

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

Queen's Medical Centre

Derby Road, Nottingham, NG7 2UH

Tel: 01159249944

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Staffing

✓ Met this standard

Details about this location

Registered Provider	Nottingham University Hospitals NHS Trust
Overview of the service	<p>Nottingham University Hospitals NHS Trust is one of the largest trusts in England and it provides services at three locations.</p> <p>This report focuses on one of these locations, Queen's Medical Centre, which provides a range of acute and specialist services to the local population of Nottingham as well as across the wider East Midlands area.</p>
Type of services	<p>Acute services with overnight beds</p> <p>Diagnostic and/or screening service</p> <p>Rehabilitation services</p>
Regulated activities	<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Termination of pregnancies</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 7 October 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We carried out this inspection in response to information received raising concerns about staffing levels on ward D57, an emergency assessment ward at the Queen's Medical Centre.

We had previously inspected ward D57 on 19 July 2013 and found that there were not always enough qualified, skilled and experienced staff to meet people's needs. We set a compliance action and the trust provided us with an action plan setting out the actions they would take in response to our report. Most actions had been timetabled to have been completed at the time of our most recent inspection but not all.

We spoke with four patients who were on the ward during our inspection and asked about staffing levels on the ward. We were told by one patient, "It's been fine, I think there are plenty of staff." Another patient said, "The staff have been very caring and come to help when I've needed it." A further patient said, "They've been good on this ward, kept my water topped up and kept checking I am alright."

We spoke with four relatives of patients who were present during our inspection. One person said, "We have been seen to pretty quickly on this ward, I am quite happy with the staffing levels." Another person said, "There seem to be plenty of staff around, they've been to talk with my relative and let us know what's happening."

We spoke with eight members of staff who gave us mixed information about the staffing levels on the ward.

We found there were enough qualified, skilled and experienced staff to meet people's needs on ward D57. We also found that the trust was taking action to address the concerns being raised by staff on this ward.

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

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

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs on ward D57.

Reasons for our judgement

We carried out this inspection in response to information received raising concerns about staffing levels on ward D57, an emergency assessment ward at the Queen's Medical Centre.

We had previously inspected ward D57 on 19 July 2013 and found that there were not always enough qualified, skilled and experienced staff to meet people's needs. We set a compliance action and the trust provided us with an action plan setting out the actions they would take in response to our report. The trust was on target to deliver this action plan.

We spoke with four patients who were on the ward during our inspection and asked about staffing levels on the ward. We were told by one patient, "It's been fine, I think there are plenty of staff." Another patient said, "The staff have been very caring and come to help when I've needed it." A further patient said, "They've been good on this ward, kept my water topped up and kept checking I am alright."

We spoke with four relatives of patients who were present during our inspection. One person said, "We have been seen to pretty quickly on this ward, I am quite happy with the staffing levels." Another person said, "There seem to be plenty of staff around, they've been to talk with my relative and let us know what's happening."

We spoke with eight members of staff who gave us mixed information about the staffing levels on the ward. One staff member said they felt nursing staffing levels were sufficient. Two staff felt that staffing levels were sometimes sufficient, but sometimes they were not. Five staff members felt that the staffing levels were too low and that sometimes they could struggle to complete all of their duties in a timely manner.

On the day of our inspection, there were six nurses with direct responsibility for caring for patients. In addition there were also two newly qualified nurses who were supernumerary, one student nurse and five healthcare support workers. There was also a ward manager, a

clinical support worker, clinical educator and a nurse coordinator. The nurse coordinator was not able to deliver direct patient care due to carrying out a bed manager role on the day of our inspection.

We saw evidence that when the staffing levels were lower than the ward had determined, attempts had been made to increase staffing levels by offering additional shifts to staff, contacting the other emergency assessment unit and contacting agencies. We looked at the incidents for the previous week to this inspection but we did not find any that were linked to low staffing levels. The trust may find it useful to note that staff told us they did not always have time to complete incident forms. This meant that there was a greater risk that the trust would not be aware of all incidents where staffing levels were of concern.

We observed the general atmosphere of the ward during our inspection. We saw that the ward was busy during our inspection but we did not observe any delays in patients receiving support. When patients asked for assistance this was provided in a timely manner. We saw staff provide support such as assisting patients to the toilet and ensuring patients were comfortable in bed or in their chair.

We spoke with the Executive Director of Nursing about the staffing levels of this ward and we received an updated action plan the day after our inspection. This stated the trust acknowledged they were not always achieving their preferred staffing levels in the monitored bays. Monitored bays are for patients that require additional monitoring of their condition such as a heart monitor. Following our inspection the trust confirmed they had reviewed the options for the monitored bays and were in the process of relocating the monitored beds to a dedicated area (two bays) at the end of the ward, adjacent to the medical high dependency unit.

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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