**Buckinghamshire Healthcare NHS Trust**  
**Stoke Mandeville Hospital**

<table>
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<tr>
<th>Region:</th>
<th>South East</th>
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| **Location address:** | Mandeville Road  
                          Aylesbury  
                          Buckinghamshire  
                          HP21 8AL |
| **Type of service:** | Acute services with overnight beds |
| **Date of Publication:** | August 2012 |
| **Overview of the service:** | Stoke Mandeville Hospital is part of Buckinghamshire Healthcare NHS Trust. It provides services to people living in Buckinghamshire and the surrounding areas. It is registered to provide the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, termination of pregnancies, assessment or medical treatment of persons |
| detained under the Mental Health Act 1983, maternity and midwifery services. |
Our current overall judgement

Stoke Mandeville 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 18 July 2012, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

This visit focussed on in patient medical services for older people. We spoke to people on wards 8, 9 and 10.

People told us they were treated with respect and dignity. One person said that "everything had been well explained". The people we spoke with said they were happy with the care provided. One person said "The care is good and staff work very hard". People told us that they thought there was enough staff on duty and that call bells were answered promptly.

People thought the environment was clean.

What we found about the standards we reviewed and how well Stoke Mandeville Hospital was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected.

The provider was meeting this standard

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

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

The provider was meeting this standard.

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

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.

The provider was meeting this standard.

**Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

People were protected from the risk of infection because appropriate guidance had been followed.

The provider was meeting this standard.

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

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

The provider was meeting this standard.

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

People were cared for by staff who were supported to enable them to deliver care through training though they were not all supported through supervision.

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

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The provider was meeting this standard.

**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
People told us that they were treated with dignity and respect. However, on three occasions people told us that they did not feel particularly well informed or involved in the decision making process. For one of these people shortly after our discussion a doctor visited them to explain the outcome of an investigation, this was not rushed and the person was given the opportunity to ask questions. One relative said that communication was "haphazard". They felt they had been involved in decisions to a degree but that this had been subject to the availability of information. A fourth person who had had an exploratory procedure told us that "everything had been well explained".

Other evidence
We observed that people were treated with dignity and respect. Staff introduced themselves and called people by their name. Curtains were drawn around the beds for any personal care or private discussions. People were cared for in single sex bays with en suite facilities. This helped to ensure people's dignity was maintained.

We saw that people were encouraged to be independent. Assistance was seen to be timely, and support was offered at a pace suitable to the individual.
Concerns were raised about the amount of information and the timeliness in which this information was shared. However, for one patient their wishes had been listened to and the discussion and the outcome were clearly detailed in the patient's notes. We also observed that the decision was discussed with the nursing staff to ensure that they understood the decision and the agreed plan of care.

**Our judgement**
People's privacy, dignity and independence were respected.

The provider was meeting this standard
Outcome 04: Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

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<th>Our judgement</th>
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<tr>
<td>The provider is compliant with Outcome 04: Care and welfare of people who use services</td>
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<th>Our findings</th>
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<tr>
<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>The relative of a confused patient was very complimentary, they said &quot;The staff's patience and handling of her is excellent as she can be very difficult'. 'I don't know how they do it. They're very good&quot;.</td>
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<tr>
<td>Two patients were complimentary about the nursing staff with one saying &quot;The care is good and staff work very hard. 'I have no problems here'.</td>
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<td>A relative felt that the care and approach was patient centred. They said that staff were sensitive to their relative's needs and the little details that made a difference. Relative said that when they visit/call the staff never display how busy they are and take the time to interact with them and their relative.</td>
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<th>Other evidence</th>
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<td>Care and treatment was planned and delivered in a way that ensured people's safety and welfare.</td>
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<td>We looked at three sets of records. These were comprehensive multi disciplinary notes. Risk assessments were undertaken on admission and the results used to inform care. There were no actual plans of care. We discussed this with staff who told us that there was a comprehensive hand over and that a person's knowledge helped them to care for people. It was difficult to establish how a person's individual care needs and preferences were considered and met.</td>
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<td>Senior nursing staff told us that it had been acknowledged that there was a gap in their</td>
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records around people’s care needs and that this was being addressed. We were told that care pathways were in use for some elective work.

**Our judgement**
People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.
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

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<tr>
<td>The provider is compliant with Outcome 07: Safeguarding people who use services from abuse</td>
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<th>Our findings</th>
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| **What people who use the service experienced and told us**  
We spoke with people who used the service but their feedback did not relate to this standard. |
| **Other evidence**  
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.  
Staff were clear about their responsibility with regards to abuse. They were able to describe what abuse may look like and how to report any concerns.  
There was an established multidisciplinary process for assessing a person’s mental capacity, making decisions in their best interest and where required seeking advice from the deprivation of liberties team. Nursing staff told us that the medical practitioners tended to complete the medical capacity assessment although this could be completed by a nurse if they had the necessary training. We saw in people’s notes that assessments had been completed.  
Staff said they attended safeguarding training as part of the mandatory training updates. Adult safeguarding training was provided every three years and the trust provided figures to indicate it was currently at 58% of uptake for the medicine division and was expecting to meet its target of 85% by the end of the year. |
Our judgement
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.

The provider was meeting this standard
Outcome 08: 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

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<tr>
<td>The provider is compliant with Outcome 08: Cleanliness and infection control</td>
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<tr>
<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>People told us that they felt the environment was very clean.</td>
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<th>Other evidence</th>
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<tr>
<td>There were effective systems in place to reduce the risk and spread of infection.</td>
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Infection control policies and procedures to help prevent and control infections were available in all the ward areas and electronically.

To help with the control and prevention of infection personal protective equipment in the form of aprons and gloves was readily available and we saw them being used on the wards. We saw that there were established hand cleaning regimes including hand washing and the use of a cleansing gel. Most staff were observing the hospital's bare below the elbow policy. The provider may find it useful to note that some medical staff were not fully compliant with this policy. We saw that hand washing and bare below the elbow practices were monitored through audit.

There were clearly defined systems in place for the segregation and disposal of waste including secure storage areas.

People were cared for in a clean environment. All the areas we visited were clean and free from odours. We saw that equipment was cleaned between patients and stored equipment had been cleaned and labelled to indicate it was ready for use.

Staff were educated in the prevention and control of infections. Staff told us that infection and prevention control training was part of the annual training requirements.
We were told this was a comprehensive one day training programme. Medical staff confirmed that they were also required to attend training. They also said that there were strict prescribing guidelines for the use of antibiotics to treat infection. The trust reported that staff training on infection control was at 52% with an end of year target of 85%.

Infection prevent and control support was available. There was a dedicated infection control team and wards had a link nurse. Practice was monitored through the use of audits and results displayed in staff rooms.

Our judgement
People were protected from the risk of infection because appropriate guidance had been followed.

The provider was meeting this standard.
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 they thought there was enough staff and that call bells were answered promptly. One relative said "whenever we call, even though they must be so busy, they always take the time to speak to us and never indicate they are too busy to talk to us".

Other evidence
Staffing observed appeared to be sufficient and staff were able to meet people’s needs. Staff told us that they sometimes worked additional hours and that shortfalls were covered with the use of bank staff. They also said that they had enough time to meet people’s needs. The trust may like to note that one member of staff felt that they could do with more staff. They had been placed in a difficult situation when they were rostered to work with a new nurse whose registration was not complete, so they were only able to work as a care assistant. They also said that sometime it could be hard to support also those that need assistance with their meals.

Staff told us that there was good team integration on the wards between the nursing staff, health care assistances, domestic staff and ward clerks.

A senior nurse told has that an establishment budget is set according to the acuity of the area. They also said that ward staff would know what support people required. There was no tool in use at the time of your visit to assist staff in accessing dependency levels and staffing requirements. We were told that one was being developed. This
would then help to demonstrate people’s needs and support decision making with regards to staffing levels.

**Our judgement**
There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.
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 non-compliant with Outcome 14: Supporting workers. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
We spoke with people who used the service but their feedback did not relate to this standard.

Other evidence
While the trust had a system in place to ensure that training was available staff were not adequately supported through supervision.

Staff told us that they had an annual appraisal and that this process included their developmental needs. One member of staff told us that there had been a restriction on additional training but this had been lifted since April 2012.

Staff were aware of the trust's mandatory training schedule. We were told that there was a variety of training available some of it was electronic and some was face to face.

There was no formal supervision process in place. Team and ward meetings were reported to be irregular. We were told that support was available for staff undertaking training to take on additional roles but that newly qualified staff may not get supported enough. There was some informal supervision with people saying that they had the opportunity to have a "chat". Staff told us that they felt they could be better supported. Senior staff told us that there are plans to introduce supervision session but that these were in their early stages.

One member of staff told us that recently they had a number of patients with mental health needs and that they had not felt equipped to support them with their complex
needs. They said that they needed additional training relating to mental health and care for people with dementia. While this had been reported they did not know what action was to be taken. Staff said attendance at training was discussed and monitored at individual appraisals.

The trust provided a training matrix which identified all staff groups and the corresponding mandatory training. We reviewed the figures for uptake of mandatory training and appraisals for the division of medicine, broken down by type of training and speciality for April 2011 to May 2012. Uptake of training varied between 49% for information governance to 74% for child protection. The trust reported they were planning to reach their end of year target of 85% for all training.

The trust said staff appraisals were at 34% with a plan to meet the end of year target of 90%.

Uptake of mandatory training and appraisals were key performance indicators for the trust and were reported and monitored by the trust board. We saw the July 2012 trust board papers where a workforce report highlighted the staffing and training issues.

**Our judgement**

People were cared for by staff who were supported to enable them to deliver care through training though they were not all supported through supervision.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.
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 spoke with people who used the service but their feedback did not relate to this standard.

Other evidence
Audits were used to monitor practice

On one ward we saw that audit on record keeping took place monthly and the results were displayed for all to see. On a second ward we saw that the results of a hand washing audit were on display. One member of staff told us that they were involved in essence of care monitoring audits which were completed monthly along with record keeping audits.

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

We spoke with the Matron for the delivery unit older people. We were told that every other month they held a clinical governance meeting. We were provided with two sets of minutes that showed that a variety of subjects were discussed these included accidents and incidents, complaints; outcomes form audit and research projects.

We were told about a change in practice that had occurred as a result of people with diabetes missing their morning insulin. Following a review of these incidents there has been a change in practice that reflects a more person centred approach.
The trust had a divisional structure. Each division board was responsible for identifying and monitoring clinical governance and risk issues within its own division. Significant issues and risks were escalated to the trust healthcare governance committee. The committee was chaired by a non executive director and had a key role in monitoring risks on the corporate risk register; it also provided assurance to the trust board. The healthcare governance committee met every two months and we reviewed the last two meeting minutes. There was evidence of discussion and challenge at the meetings in relation to the risks faced by the organisation.

Incidents and complaints were managed through Datix, a software system used to manage incidents and adverse events. We were told that investigations were carried out, trends identified and learning communicated across the trust. All the staff we spoke with were clear about how to report an incident or handle a complaint. Analysis of all serious incidents was discussed and monitored by the trust's serious event group, which was chaired by the chief executive.

The trust had recently updated the policy on responding to concerns, complaints and compliments (June 2012). We reviewed the last three minutes of the risk monitoring group meeting (a sub-committee of the healthcare governance committee) which reported that complaints had increased and the response time had decreased. The trust had a plan to address this issue by staff training in root cause analysis so that more staff were skilled in carrying out investigations when needed. A clinical outcome report was submitted to the risk monitoring group which benchmarked the trust's performance compared to other similar hospital trusts. Unexpected trends were analysed by the trust to establish areas of concern which required action.

We were told that service quality at ward level was monitored through the matrons' rounds which took place weekly and assessed care against a range of measures including the patient's comfort levels and quality and completeness of care documentation. We saw a sample of the matrons rounds reports which all indicated high (over 95%) scores. The trust also relied on the results of the internal patient experience survey. We saw the results of the March 2012 survey which indicated that measures were scored highly (over 90%) except for assistance with medicines and meals which were low, 63% and 43% respectively. The trust acknowledged more work needed to be done to improve the situation.

We reviewed the trust's five year quality improvement strategy (2012-2017). We noted that it included specific measures for example, 50% reduction in harm from falls by March 2014 and 80% reduction in category 3 and 4 pressure ulcers by March 2014. Achievement was monitored through a quality scorecard presented to the trust board. We saw the July 2012 quality performance report which included data on serious incidents, complaints, patient falls and grade 3 and 4 pressure ulcers.

We reviewed the trust wide clinical audit plan 2012-2013. The programme included projects identified as priority for the trust through internal governance processes and those from national initiatives. For example in the medicine division, audits included the stroke national audit programme, the national audit on dementia and a trust wide re-audit of do not attempt resuscitation paperwork.

Our judgement
The provider had an effective system to regularly assess and monitor the quality of
service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The provider was meeting this standard.
# 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.

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<tr>
<th>Regulated activity</th>
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<th>Outcome</th>
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<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 14: Supporting workers</td>
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<tr>
<td><strong>How the regulation is not being met:</strong></td>
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<tr>
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<td>Treatment of disease, disorder or injury</td>
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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

<table>
<thead>
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<th>Document purpose</th>
<th>Review of compliance report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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