

# Review of compliance

## Calderdale and Huddersfield NHS Foundation Trust Calderdale Royal Hospital

<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	The Calderdale Royal Hospital Salterhebble Halifax West Yorkshire HX3 0PW
<b>Type of service:</b>	Acute services with overnight beds Community healthcare service Diagnostic and/or screening service Community based services for people with mental health needs Rehabilitation services
<b>Date of Publication:</b>	November 2012
<b>Overview of the service:</b>	Situated about 1.5 miles south of Halifax town centre the hospital offers a full range of day case and outpatient

	<p>services and an accident and emergency department. It is also a specialist centre for planned orthopaedic and general surgery for the population of Calderdale and Kirklees.</p>
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Calderdale Royal Hospital was not meeting one or more essential standards. Action is needed.**

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 23 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff 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

People told us what it was like to be a patient in Calderdale Royal Hospital. They described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people in hospitals were treated with dignity and respect and whether their nutritional needs were met.

The inspection team was led by a Care Quality Commission (CQC) inspector joined by a further two CQC inspectors, a practising professional and an Expert by Experience, who has personal experience of using or caring for someone who uses this type of service.

Patients told us that staff were very kind and caring and that they felt well cared for. We received differing views on what patients thought about the quality of food that was provided for them. One patient said "The portion size is okay but the quality of the food is poor." Another said "It's what you expect; they are catering for a lot of people. It's alright, hot enough, and I always clear my plate."

### What we found about the standards we reviewed and how well Calderdale Royal 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**

The provider was meeting this standard  
People's privacy, dignity and independence were respected.

## **Outcome 05: Food and drink should meet people's individual dietary needs**

The provider was meeting this standard  
People were protected from the risks of inadequate nutrition and dehydration

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

The provider was meeting this standard.  
People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

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

The provider was meeting this standard.  
There were enough qualified, skilled and experienced staff to meet people's care and welfare needs.

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

The provider was not meeting this standard. We judged that this had moderate impact on people using the service and action was needed for this essential standard.

People were not protected from the risks of unsafe or inappropriate care and treatment.

## **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. We will check to make sure that this action has been taken.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Most patients and their relatives told us that they were satisfied with the care and treatment they received at the hospital. They said they had been treated with courtesy and respect and that their privacy and dignity had been protected. One person said, "The staff are very courteous towards all of the patients, even when people are confused they are very patient and show a lot of kindness."

Patients told us that their privacy was respected by all hospital staff. One person said, "All of the staff draw the curtains around me when they are talking to me about something private or when they are giving me a hand having a wash. I have never felt embarrassed or upset by anything that's happened to me whilst I have been a patient here." Another patient said "The staff have been very respectful to me."

#### Other evidence

Is people's privacy and dignity respected?

We asked the senior management team of the hospital how they made sure patient's privacy and dignity was promoted and protected throughout the hospital. They told us there was a policy and procedure in place about how they expected staff to promote

people's privacy and dignity and staff receive training in this during induction. We were told that hospital senior managers regularly visit wards and departments to observe and monitor how people's privacy and dignity is maintained whilst using the service. They also told us that it is part of the hospital matron's daily routine to observe at ward level adherence to the trusts privacy and dignity policies and procedures.

When we spoke with the staff on the wards we visited they gave different examples of how the practice of staff ensured the privacy and dignity of the people they were caring for. Staff said that they always ensured that doors were closed when people were receiving care in side rooms. For those that were cared for in bays then the staff said they had laminated signs which were hung on the curtain that indicated personal care or medical interventions were taking place. During our visit to the wards we observed these in use. Staff explained that when they were carrying out care interventions they made sure that the opening where the privacy curtains met was always secured by a clip to avoid the privacy curtaining opening.

Are people involved in making decisions about their care?

We saw in patient's medical and care records evidence of involvement of people in their care. We saw written records where treatment and interventions had been explained to the patient and verbal consent was recorded. Information such as favourite foods, any help required with meals, and if a person needed support to take medication was also identified in the care records for staff to refer to.

We observed on the wards we visited staff explaining care and treatment to patients and giving them time to ask questions and think about any decisions before any treatment or care intervention was carried out. One patient said, "I was involved in devising a plan to rehabilitate my walking." This indicates that people were given clear information regarding the care and treatment choices available to them.

### **Our judgement**

The provider was meeting this standard

People's privacy, dignity and independence were respected.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

We received mixed views from the patients we talked with regarding the food that was offered and served to them. One patient said, "Foods fine one or two meals are a bit 'iffy' but more often than not it's fine." Another said, "The food is ok, it's not home of course but I can't find anything to complain about. There is plenty of food and drink." Several people said the choice of food was limited. One person said, "There is no choice about food unless it is on the list." And "I have been eating salads because I couldn't find anything else I liked but the salads are ok."

Two patients told us that the meat was sometimes tough and the vegetables were often undercooked. One patient who was a diabetic told us that they had ordered a sandwich to have at supper time but when staff went to the ward kitchenette it had not been delivered. The patient told us they had been given some cereal and milk as an alternative.

##### Other evidence

Are people given a choice of suitable food and drink to meet nutritional needs?

On the day of inspection we observed lunch being served on three wards. There was a choice of hot and cold options on the lunchtime menu for patients. We saw that various menus were available to patients that catered for differing types of diet requirements. There was a choice for people on a normal diet and there were separate menus for diabetics, vegetarians, people requiring gluten free or halal food. People were given a choice of a hot or cold drink to have with their meal and there were jugs of water and beakers on lockers and tables on every ward we visited, throughout the inspection. A

Nutritional Assistant (NA) was employed on each of the wards we visited. On one ward we observed the NA asking people about what they would like for lunch the following day. They spoke to each person on an individual basis and took time to explain the menu options and portion size to people and discussed with people their dietary requirements in line with their medical condition and treatments.

Staff told us that the kitchen closed at 20:00Hrs but there was usually bread and jam and other snacks which could be accessed for patients if they were hungry. The Trust has a quality assurance system in place whereby volunteers tour the wards conducting anonymous patient interviews, the results of which are entered on a computerised tick box sheet. These results are combined and detailed feedback presented to the managers and nursing teams in order that their performance (from a patient's perspective) can be evaluated and discussed. We were told that patient satisfaction regarding the quality of the food was currently 53%. The trust acknowledges that this is an area for improvement. They have appointed a matron who is going to look at patient nutrition and work closely with the catering manager and the wards to improve outcomes in this area for patients.

Are people's religious or cultural backgrounds respected?

Although there was no one on the wards we visited who required a special diet for religious or cultural needs all staff said that they would be catered for. The staff said that this would form part of the assessment as people were asked about special dietary needs upon admission.

Are people supported to eat and drink sufficient amounts to meet their needs?

We saw that food and fluid balance charts were routinely used and completed properly. Mealtimes were protected so that patients were able to have their meals without interruption. However, the hospital also encouraged relatives to visit at meal times if this was felt to be of benefit to the patient. Some patient meals were delivered to the ward covered with a red lid. This alerted staff that the patient may require extra support and assistance with eating or drinking and that their food and fluid intake was being monitored closely.

When we looked at patient records we saw that a nutritional screening tool was used to identify people who were at risk of poor nutrition and hydration. People were weighed on admission to the hospital. We saw from looking at patient records weight loss and weight gains were monitored closely. Appropriate referrals were made to the hospital dietician and documented actions from the dietician were incorporated into patients' medical notes and plans of care for staff to follow.

The dietician told us they would increase someone's food intake if they were either underweight or were at risk because they were losing weight. They said they were able to ask the kitchen to give more snacks and give high calorie food such as full fat milk and cream. They said that they worked with patients to improve their diet in order to optimise their abilities with the occupational therapist and the physiotherapist. They said

patients needed sufficient calories to carry out the activities and therapies that other professionals had put in place for them.

**Our judgement**

The provider was meeting this standard

People were protected from the risks of inadequate nutrition and dehydration

## 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

People said they "Felt safe" and that they trusted the staff who worked at the hospital to protect them against abuse.

##### Other evidence

Are steps taken to prevent abuse?

We spoke with the senior managers on duty at the hospital. They told us that all staff receive training in safeguarding and protecting vulnerable people from abuse at induction and annually. When we spoke with staff they confirmed that they had attended training in this. They gave very good accounts of what constituted abuse and described how they would deal with any safeguarding incidents should they occur. They confirmed that they had policy and procedures in place for them to refer to and follow should a safeguarding incident occur at ward level.

Do people know how to raise concerns?

The people that we spoke with told us that they felt they could raise concerns with ward staff. They said they were confident that they would be listened to and any concerns acted upon. The senior managers take concerns very seriously. The senior managers regularly visit all the wards and departments in the hospital and talk to patients about their experiences of the hospital.

There was a range of advice and information leaflets for patients on every ward we visited. This included information on how to make a complaint and protecting privacy. The management team at the hospital told us that the Patient Advice and Liaison Service (PALS) were an important first point of contact in picking up any concerns as early as possible. All staff we spoke with at ward level were aware of the hospital policy and procedures for when people raised concerns with them.

Are Deprivation of Liberty Safeguards used appropriately?

The staff we spoke with were aware of their roles and responsibilities with regards to protecting people from abuse or the risk of abuse. Safeguarding training is tailored to staff roles. All staff had safeguarding adults awareness training, and some with direct contact or responsibilities are provided with the additional levels of training they need. On the wards we visited we did not observe anyone who required a deprivation of liberty safeguard (DoLS) to be in place. When we spoke with staff they were aware of the hospitals policy and procedures surrounding DoLS and would instigate a best interests meeting to determine if a DoLS was required in order to keep the patient safe and protect them from harm.

**Our judgement**

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

People told us that the staff were very kind and caring. One person said that sometimes the staff were, "Thin on the ground during night time ". Another patient said, "My buzzer gets answered quick enough for me and the staff are always cheerful and kind."

##### Other evidence

Are there sufficient numbers of staff?

During the inspection we visited three wards. We observed that patients had their health and care needs attended to promptly. When we observed lunch being served, we saw that everyone received support who needed it. The atmosphere was relaxed and patients were not hurried. We observed that there was enough staff to support patients throughout the lunch time period.

Staff told us that for the majority of the time there are sufficient members of staff on duty with the appropriate skills to deliver the level of care necessary to meet patients' needs. They told us that if the ward was short staffed then every attempt was made get the shift covered.

Do staff have the appropriate skills, knowledge and experience?

All grades of staff confirmed they receive regular training in how to meet people's nutritional needs, maintaining people's privacy and dignity and in safeguarding people from potential abuse. People told us that staff were very capable and skilled and

thought the staff were very well trained and competent at carrying out nursing and medical interventions.

**Our judgement**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's care and welfare needs.

## 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 non-compliant with Outcome 21: Records. We have judged that this has a moderate impact on people who use the service.

#### Our findings

##### What people who use the service experienced and told us

People told us that they knew that medical and nursing records were held about them. One person said, "I know they write about me I think it's about my care; I am not really bothered as long as I get what I need." Another said, "The nurses keep some notes about me, and I have seen a big locked trolley with medical files in. I have never seen any paperwork left out on the top."

##### Other evidence

Are accurate records of appropriate information kept?

When we visited the wards we looked at patients medical and care records. We saw that one person had a Do Not Attempt Resuscitation (DNAR) form within their medical notes. The form was incomplete and had not been reviewed by a doctor upon the patient's readmission to hospital. The writing on the form was illegible and we could find no written evidence in the patient's medical notes of how the decision to not resuscitate had come about. In addition, neither the patient nor the patient's family who were involved in their care and had been consulted about this. The ward staff told us that the patient would be for resuscitation as their health had improved and they were to be discharged home. The computerised record at ward level also said that the patient was to be resuscitated. The matron and ward sister immediately reviewed all of this patient's documentation and asked the ward doctor to review the DNAR form and discontinue the order.

We also found in one person's care records another patient's assessment record regarding what support they needed to drink fluids and eat. The directions were very specific to the person. The patient notes they were found in had very different needs to this. Had these instructions been followed on the wrong patient it potentially could have been detrimental to their health and well being. When this was brought to the attention of the senior nurse it was rectified immediately and the records amended.

We were told that the matrons have a system for checking the accuracy of patient records at ward level. In both cases this system had failed. Both of these incidents regarding poor record keeping could have had a serious impact on the patient's the care and well being.

Are records stored securely?

We saw that all medical records were kept securely when not in use, but staff had easy access to them if required in an emergency. Nursing care records were kept separate from medical records. The nursing care records were also held securely when not in use. All charts such as fluid balance charts and observation charts were kept at the end of the patient's bed in a folder.

### **Our judgement**

The provider was not meeting this standard. We judged that this had moderate impact on people using the service and action was needed for this essential standard.

People were not protected from the risks of unsafe or inappropriate care and treatment.

## Action

we have asked the provider to take

### Compliance actions

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

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b> The provider was not meeting this standard. We judged that this had moderate impact on people using the service and action was needed for this essential standard.</p> <p>People were not protected from the risks of unsafe or inappropriate care and treatment.</p>	
Management of supply of blood and blood derived products	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b> The provider was not meeting this standard. We judged that this had moderate impact on people using the service and action was needed for this essential standard.</p> <p>People were not protected from the risks of unsafe or inappropriate care and treatment.</p>	
Maternity and midwifery services	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b></p>	

	<p>The provider was not meeting this standard. We judged that this had moderate impact on people using the service and action was needed for this essential standard.</p> <p>People were not protected from the risks of unsafe or inappropriate care and treatment.</p>	
Nursing care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b> The provider was not meeting this standard. We judged that this had moderate impact on people using the service and action was needed for this essential standard.</p> <p>People were not protected from the risks of unsafe or inappropriate care and treatment.</p>	
Surgical procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b> The provider was not meeting this standard. We judged that this had moderate impact on people using the service and action was needed for this essential standard.</p> <p>People were not protected from the risks of unsafe or inappropriate care and treatment.</p>	
Termination of pregnancies	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b> The provider was not meeting this standard. We judged that this had moderate impact on people using the service and action was needed for this essential standard.</p> <p>People were not protected from the risks of</p>	

	unsafe or inappropriate care and treatment.	
Transport services, triage and medical advice provided remotely	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b> The provider was not meeting this standard. We judged that this had moderate impact on people using the service and action was needed for this essential standard.</p> <p>People were not protected from the risks of unsafe or inappropriate care and treatment.</p>	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b> The provider was not meeting this standard. We judged that this had moderate impact on people using the service and action was needed for this essential standard.</p> <p>People were not protected from the risks of unsafe or inappropriate care and treatment.</p>	

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

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

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

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

# What is a review of compliance?

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

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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