Review of compliance

Shrewsbury and Telford Hospital NHS Trust The Princess Royal Hospital	
Region:	West Midlands
Location address:	Grainger Drive Appley Castle Telford Shropshire TF1 6TF
Type of service:	Acute services with overnight beds
Date of Publication:	November 2011
Overview of the service:	Princess Royal Hospital is part of Shrewsbury and Telford Hospital NHS Trust. The trust is the main provider of acute services in Shropshire, Telford and Mid Wales. The hospital provides emergency services, medical and surgical investigations and a full range of diagnostic facilities and medical treatments for physical illness or

	condition, injury or disease.

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

Our current overall judgement

The Princess Royal Hospital was not meeting one or more essential standards. Improvements are 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 11 October 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

The inspection was unannounced and consisted of a team of five inspectors in the morning and four inspectors in the afternoon. We visited three wards providing adult inpatient care across the hospital. We spoke with 28 people who were receiving a service, 14 representatives and 18 staff from different disciplines. Overall people told us that they had received positive experiences during their stay in hospital and that they were, "satisfied" with the care provided. Some people however, including a number of people who shared information with us prior to our visit, had experienced poor outcomes that had left them feeling distressed and with their dignity compromised and their basic care needs not met. We observed some positive examples of good care during our visit but on one of the three wards we also saw people having to wait for support or not receiving the care required.

The hospital is working with outside agencies to improve the principles of good care and areas such as privacy and dignity and falls prevention had been identified for action.

We found that the introduction of protected meal time had had a positive impact on meal times for people creating a calmer and more relaxed environment. Most people felt satisfied with the quality of the food provided.

People told us that staffing was an issue giving numerous examples of having to wait for basic care and support. We saw that some people were left unsupervised when their plans and assessments identified that they needed to be supported. This could compromise patient safety as well as impacting on the quality of the experience that people in hospital received. We did see however some good examples of positive staff interactions and

overall we found that staff had a good knowledge of people's needs

Although improvements had been identified to processes it was evident that not all wards had embraced the changes fully and that work is still required to ensure that all wards offer good quality and safe care and support. The hospital management team fully acknowledged this and were working to make improvements.

Records were not always completed leaving people at risk of not having the needs met safely.

People told us that they felt safe in the care of staff and that they had not observed any poor practice during their stay. Although not everyone had knowledge of the complaints procedure, they told us they would raise concerns with the staff on duty. Only one person told us that they had made a complaint during their stay and they were not satisfied with the outcome. Other information received prior to our visit reflected also that complaints were not always dealt with appropriately and that a small number of people continue to be in receipt of poor quality care when in the Princess Royal Hospital.

What we found about the standards we reviewed and how well The Princess Royal Hospital was meeting them

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

Overall people's independence, privacy and dignity are respected and they are able to make informed choices and express their views in relation to the care that they receive. However delays in providing responses for assistance compromises people's dignity. Improvements are also needed to ensure that where possible individuals needs, wishes and preferences are fully documented.

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

Staff demonstrate a good knowledge of people's needs however people are not always having their needs met in a timely manner causing distress, frustration and discomfort.

Assessments and care plans are not personalised or comprehensive. Failure to fully record, assess and plan the delivery of all aspects of care and treatment places people at risk of their needs not being met.

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

People have access to a well balanced, nutritious diet. A variety of drinks and meals are provided to suit peoples' taste and meet their nutritional needs.

Meal time is quiet and relaxed however not everyone receives the support they require to eat and this could impact on their health and wellbeing.

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

human rights

Information isn't shared between staff at all levels so that allegations of abuse may not be managed appropriately by the proper authorities. People could be at risk of harm from abuse because of poor communication.

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

People are not always getting their care and support needs met in a timely manner due to the poor deployment of staff.

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

Princess Royal Hospital has systems in place to monitor and review the quality of the service provided which are being developed to ensure people benefit from safe quality care and support.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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.

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 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

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People who spoke with us were not always clear if they had been involved in the planning of their care. The majority of the people we spoke with said that they had not although some people told us they were asked to provide information about their needs, likes and dislikes. Records reflected these comments as they showed that people's views and opinions had not always been recorded.

People told us that they were fully involved in having their care and support needs met. Some people were independent and were able to look after themselves. Some people told us that staff were aware of their limitations but enabled them to do as much for themselves as possible. One person had had mixed experiences. They told us that some staff involved them and some did not. Staff told us that they tried to promote people's independence.

Everyone we spoke with, across all three wards visited, felt that staff respected their privacy and dignity although some of our observations suggested that for some people with high support needs this did not always happen. For example we saw one person fall asleep in their food and when staff went to them they did not clean their face or tray but just gave them their pudding.

On the day of our visit and in information provided to us prior to our visit we were told that people sometimes experienced delays in getting support to attend to their basic care needs. When support arrived too late people told us that their dignity was very much compromised and this was very distressing for people.

We observed some positive examples across the three wards visited of staff being kind and respectful. Staff were seen to close the curtains when supporting people with their personal care and on the whole staff spoke quietly and discreetly.

We saw a positive example of how the hospital staff had worked with the family of a person with identified cultural and communication needs to ensure that they respected that person's wishes during their hospital stay. Records also provided staff with information to enable them to meet that person's needs appropriately.

One person told us that staff had listened to their request in relation to how they received their treatment and this had enabled that person to have their fears allayed giving them a very positive experience of being in hospital.

Other evidence
Records were not written in a way that made them user friendly or centred on the care and support needs of the individual. The records we viewed did not show that staff explained the risks and benefits of planned treatment as the signing of these by an individual was varied. Staff verbally provided examples of how they involved people in decision making. Staff understood that they had to refer to the social work team for capacity assessments when people were not able to make their own decisions.

In July 2011 the hospital carried out an internal review of a ward where previous issues had been identified. They looked at all aspects of people's care including how their privacy and dignity was maintained. At that time they found a range of issues and therefore a formal investigation into provision of care was commissioned and is now being finalised.

Ward managers told us that all staff were receiving training in relation to privacy and dignity. One ward manager told us that their ward was a privacy and dignity 'champion' which meant that they were set targets and good practice was highlighted and shared. As a result of this one staff member told us that, "Communication has changed. It is now more positive".

Staff we spoke with were mindful of maintaining people's dignity at all times. Nursing and care staff spoke of ensuring people were appropriately covered and dressed and that support was offered as discreetly as possible. We spoke with staff who described the promotion of peoples' independence to ensure that they could recover and go home where feasible.

The hospital has again received an overall rating of 'excellent' for confidentiality, dignity and respect awarded by the Patient Environment Action Team (PEAT). This was an annual assessment carried out by NHS staff, groups of patients, their representatives and members of the public in early 2011.

Our judgement
Overall people's independence, privacy and dignity are respected and they are able to

make informed choices and express their views in relation to the care that they receive. However delays in providing responses for assistance compromises people's dignity. Improvements are also needed to ensure that where possible individuals needs, wishes and preferences are fully documented.

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

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
On the day of our visit most people we spoke with told us that they were having their care and support needs met. Some people did not think so and gave examples of delays in waiting for support, not receiving medication at times specified and staff saying they will return to offer help and then not doing so for long periods of time. We observed this on one ward visited. On the same ward two people were not able to summon help when required. One person's call bell was out of reach and tangled around another cable and one person could not operate it despite trying.

People told us that information had been shared between wards when they moved and as a result there had been no delays receiving medication or care and support required. We observed staff sharing information and supporting one person to move to another ward in such a way that they felt less anxious.

The trust had recently introduced comfort rounds whereby people are regularly checked and asked if they were comfortable, if they were in pain, if they required a drink or needed the toilet. People told us that these rounds happened. Records sampled identified some gaps in recording but ward managers told us that they were monitoring this and working with staff to ensure that records made reflected care given.

One person who had been assessed as being at risk of falls was sitting out of bed and told us that they could not get up because they had tried earlier and had tripped on the mattress that had been placed on the floor to protect them if they fell out of bed. Staff had been in to support this person but had failed to recognise the risk or provide this

person with a means of calling for assistance.

All but one person told us they received their medication as prescribed and that any new medication had been explained to them. Two people told us that they had stopped receiving their regular medication upon admissions and did not know why. One person said that this was worrying them.

Other evidence
The wards that we visited were chosen because we have received information about poor care and monitoring. This included allegations made in relation to the care and welfare of four people currently being investigated jointly by the trust,the local authority and other agencies. (See outcome 7). We also had minor concerns about the quality of care received when we carried out a review in July 2010. In addition the Local Involvement Network group (LINKS) visited one of the wards in June 2011 and provided a report identifying concerns in relation to the care and welfare of people on one ward in particular and in relation to staffing. LINk is made up of individuals, community groups and voluntary organisations with an interest in improving health and social care services. They work closely with the primary care trust (PCT) and local authority to ensure people's needs are met.

We looked closely at the care files for eight people with diverse needs to help us understand how individual needs and risks were assessed, how their assessed needs were met and outcomes of the care delivered. The care records were not written in a person friendly way.
The care plans sampled on the wards we visited were generic and were not always fully completed. Care pathways we looked at showed that needs were taken into account when delivering clinical care but often without mention of choices and preferences. Nursing staff told us that people took an active part, where they could, in sharing information about them upon admission and they were asked questions about how they would like to be supported. This was not always recorded however the care pathways shown to us were ticked regularly and reflected a variance of needs if care changed from that prescribed.

Risk assessments were completed for each person regarding falls, nutrition and bed rails. Clincal health observations were carried out and monitored using a system which allowed for early recognition of any deterioration in health.

Admission information was seen on care pathways reviewed. One stated that a person had a problem with a pressure ulcer identified when admitted through Accident and Emergency. No full assessment of the condition and treatment had been made of this problem some three days later after admission to the ward. Staff acknowledged this omission, but could give an account of treatment having commenced. We had previously received information suggesting that the trust had not managed a similar incident well and we were told that they had implemented a new procedure to ensure that a reoccurrence can not happen. This new procedure was not being followed by the staff on one of the three wards visited.

Staff said that they supported few people from ethnic minority groups or people with different cultural needs. However, all said that it was part of their practice to look at issues of equality and diversity. We viewed a daily record that showed staff had addressed communication needs for a person who spoke Punjabi. Staff organised an

interpreter and arranged a communication plan with the family to support daily care and facilitate discharge.

The trust provided us with information in relation to reported incidents of poor quality care that had been referred to the local authority to investigate. We also reviewed complaints received by CQC in relation to poor quality care. The trust identified action points in response to each incident to ensure the likelihood of a similar incident is reduced. We found that action plans had been shared at ward level although we were concerned that they were not always being implemented making patients potentially vulnerable.

Our judgement
Staff demonstrate a good knowledge of people's needs however people are not always having their needs met in a timely manner causing distress, frustration and discomfort.

Assessments and care plans are not personalised or comprehensive. Failure to fully record, assess and plan the delivery of all aspects of care and treatment places people at risk of their needs not being met.

Outcome 05:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

There are minor concerns with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Overall people told us that the food they received was satisfactory. People did not have high expectations but said that the food was palatable and that there was usually always a choice. Some people however told us that they did not always get what they had ordered.

We observed lunch time on one ward to see what the experience was like for people. The ward we visited operated a 'protected meal time' policy and this created a calm and quiet atmosphere making meal time more enjoyable for patients and more relaxed.

People had the opportunity to wash their hands before eating. One person told us, "I am glad to be able to wipe my hands before eating as I have always done it at home".

Our observations identified some good practice in relation to staff supporting people to have a meal but we also saw that, on occasion, people were not receiving the support they required. For example we saw two people who required supervision while eating being left unsupported for over twenty minutes. During this time one person was unable to eat their meal and one person ate some and then fell asleep. In another bay we saw similar examples of limited staff interactions with people. One person was lying in bed and not offered the opportunity to sit up for their meal. They later told us, "I can't chew anything lying down". One person did not receive a meal and was offered no explanation why.

One person was asked by staff if they would like to sit out of bed for their meal when they had already finished eating.

When people required personal care during their meal we saw that their food was placed outside the bay uncovered.

One person who was sleeping was left undisturbed until the ward manger asked them if they would like a meal and they said that they would. Staff had already told us that they would prepare them something later. Staff inconsistencies meant that at least one person would have missed their meal.

We did however hear a staff member ask one person if they would like an alternative as they had not eaten their main meal. Staff told us that they had the capacity to make snacks for people who miss mealtimes. In the bay where the ward manager was working we saw good examples of discreet and sensitive support.

Other evidence
The care pathways we viewed showed that assessments of nutritional status were carried out. There was evidence of review and if necessary assistance was requested from dietary specialists. Daily records detailed any difficulty with eating and assistance given. However our observations showed that staff did not always follow guidance.

Staff told us that special dietary requirements could be catered for. Staff were aware of a colour coding system in place to identify special dietary needs. All people on the wards we visited had a jug of water and glass within reach.

A nurse told us that meal times were protected to ensure people's privacy. Doctors were encouraged not to do routine visits during this time.

The hospital received an overall rating of 'good' for food awarded by the Patient Environment Action Team (PEAT) in early 2011.

Our judgement
People have access to a well balanced, nutritious diet. A variety of drinks and meals are provided to suit peoples' taste and meet their nutritional needs.

Meal time is quiet and relaxed however not everyone receives the support they require to eat and this could impact on their health and wellbeing.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
On the day of our site visit no one that we spoke with said that they had observed poor practice although one person told us that, "It could be better".

One person told us of a complaint that they had made that had not yet been resolved and this had impacted negatively on their stay in hospital causing them upset and distress.

On one ward people told us that, "Staff are very patient and caring with those with a lot of needs".

Prior to our site visit we were told of a small number of complaints and reviews that had identified poor care practice.

Other evidence
We spoke with staff who told us that they had received training in relation to keeping people safe. All said that they would be confident to recognise and report harm or poor practice.
Information posters were seen displayed telling people about safeguarding issues.

We spoke with two ward managers and a ward sister about the procedures in place to ensure people were kept safe and protected from harm. We were given a clear, detailed picture of how departments work together, how risks are identified and how the safeguarding lead work alongside staff. We were told that staff received training in their

induction and had annual mandatory training updates. They told us If they suspected abuse they would always complete an incident report which is now readily accessible to them making the process easier.

The local safeguarding team told us that there were still four people whose care and support is being investigated for alleged abuse. This includes a formal review of other people's care and support. We do not yet have the outcomes of these investigations but the hospital is supporting the process and working to support an internal and an external investigation.

The trust has a dedicated lead for safeguarding. They told us in their self assessment that there has seen a significant increase in the amount of adult protection referrals made by hospital staff, due to an increased awareness via the training programme and information readily available within the trust. We asked the trust to supply us with a summary of the adult protection referrals with outcomes for the last 12 months. They told us throughout the referrals made against the trust there was a theme regarding poor discharge, lack of information to relatives, carers and people using the services in addition to poor communication with care agencies and nursing homes. This is reflective of the information we hold. The trust has agreed to provide us with quarterly reports on adult protection investigations. Weekly meetings had recently been implemented to discuss safeguarding, serious incidents, complaints and concerns.

A review of safeguarding was recently undertaken by the West Midlands Quality Review Board. We were advised there were no major concerns. The reviewers expressed some minor concerns, already identified from the trusts self assessment in relation to policy documents relating to restraint and sedation, and the missing person. They also felt that there was lack of information for people of the services available and the information was not in one central place on the wards.

Our judgement
Information isn't shared between staff at all levels so that allegations of abuse may not be managed appropriately by the proper authorities. People could be at risk of harm from abuse because of poor communication.

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

There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
Overall people told us that staff were kind and although they often had to wait for support that staff met their personal care and support needs well during their hospital stay.

One person told us, "Staff are lovely". One person said "they can't do enough for you".

People that we spoke with told us that they felt there were not enough staff on duty, especially at key times and in the evenings and at weekends. Staff on two of the three wards we visited did not feel they had enough time to give people all support needed as there were too many tasks to get done. Staff stated however that the situation was improving now as there were additional staff on duty in the mornings. We observed people waiting for support with various personal care tasks and information sent to CQC prior to our visit also reflected low staffing levels as being a possible cause for delays in receiving support. Concerns were raised about one ward in particular. One complainant told us, "the staffing levels on this ward are disgusting and need to be looked at". Since that time a review has taken place by the hospital and staffing levels are being reviewed.

Other evidence
As part of our review we looked in depth at staffing levels and rotas on one ward. We found that although there was an identified staffing complement that this was not always achieved. The ward manager gave examples of how they had to be flexible to cover shifts and this was not always possible with similarly qualified staff.

For example, on the day of our visit there were scheduled to be four qualified nursing staff on duty and three health care assistants. There were actually three trained staff and four health care assistants. The numbers had been achieved for the shift but not the skills mix. The ward manager considered that the situation was 'manageable' and is improving as the hospital recruited more staff.

Examples were given by staff that we spoke with as to how the hospital is able to draw upon other resources to make up shortfalls.
A review of the rota demonstrated that less agency staff have been used over the last two weeks, shifts were covered by existing staff and the hospital's own bank staff. There was however evidence that a large number of bank staff were still being used on the ward. The ward manager commented that "the skills mix is not always perfect but it is improving".

The ward manager told us that bank staff have the same induction and training as permanent staff. The ward manager also stated that, "quality had improved in the last six months".

We observed a difference in one ward when the ward manager joined the morning shift. They took an active leadership role, directing staff and as a result people received an improved service. A staff member supported our observation stating that there was a notable difference when there were seven staff plus the ward manager on duty.

We visited two other wards. On one we identified a stable staff team. On the other, staff stated that morning staffing levels were good enabling them to provide good care. In the afternoon staff said, "Staff are pulled in all directions", which we observed during the visit.

We visited the hospital in July 2010 and identified minor concerns in relation to this outcome. We considered people were receiving the right care, at the right time, from the right people. However, we felt there were areas within the trust where there was not a sufficient number of qualified and experienced staffing in post to meet the needs of the service. A quality review was undertaken across the trust in July 2011 by an agency whose role it is to ensure that NHS services, staff and organisations are developed to meet the needs of the future. They stated 'Although it was generally reported that staffing levels continue to improve, the reliance on bank, agency and locum staff is of concern. Steps need to be taken to improve the use of the bank rather than agency staff and consideration given to the employment of permanent staff to avoid the disadvantages associated with temporary staffing'.
The trust told us in their self assessment that a staffing review had been undertaken in 2010 and as a result 95 additional nursing/healthcare staff were employed.

The trust told us they had recently introduced the NHS Institutes Safer Nursing Care Tool over a three month time period. This is a robust evidence-based easy to use tool which helps plan for future workforce requirements. It allows the organisation to accurately predict and enable resources to be identifed to support nursing establishments and meet patient and service needs. Staff spoken with were overall positive about the introduction of the tool.

Our judgement
People are not always getting their care and support needs met in a timely manner due

to the poor deployment of 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
People told us that nursing staff regularly asked them if they were comfortable and senior staff told us that weekly patient satisfaction audits take place. Records supported this but audits seen were very general. For example one stated, "Happy with care" however we did not know what questions were asked in order to reach this conclusion. One person told us that they had raised issues but, "Nothing was ever done about them".

In order to monitor the quality of the care provided the hospital has implemented a number of measures. Ward mangers regularly observe practice and we noted during our visit that practice was more efficient and organised when the ward manager arrived on one ward reviewed.

In addition to obtaining people's views during our visit we also looked at NHS Choices, which is a website where people can post comments about the service they have experienced. Views of people's experiences gained through NHS Choices for the trust are more positive than negative. Positive comments included a quick and helpful response to a complaint, and good levels of cleanliness. There were nine comments that mentioned staff cared and people described their treatment as good, exemplary and supportive. Negative comments mentioned confidentiality, privacy, dignity and respect, rescheduling of appointments, poor customer service and staff inefficiency.

Other evidence
We have met with the new executive team on a number of occasions since the

appointment of the new Chief Executive in July 2010. They have demonstrated commitment for change and fully acknowledged that work is in progress, particularly around follow up outpatient appointments in some specialities. Any issues they have identified have been shared with us. They have acknowledged there is still much to do to ensure changes implemented are refined and fully embedded to provide improved experiences for people using the service.

We recently met with the trust to discuss the systems and processes they had in place to assess and monitor the quality of the service at ward level and through management processes. We saw the systems discussed in place when we visited the wards. Staff we spoke with were knowledgeable of the systems implemented to improve the quality and safety of care. Both ward managers that we spoke with detailed numerous audits and checks by various bodies that were highlighting issues as well as areas of good practice. Ward managers were aware of their roles in relation to improving care and felt well supported by senior managers to make changes and address issues.

The trust had a comprehensive performance report in place that is regularly updated on quality and outcomes for people. In addition the trust produced an annual quality account providing a statement on quality from the Chief Executive. The 2010/11 report talks about striving for safe, effective care that people who use the service and the staff can be proud of. It talks about gaining people's views and everyday experiences of the care provided and that the guiding principle for the trust going forward should be putting patients first.
Information published about the number of written complaints the trust received in the year from April 2010 to March 2011 shows the trust as having a higher proportion of complaints about delays in outpatient appointments - over 20% of the complaints received compared to average for acute trusts of just over 10%.

The trust continues to work with other local partners to monitor and review the service provision. They support feedback on the services provided and people's experiences through a number of methods to include NHS Choices website, Patient Advice and Liaison (PALs) services, complements and complaints, outcomes of safeguarding adult meetings and reports following visits undertaken by local involvement networking groups (LINk) to include Telford and Wrekin and Shropshire. LINk is made up of individuals, community groups and voluntary organisations with an interest in improving health and social care services. They work closely with the primary care trust (PCT) and local authority to ensure people's needs are met. They have visited a number of wards across the trust and gained people's experiences of care. They have provided the trust and us with copies of their reports and made a number of recommendations for improvement.

Our judgement
Princess Royal Hospital has systems in place to monitor and review the quality of the service provided which are being developed to ensure people benefit from safe quality care and support.

Action
we have asked the provider to take

Compliance actions

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

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: Overall people's independence, privacy and dignity are respected and they are able to make informed choices and express their views in relation to the care that they receive. However delays in providing responses for assistance compromises people's dignity. Improvements are also needed to ensure that where possible individuals needs, wishes and preferences are fully documented.	
Surgical procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: Overall people's independence, privacy and dignity are respected and they are able to make informed choices and express their views in relation to the care that they receive. However delays in providing responses for assistance compromises people's dignity. Improvements are also needed to ensure that where possible individuals needs, wishes and preferences are fully documented.	
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated	Outcome 01: Respecting and involving people who

	Activities) Regulations 2010	use services
	How the regulation is not being met: Overall people's independence, privacy and dignity are respected and they are able to make informed choices and express their views in relation to the care that they receive. However delays in providing responses for assistance compromises people's dignity. Improvements are also needed to ensure that where possible individuals needs, wishes and preferences are fully documented.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Staff demonstrate a good knowledge of people's needs however people are not always having their needs met in a timely manner causing distress, frustration and discomfort. Assessments and care plans are not personalised or comprehensive. Failure to fully record, assess and plan the delivery of all aspects of care and treatment places people at risk of their needs not being met.	
Surgical procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Staff demonstrate a good knowledge of people's needs however people are not always having their needs met in a timely manner causing distress, frustration and discomfort. Assessments and care plans are not personalised or comprehensive. Failure to fully record, assess and plan the delivery of all aspects of care and treatment places people at risk of their needs not being met.	
Treatment of disease, disorder or injury	Regulation 9 HSCA	Outcome 04: Care and

	2008 (Regulated Activities) Regulations 2010	welfare of people who use services
	How the regulation is not being met: Staff demonstrate a good knowledge of people's needs however people are not always having their needs met in a timely manner causing distress, frustration and discomfort. Assessments and care plans are not personalised or comprehensive. Failure to fully record, assess and plan the delivery of all aspects of care and treatment places people at risk of their needs not being met.	
Diagnostic and screening procedures	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	How the regulation is not being met: People have access to a well balanced, nutritious diet. A variety of drinks and meals are provided to suit peoples' taste and meet their nutritional needs. Meal time is quiet and relaxed however not everyone receives the support they require to eat and this could impact on their health and wellbeing.	
Surgical procedures	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
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Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: Information isn't shared between staff at all levels so that allegations of abuse may not be managed appropriately by the proper authorities. People could be at risk of harm from abuse because of poor communication.	
Surgical procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
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	How the regulation is not being met: Information isn't shared between staff at all	

	levels so that allegations of abuse may not be managed appropriately by the proper authorities. People could be at risk of harm from abuse because of poor communication.	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: People are not always getting their care and support needs met in a timely manner due to the poor deployment of staff.	
Surgical procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
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Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: People are not always getting their care and support needs met in a timely manner due to the poor deployment of staff.	

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 14 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.

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 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

Document purpose	Review of compliance report
Author	Care Quality Commission
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