisfaction with the service. For example, in one area people who had used the service were invited to talk about their experience with staff at the quality improvement forum.

One of the Matrons told us that there were regular leadership walk rounds with one member of the Executive Team and a Non -Executive director. The focus of these visits was so that the executive Team could meet with staff and talk about safety. The Matron said" audits can tell you one thing, but actually seeing is the thing."

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

Where different services were involved in delivering care or treatment the provider took appropriate action to co-ordinate a response to the person raising the complaint.

We looked at the systems the trust had in place to monitor and manage complaints. The Patient Advice and Complaints service (PAACS) is part of the Trust Risk Management Department. We spoke with the Manager and they told us that their department handled all of the feedback received from people who use the service, this included compliments, comments, concerns and complaints.

The Manager provided us with a copy of the trusts learning from experience policy, which included the procedures for handling people's feedback. Plus a copy of PAACS leaflet, which provided people with information on what to do if they had concerns or wished to complain. We looked at this information and saw it provided advice and guidance on how the trust manages people's concerns and complaints. The information provided detail on how people could obtain independent help and advice when making a complaint.

We looked at the evidence collated from three recent complaints and saw that all three complaints were managed in line with the trusts policy. The outcomes from the investigations were documented, along with any lessons learned. We also saw that the response letters detailed the outcomes from the trusts investigations.

The Manager also provided us with a copy of the weekly report sent to the Director of Nursing, which tracked the numbers of new, closed and on-going complaints within all five divisional areas of the trust. We spoke with the Director of Nursing who told us that this report assisted them to performance manage the handling of complaints with each of the Divisional Managers.

In the areas we visited we saw that the complaints procedure and PAACS leaflet were available. Two people told us that they would tell staff if they were unhappy with anything. However two people told us that they didn't know how to make a complaint; one said they

would just phone the hospital.

Staff told us that PAACS leaflets were not routinely handed out complaints to people who use the service. They also told us at the monthly team meetings called team talk Tuesday complaints were discussed. We saw that the minutes from these meetings were publically displayed within the ward area. These included reflections on recent informal complaints and detailed what had been done about these complaints to ensure lessons were learned and shared across the wards.

We spoke with two Divisional General Managers and one Senior Nurse Manager and they told us that where possible concerns and complaints were resolved locally. Formal complaints were investigated within each divisional area and the learning from their investigations was recorded and returned to PAACS and risk management in line with the trusts policy. They also told us that the learning from complaints were monitored and scrutinised by the Divisions within their quality forums. Risk management produced quarterly, learning from events reports and these were shared with the divisions to promote learning from complaints across the trust.

We looked at the annual learning from experience board report May 2013 and saw this report included detailed analysis and trends from concerns and complaints. The trust had reported that 'the number of complaints had increased during 2012/13, but the severity of complaints had reduced'. Learning from complaints was documented along with the improvements made in response to complaints within each of the five divisional areas.

This demonstrated the trust monitored complaints, identified trends and implemented improvements in an attempt to reduce the number of complaints received.

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose.

At our previous follow up inspection visit on the 20 March 2013, we judged that the provider remained non-compliant, because people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We issued a warning notice.

Since our last visit on the 20 March 2013 new nursing documentation had been standardised and implemented throughout all the wards and departments across the trust. People's care and treatment records were easily accessible to staff and securely managed in the areas we visited. We looked at 25 peoples care and treatment records and saw that the majority of people's care records including their daily observation charts and medication administration charts were accurately completed and up to date. We found that the nursing notes were clearly sectioned off and that information was easy to find and was stored under the appropriate headings.

We spoke with staff about the changes to documentation. These are some of the things they told us:

"There have been positive changes with the paperwork."

"You can see the patient journey it's a lot better."

"It's a lot clearer and there is the opportunity to write individual care plans."

"It's very time consuming there's lots of repetition and it takes away from clinical time."

"The new documentation there is more information and it gets easier to use as time goes on."

The trust was monitoring the accuracy of their records weekly. We looked at the weekly documentation audits completed in four of the areas we visited and saw that the majority

of results showed positive compliance. Where any shortfalls were identified following audit, we saw action plans were developed to manage and monitor these.

We spoke with one of the Dietician's who worked across both hospital sites and they told us that there had been a problem with documentation previously, particularly in relation to the completion and accuracy of people's fluid balance and food charts. However, they also told us that since the introduction of the new documentation they had seen an improvement in the completion and accuracy of these records.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Management of supply of blood and blood derived products Maternity and midwifery services Nursing care Surgical procedures Termination of pregnancies Transport services, triage and medical advice provided remotely Treatment of	**Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**
	How the regulation was not being met: People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

This section is primarily information for the provider

disease, disorder or injury	

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 by 11 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

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

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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