



Review of compliance

Nottingham University Hospitals Trust
Queens Medical Centre

Region:	East Midlands
Location address:	Queens Medical Centre Derby Road Nottingham NG7 2UH
Type of service:	Acute Services ACS
Date the review was completed:	23 rd September 2010
Overview of the service:	Nottingham University Hospitals NHS Trust is one of the largest trusts in England and it provides services on three locations. This report focuses on one of these locations, the Queens Medical Centre (QMC), which provides a range of acute and specialist services to the local population of Nottingham as well as across the wider East Midlands area.

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

What we found overall

We found that the Queens Medical Centre was meeting all the essential standards of quality and safety we reviewed.

The summary below describes why we carried out the 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, surveyed people who use services, carried out a visit on 23rd September 2010, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

What people told us

- Patients told us that the staff had explained to them what was happening to them during their hospital stay. They were given information about their treatment and care and the risks, benefits and the alternatives available. They told us that the nurses made sure they understood what the doctors had told them. Without exception, all patients/carers told us that they had been treated with dignity and respect and were very happy with the standard of care they had received.
- Patients told us that they have experienced safe, effective and appropriate care that meets their needs; "I felt reassured by the caring and professional team," "I was seen promptly and my condition was monitored regularly, "the surgeon regularly checked on my progress." Patients also told us that the hospital staff cooperated with other providers such as the ambulance service to ensure they received coordinated care.

- Patients told us they were given information and support to manage their medicines, that the hospital provides a good range of menu options and staff support them to eat their meals. They also told us that they were cared for by staff who are fit and appropriately qualified to do their job, “the staff are brilliant, “very caring,” ”professionals.”
- However, not all of the patients that we talked to were aware of the process in the hospital to make a complaint but patients were able to describe how they would find out if they needed to complain.

What we found about the standards we reviewed and how well the Queens Medical Centre was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

Outcome 5: Food and drink should meet people’s individual dietary needs

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

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

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

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

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

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

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

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

- Overall, we found that the Queens Medical Centre was meeting this essential standard.

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

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

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

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

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

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

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

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

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

Outcome 1: 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 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users. During our visit to the Queens Medical Centre (QMC), we talked to patients and their carers about their experiences in hospital. Patients told us they understood the care, treatment and support choices available to them. One carer of a baby told us “the doctors tell me what is happening to my baby and the nurses help me understand what this means.”

The Nottingham City Local Improvement Network (LINK) is working with the trust to improve patient information provided in the discharge lounge. Members of the LINK attended a meeting with the discharge matron to give feedback on the current material used, based on their first hand experience as patients and carers. The trust is developing a new discharge pack and the members of the LINK are reviewing the leaflets.

A number of people who have used the service at the QMC have made comments on the NHS Choices website. NHS Choices provide a range of information about health, including information to help people choose where to receive health care

services. Comments that relate to this outcome reveal that patients and carers have been treated with dignity and respect. For example, one patient said “the staff in the emergency department treated me with dignity and respect; at no time did I feel in any way unsure about what was happening, when and why.”

Without exception, all patients and carers spoken with told us that they had been treated with dignity and respect and were very happy with the standard of care they had received. This was confirmed by our observations of staff looking after patients.

Other evidence

We have reviewed all the information we hold on the QMC. We found that overall, there were no concerns raised about the provider’s compliance with this outcome. The information we have received demonstrates that overall people feel respected and consulted about the services they receive. The trust has systems in place in order to obtain regular feedback from people about the services they provide.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that the individual’s privacy and dignity are maintained during the provision of care and patients, carers and members of the public are involved in developing and improving services.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We talked to patients and their carers about their experiences relating to consenting to care and treatment. Patients confirmed that the staff had explained what was happening to them during their hospital stay. Patients reported how staff had told them everything they needed to know, including the risks and the alternatives available. One patient said “the staff always give me lots of support and take time to talk to me.”

Staff and patients told us that the trust has information leaflets and compact discs to provide further information on care and treatment. Patients could remember signing their consent form with their doctor and they told us that they had received a clear explanation from their consultant about the treatment, the risks, benefits and alternatives available.

One set of parents in the children’s hospital (within the QMC hospital campus), said “the consultant always gives us lots of time and answers our questions.” Children told us that the doctors and nurses explained what was happening to them and one child said “they have explained everything to me and told me what would happen if I

did not have the operation and treatment.” One child told us about how the doctor and nurses used a teddy bear to explain what was going to happen to them. Dolls and teddy bears are used with children to aid their understanding and are used by the medical and nursing staff in both the children’s hospital and the children’s emergency department. The hospital employs play specialists who help children understand what is happening to them.

Other evidence

We visited three wards and the emergency department (ED). Nurses told us that they would ensure patients understood what the medical staff had discussed with them. We spoke to medical and nursing staff in the different areas visited. All of the staff showed a clear understanding of the trust’s consent to treatment policy, which was provided during the site visit. Staff were aware of their role in obtaining consent and the different forms of consent, such as verbal and implied consent.

Six sets of medical and nursing records were reviewed in relation to consent. The consent forms were completed correctly and there were no omissions seen. We found evidence of three consent forms, where the patient copy had not been given to the patient. Consent form audits are part of the trust’s clinical audit programme. Medical staff confirmed that these audits take place and the trust submitted documentary evidence to support this. Changes to practice have been implemented as a result of consent audits. For example, the trust has promoted the use of patient information leaflets so that patients have written information on the procedure they are considering, its risks, benefits and the alternatives available. In addition to the consent audits, the trust undertakes a communication essence of care benchmark audit, which includes two indicators on consent. Essence of care is a benchmarking tool used in the NHS to improve the quality of the fundamental aspects of patient care such as communication.

The trust also uses the World Health Organisation safe surgery checklist, which is a global initiative designed to improve communication and patient safety during and after surgery. The document includes checking that the patient has consented to treatment and we saw evidence of the checks being completed.

We found that there is a process in place in the children’s hospital to identify who has parental responsibility when a child is unable to give consent. Medical and nursing staff demonstrated understanding of the process and they told us that parental responsibility is covered in the mandatory safeguarding children training. Both registered nurses and medical staff interviewed were clear about the process to follow if a patient lacked the capacity to consent to treatment and this was in line with the trust’s consent to treatment policy.

The trust has recently reviewed the consent form it uses (known as a form 4). The revised form, due to be launched in November 2010, includes a section on considering if an Independent Mental Capacity Advocate (IMCA) needs to be instructed. IMCAs represent vulnerable people who lack capacity to make important decisions about medical treatment. Medical staff told us that they would always talk to patient’s relatives and or carers about any decisions being made when the patient lacked the capacity to consent in order to seek their views. Medical staff would also seek the support of their colleagues to discuss and review cases, where capacity to consent was an issue for consideration. Staff in the emergency department told us

that the directorates in the hospital hold review meetings that allow staff to reflect on practice and learn lessons to ensure that care and treatment is given in the best interests of the patient. Medical staff described how they take account of the patient's best interests and how they handle advance decisions. During our visit to the emergency department, we were told about the system they have in place to alert staff to any patients admitted to the department who have advance decisions documented as part of their care pathway.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use the service are supported to give consent for examination and treatment, understand their treatment and have their human rights respected and taken into account.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users. A number of people who have used the service at the QMC have made comments on the NHS Choices website. Comments that relate to this outcome reveal that patients have been given effective, safe and appropriate treatment and support. Patients said “I was seen promptly and my condition monitored regularly.” “The doctors and nurses did an amazing job at looking after me.” “I felt reassured by the caring and professional team that were there.” “The surgeon regularly checked on my relative’s progress after an operation.” “I was scared about being in hospital, but the staff were there for me all of the time.”

Other evidence

We have reviewed all the information we hold about the QMC and found that overall, there were no concerns raised about the provider’s compliance with this outcome.

The Overview and Scrutiny Committee (OSC) told us that the QMC had responded to some concerns about services for patients with alcohol problems. OSC’s conduct reviews of local health services and monitor performance. They then make recommendations for improvements to the way services are provided. The hospital has undertaken work to develop services for patients with alcohol problems, which

includes an increase in screening of all patients, training staff how to recognise and deal with alcohol related problems and developing clinics to support patients' needs.

The QMC began implementing a hospital wide change programme in 2009 known as "Better for You." The programme enables staff to deliver caring, safe and thoughtful care to patients. It uses ideas from staff and patients to improve systems and processes to make sure they deliver high quality and efficient patient care. During our site visit we saw evidence of this programme being implemented in the emergency department to improve the quality of patient care.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people are receiving support and care that meets their needs.

Outcome 5: 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 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users. A number of people who have used the service at the QMC have made comments on the NHS Choices website. Comments that relate to this outcome reveal that patients are satisfied with the food served. "There is a good range of menu options." "I stayed with my son in hospital after he was admitted as an emergency; they (the nurses) looked after me as well and gave me some food and drink." During our visit to the QMC, a patient's relative said "they (the nurses) have asked me to leave now as it is tea time, I can come back once tea is finished."

Other evidence

We have reviewed all the information we hold about the QMC and found that overall, there were no concerns raised about the provider's compliance with this outcome.

The trust uses the Essence of Care Clinical Benchmarking tool as a way of improving quality. Reports of recent benchmarking activity for nutrition demonstrate that there has been an improvement in quality across the hospital. The Patient Environment Action Team (PEAT) scores relating to nutrition for the hospital are satisfactory. PEAT is an annual assessment of inpatient healthcare sites in England. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including the environment, food, privacy and dignity. The

hospital has a protected mealtime's policy in place. During our visit to the hospital, we saw the protected mealtime policy being implemented. We observed one ward preparing to serve a meal and patients were assisted into a comfortable position to eat their food. Assistance was given to those who needed more help to eat. Each inpatient area has adapted eating aids in place and there are standardised food charts to monitor food intake. Each clinical area has an identified nutritional link professional and there is multi professional training and education on nutritional screening and care planning. The staff on ward F20 at the QMC have won a national award to research how to help older people with nutrition. It is aimed at encouraging families, catering and medical staff to help patients, especially those living with dementia to take in enough nutrition.

The QMC has been working collaboratively with Age UK to develop a teaching resource pack to train volunteers to assist with the preparation of patients and the care environment at mealtimes.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use the service are supported to have adequate nutrition and hydration.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users. A number of people who have used the service at the QMC have made comments on the NHS Choices website about their care when they have moved between services. One reported "the handover between the ambulance paramedics and the emergency department was good", although one patient commented that there had been a delay in information being sent to his GP following an emergency admission.

Other evidence

We have reviewed all the information we hold about the QMC and found that overall, there were no concerns raised about the provider's compliance with this outcome.

The QMC is a specialist hospital and receives referrals from all parts of the East Midlands for more complex or specialist treatment. During our visit, we observed a consultant liaising with another provider to coordinate the care of a patient who required transferring to the QMC.

In response to feedback from General Practitioners (GP's), the trust produces a quarterly newsletter for GP's across Nottinghamshire that provides information on

the trust and the services it offers.

Results from the 2009 patient survey that relate to cooperating with other providers were all similar to expected for an acute trust.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who services receive safe and coordinated care, treatment and support where there is more than one provider involved in their care.

Outcome 7: 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 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

During our visit, without exception, all patients/carers told us that they had been treated with dignity and respect and were very happy with the standard of care they had received. We saw many instances of patients being transported around the hospital who were suitably covered and their privacy and dignity was preserved, although we did observe two instances where patient's privacy and dignity was not maintained.

Other evidence

The nursing and medical staff we interviewed understood the trust's safeguarding policy and procedures. Without exception, all these staff had received both children and adult safeguarding training. Staff were able to clearly describe the types of abuse they would look out for as well as the processes in the trust for reporting safeguarding concerns.

The trust employs a safeguarding team, which is made up of nine staff including leads for children, midwifery, adults, a named nurse and two named doctors. The team provide training, support and guidance for staff within the hospital and act as a source of expert advice. From talking with medical and nursing staff, it was apparent that staff value the input from the safeguarding team and it is a useful resource for

the trust. One member of staff said “if I had concerns about abuse I would liaise with the safeguarding team, who are really good; they are very visible and very approachable.” In the children’s hospital, the safeguarding leads attend the daily medical hand over. The leads also meet with the nurses on the children’s wards everyday to discuss any safeguarding concerns.

The trust is represented on the Nottinghamshire Safeguarding Board and on a number of other safeguarding sub committees. The safeguarding team told us that they have good relationships with colleagues in primary care and social services. The leads in the trust follow up all referrals made by the hospital and they attend case conferences and strategy meetings as required.

We observed posters about the protection of vulnerable adults displayed around the hospital that aim to promote awareness amongst the public. The safeguarding policies and procedures are located on each of the wards and departments and we observed evidence of this during our visit. Medical staff told us that the mental capacity of patients is assessed and the hospital has recently launched a programme of training on the deprivation of liberty safeguards (DOLS). These safeguards provide protection for people in hospital, who may need to be deprived of their liberty. There is a trust wide procedure for the deprivation of liberty. The use of restraint and rapid tranquillisation of patients is not practiced by trust staff. Rapid tranquillisation involves giving monitored amounts of tranquillising drugs over brief intervals of time to control agitated, threatening and potentially destructive behaviour in patients. Staff in the emergency department are however trained in breakaway techniques, which are techniques used by staff to safely handle violent or aggressive situations.

We visited ward B47, which is a medical and mental health unit. This ward is an assessment ward for older people, who have complex needs due to both physical and mental health problems. Patient behaviour is risk assessed to provide the most appropriate plan of care. All the staff on this ward have received person centred dementia training so that they focus on caring for the whole person. Relatives and carers are encouraged to complete an “about me” form to inform staff about the best ways to comfort or calm a patient. There is a full time activities coordinator on the ward and a dedicated room for activities to take place. Steps are taken to help orientate the patient such as the use of an orientation board displaying the date, season and weather. We observed this board to be up to date

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use the service are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users and we have not received any information about any concerns relating to this outcome.

Other evidence

We have reviewed all the information we hold about the QMC and found that overall, there were no concerns raised about the provider's compliance with this outcome.

During our visit, we observed the clinical areas to be clean. The ward areas we visited looked tidy and uncluttered. Equipment such as patient trolleys in the emergency department were labelled clean and ready for use. We saw nurses and other staff washing their hands regularly, especially between patient contacts and we observed patient, visitor and staff information about hygiene and hand washing available throughout the hospital. The 2009 staff survey score for staff having access to hand washing materials was better than average compared to other acute providers.

The trust was inspected by the Care Quality Commission in September 2009 in relation to healthcare associated infection (HCAI). There was no evidence that the trust had breached the regulation to protect patients, workers and others from the risks of acquiring a HCAI. We asked the trust to implement two recommendations relating to commode cleaning and ventilation grille cleaning. We found the trust had

fully implemented both recommendations.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that the provider is compliant with the requirements of regulation 12 of the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users and we have not received any information about any concerns relating to this outcome. During our visit a mother of a baby told us “the staff have taught me what to do with my son’s inhaler and medicine.”

Other evidence

We have reviewed all the information we hold about the QMC and found that overall, there were no concerns raised about the provider’s compliance with this outcome.

The 2009 patient survey results that relate to the management of medicines were similar to be expected when compared with other acute providers. The provider has a controlled drugs accountable officer, who is an active member of the county wide Controlled Drugs Local Intelligence Network (CDLIN). Under the Department of Health’s legislation governing controlled drugs, all NHS trusts must appoint an accountable officer to be responsible for the safe management and use of controlled drugs in their organisation.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use services have information about their medicines and are given them at the times they need them.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users and we have not received any information about any concerns relating to this outcome.

Other evidence

We have reviewed all the information we hold about the QMC and found that overall, there were no concerns raised about the provider's compliance with this outcome. PEAT scores relating to the safety and suitability of premises are satisfactory and scores on environment, furnishing and flooring are better than expected.

We observed patients being cared for in suitable areas. We visited one of the children's wards in the hospital and found that the entry and exit to the ward was controlled by staff in order to promote the safety of the children.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use the QMC are in a safe and accessible surrounding.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users and we have not received any information about any concerns relating to this outcome.

Other evidence

We have reviewed all the information we hold about the QMC and found that overall, there were no concerns raised about the provider's compliance with this outcome. The trust has satisfied the NHS Litigation Authority (NHSLA) risk management standard that relates to this outcome. The NHSLA handles negligence claims and works to improve risk management practices in the NHS. We observed the equipment on wards and in the emergency department to be clean, suitably labelled and stored appropriately.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use and work for the service are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings) and they benefit from equipment that is comfortable and meets their needs.



Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users and we have not received any information about any concerns relating to this outcome. During our visit to the hospital patients told us that the staff were “brilliant”, “very caring”, “professionals.”

Other evidence

We have reviewed all the information we hold about the QMC and found that overall, there were no concerns raised about the provider’s compliance with this outcome. The providers staff survey report for 2009, states that they are in the best ranking 20% of acute providers for staff receiving an appraisal and personal development plan. The trust score for staff agreeing their role makes a difference to patients was average (89%). Staff feeling work pressure was similar to the national average for acute trusts. The trust’s score was better than average for staff receiving health and safety training, but the scores for staff suffering work related stress and injury were higher than the national average. The provider has an action plan in place to address the results of the staff survey and progress is being monitored by the Trust Board.

The provider has a nationally recognised healthy workplace programme in place

known as “Q active.” The programme offers a range of exercise classes; a gym and other activities such as learn to run groups and cycling groups. In addition, the providers change programme “Better for You” aims to have a positive impact on staff. Staff are encouraged to champion ideas to improve their working life and the quality of patient care. For example reception staff have been trained to manage oxygen cylinders to relieve pressure on medical staff.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use services are safe and their needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

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

We have spoken to groups who represent the views of service users and we have not received any information about any concerns relating to this outcome.

Other evidence

We have reviewed all the information we hold about the QMC and found that overall, there were no concerns raised about the provider's compliance with this outcome. The proportion of respondents to the 2009 adult inpatient survey, who stated that in their opinion there were rarely or never enough nurses on duty to care for them was similar to expected. The providers three month vacancy rate for qualified nursing and midwifery staff is better than expected. One of the providers corporate objectives for 2010-2011 is to reduce the use of temporary staffing by 50% and improve productivity through a reduction in sickness and absence rates.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use the service are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users and we have not received any information about any concerns relating to this outcome.

Other evidence

The trust declared this outcome as not compliant at the time of registration with the Care Quality Commission (CQC) because the trust's performance in attendance at mandatory training and the uptake of appraisals was not satisfactory. An action plan was submitted to the CQC and the trust has subsequently provided us with evidence to demonstrate how they have implemented actions to become compliant with this outcome. Appraisal rates, mandatory training uptake, vacancy and absence rates are monitored by the Trust Board. The evidence presented to us told us that both mandatory training and appraisal uptake has improved significantly throughout the hospital and the 2009 staff survey report confirmed this.

In order to provide support for staff, the trust has introduced a "We Are Here For You" programme, which outlines shared values and behavioural standards for all staff to work to. The three values are "you are appreciated, you are supported and you are encouraged." The trust has reviewed its induction programme so that these values and the associated behavioural standards are reflected. Staff we talked to did not express any concerns about how the trust supports them to carry out their role.

There is a change programme in place known as “Better for You.” This programme is based on staff engagement and allows staff to get involved, generate new ideas, test these out and implement the ones that really work. We saw evidence of the programme being implemented in the emergency department. Staff were very enthusiastic about the work they had done and told us it had made a big difference to both their working lives and the quality of care given to patients.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use services are safe and their health and welfare needs are met by competent staff.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users and we have not received any information about any concerns relating to this outcome.

Other evidence

We have reviewed all the information we hold about the QMC and found that overall, there were no concerns raised about the provider's compliance with this outcome. The trust has achieved NHS Litigation Authority (NHSLA) level 1. The NHSLA aim to help trusts reduce the number of negligence or preventable incidents through a risk management programme. The provider has a process in place to monitor mortality rates and there are no mortality outlier cases for the trust under review. A mortality outlier arises from the analysis of information that suggests the numbers of patients who have died from a particular illness or condition is significantly higher than is expected.

The trust reports incidents to the National Patient Safety Agency (NPSA) and there are no current trends or areas of concerns about the number and or type of incidents being reported. The NPSA has a national reporting and learning system

that aims to reduce risks to patients receiving NHS care and improve safety.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use services benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

Not all of the patients we talked to were aware of the process in the hospital to make a complaint. However, patients were able to describe how they would find out if they needed to complain. Patients told us that even though they had not all seen information, they felt comfortable to speak to a nurse if they had any issues. One patient we spoke to was aware that the hospital had a Patient Advice and Liaison Service (PALS), which is a service available throughout the National Health Service to provide patients, relatives and carers with confidential advice, support and information on health related matters. All of the patients we talked to were satisfied with the care they had received and had no complaints at the time of our visit. Patients and carers praised the staff and one stated "I am treated with dignity and respect; people have been very kind to me."

Other evidence

We observed ward areas to have information about PALS and saw leaflets entitled "Your Views are Important to Us" displayed. This leaflet gives patients a number of ways to feedback their compliments, comments and concerns. Patients complete the feedback section of the leaflet and send it to a freepost address or leave it in a box on the ward or department. The role and contact details for PALS are included and the leaflet also gives advice about how to make a complaint. We saw evidence

that the leaflets are available in other languages and in other formats.

On one of the children's wards we found ward information files for children and their carers. Within these files there is a section entitled "if you have a problem, complaint or need advice." Patients are advised to talk to the ward sister and the details on how to contact the child health information centre are also given. Staff confirmed this and told us that they would try to sort out any problems at the time they arose and where necessary involve the ward sister and/or PALS.

The local Overview and Scrutiny Committee (OSC) raised some concerns with the trust about their complaints procedure not being clearly explained to people. The OSC also commented that the procedure does not proactively advise people on what they need to do to complain on someone else's behalf if they don't have power of attorney. The trust agreed to review the way the complaints procedure is communicated and to involve carers and family groups in this review. All of the staff spoken to confirmed that the trust has a complaints policy in place. Staff told us they would usually try to resolve any concerns that patients or carers had at the time. Staff were aware of the role of PALS and many staff told us they would give patients a leaflet about this service. All staff reported receiving feedback from complaints in their area and many staff could describe changes to practice as a result of learning lessons from complaints. For example, vending machines have been introduced on the children's short term unit. All of the staff we talked to were positive about complaints and saw them as an opportunity to learn from feedback. Some of the staff commented that they would like to receive more feedback about compliments that their ward or department received. We observed that some areas displayed copies of compliments from patients and relatives.

Information about giving feedback on the service that patients and carers have received is available on the trust's website. The trust has a comments, compliments, concerns and complaints policy, which includes the option for the complainant to use complaint mediation as a way of getting a satisfactory outcome. The process is voluntary and the person making the complaint meets with a member of the patient experience team to agree the way forward. We spoke to matrons during our site visit and they stated that patients or relatives were usually more satisfied with the outcome when they had the opportunity to meet with staff to discuss their complaint.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use services or others acting on their behalf are sure that their comments and complaints are listened to and acted on effectively and know that they will not be discriminated against for making a complaint.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us

We have spoken to groups who represent the views of service users and we have not received any information about any concerns relating to this outcome.

Other evidence

We have reviewed all the information we hold about the QMC and found that overall, there were no concerns raised about the provider's compliance with this outcome. Information from the Information Centre for Health and Social Care, the Audit Commission, the NHSLA and the Department of Health is all similar as expected for an acute provider. We examined six sets of records and found them to be fit for purpose and securely stored.

Our judgement

Following our site visit to the QMC and the review of the information we hold about the hospital, we found that people who use services can be confident that their personal records including medical records are accurate, fit for purpose, held securely and remain confidential and other records required to be kept to protect their safety and well being are maintained and held securely where required.

What is a review of compliance?

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

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

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

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult 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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