

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:	June 2012
Overview of the service:	<p>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.</p> <p>The hospital provides emergency services, medical and surgical investigations and a full range of diagnostic facilities and medical</p>

	treatments for physical illness or condition, injury or disease.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Princess Royal Hospital was meeting all the essential standards of quality and safety inspected.

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 9 May 2012, 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. The inspection was a scheduled routine visit in addition to reviewing improvements that we had asked the trust to make following our last inspection undertaken in October 2011. We visited three wards on 9 May 2012 providing adult inpatient care across the hospital. We spoke with 36 people who were receiving a service, 12 visitors and 20 staff from different disciplines.

Everyone we spoke with told us that they were getting the care and support they needed. Comments included, "Everything is excellent." "I am being well looked after." and "Absolutely brilliant care."

People told us that they had been involved and consulted in relation to their care and support. People said staff supported them sensitively and discreetly. Staff provided sound examples of how they promoted people's privacy and dignity in their work.

Overall people shared positive experiences of the care and support they had received. Two people, on two separate wards, raised issues about the length of time it took for staff to answer call bells. People who were being discharged from hospital told us that they had received detailed information to take home with them. Staff told us about the improvements that had been implemented to improve people's care and experiences including new documentation and tools in place to monitor the care delivered.

Everyone we spoke with told us that they liked the meals. People said there was always a choice and that food arrived hot when it was supposed to be. One person told us, "It's like

a five star hotel". Staff told us protected mealtimes had ensured people were not disturbed when eating their meals and that staff were freed up to assist people who required support and supervision with eating and drinking.

People told us that they felt safe and well looked after. They said staff were kind and attentive. Before our inspection a number of people had experienced poor outcomes on one ward that had compromised their care and safety. The trust worked with us and outside partners over a number of months to improve the quality of care and people's experiences. Staff spoken with across all three wards we inspected knew what to do in the event of observing abuse or poor practice. They told us they had received training in safeguarding people from abuse. One member of staff stated, "The staff are given permission to report and question practice."

Most of the people who spoke with us said they thought there were enough staff on duty to meet people's needs. One person told us, "They can't help you enough". Another person told us, "The staff are attentive, the care here is good."

Everyone we spoke with told us that the nurses were always asking them if they were ok and if they were happy with everything. They said that they were able to express their wishes and share their views about how they were feeling and what could be done to make them feel more comfortable. People said that if they had any concerns or worries that they would speak with a nurse. We were told the trust had robust systems in place to monitor and review people's experiences and deliver improvement.

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

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

The provider was meeting this standard.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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

human rights

The provider was meeting this standard.

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

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

The provider was meeting this standard.

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

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 was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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

When we last inspected the hospital we identified minor concerns with this outcome. We judged that overall people's independence, privacy and dignity were respected however delays in providing responses for assistance compromised people's dignity. Improvements were also needed to ensure individuals' needs, wishes and preferences were fully documented.

Prior to this inspection we had received information about people's dignity being compromised resulting in poor experiences for individuals. As a result the trust undertook an internal review of one ward where concerns had been identified. A number of recommendations were made and we saw the majority of these had been acted upon. In addition to this an external investigation had been undertaken on another ward and concluded. The trust acknowledged the shortfalls and worked with a number of partners to improve people's experiences.

We spoke with 36 people who were using the service across three wards. All but one person told us that they had been involved, consulted with and understood the care and support they had received. One person told us, "Everything has been explained to me and I have been looked after very nicely." A visiting relative told us that the ward staff had regularly taken the time and effort to explain the health needs of their family

member when they were too ill to understand. This had offered the relative assurance that their family member was being looked after properly. People told us that staff listened to them and responded promptly to requests of assistance and support. This enabled people to remain in control of their lives as far as they were able.

Following our last inspection we received concerns about one person being discharged home in the early hours of the morning in an undignified manner. This was referred into local authority adult protection processes and an investigation undertaken and concluded. The trust told us during this inspection that no person is discharged after 10pm otherwise the person responsible for discharge would be subject to disciplinary action. During this inspection we saw people were fully informed about and involved with their discharge arrangements. This made sure they had the knowledge and understanding to be confident to manage their health when they went home. People who were being discharged from hospital on the day of our visit told us that they had received detailed information to take with them and had been informed about what medications they were to take which reassured them. We saw staff of all disciplines such as the dietician, ward sister, nurses and healthcare assistants play their part in making sure the people were discharged appropriately.

Everyone we spoke with told us that staff respected their privacy and dignity. We saw that personal care was carried out in private. We observed staff to speak clearly and discreetly when carrying out personal care making sure they were involved in any decision making about their day-to-day needs. For example, we observed staff asking people which clothing they wanted to wear and whether they wanted extra blankets on their bed. This offered people comfort and reassurance. We saw that when someone asked a staff member about confidential information about their health they were taken to a private room to these discuss matters.

Staff were heard to offer reassurance to people as they explained what they were doing. Staff were observed to maintain people's dignity at all times. Staff shared positive examples of how they promoted privacy and dignity in their work. They spoke of ensuring people were appropriately covered and dressed and that support was offered discreetly and in private.

We looked at eight care records which showed that people's needs were assessed at admission. The detail of this did not show that choice and preference was taken into account. However, staff spoken with could give a verbal account of people's preferences. They told us that people took an active part in sharing information upon admission and they were asked questions about how they would like to be supported. They confirmed they had received training in relation to privacy and dignity and said the training had helped them "get back to basics."

Staff described how they had assisted a person who could not speak English. The care records showed that the person's communication needs had been addressed. The person had been given individual care and support through the help of an interpreter to discuss these matters and ensure they were fully involved in their care and treatment.

Other evidence

One of the wards we visited had a lot of information for people using the service and visitors in the entrance area. This included details about the ward itself in addition to several medical and health conditions people were receiving treatment for. Another

ward we visited had educational displays about some of the health conditions the ward specialised in. This was useful as it meant people could refer to the information without having to ask. However, we saw once people were in the confines of their bed space there was very little written information to give people background details of the ward they were on or information concerning their health and welfare. Similar concerns were identified following a recent visit undertaken by Telford and Wrekin LINK. This organisation is made up of individuals, community groups and voluntary organisations and work closely with the primary care trust (PCT) and local authority to ensure people's needs are met. They reported there was 'Little evidence of systems to support people with additional / special communication needs...' We have therefore asked the trust to look into making information more accessible to people at ward level.

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

When we last inspected the hospital we identified moderate concerns with this outcome. We judged that although staff demonstrated a good knowledge of people's needs, people were not always having their needs met in a timely manner causing them distress, frustration and discomfort. Assessments and care plans were not personalised or comprehensive, placing people at risk of their needs not being met.

During this inspection we visited three wards providing care and treatment to adults. We chose these wards because we had received concerns about the quality of care in addition to people being subject to adult protection procedures. The trust had undertaken internal ward reviews and provided us with reports of their findings. We wanted to ensure recommendations made had been acted on and improvements embedded.

We spoke with 36 people who were receiving care and treatment across the three wards we inspected. People spoke very positively about the care and support that they had received. One person said that they couldn't fault the care on their ward. Another commented that the staff were very good. People told us that staff supported them sensitively and discreetly. We saw examples of staff supporting people and their families with kindness and understanding. One person told us, "Staff have been very understanding with me". Another person told us, "Staff couldn't have been kinder". As a result people felt well looked after.

We saw that people had their call bells within easy reach so they could call staff for

assistance when needed. The majority of the people we spoke with told us that staff responded to requests for support promptly. Two people, on two separate wards, raised issues about the length of time it took for staff to answer call bells and one person said that on occasion this had caused them distress. They suggested that if staff acknowledged that they were waiting for assistance then that would offer reassurances. One ward manager acknowledged that there were sometimes unavoidable delays but said that they were working very hard to ensure that all calls for assistance were answered promptly. Other people had had much more positive experiences of staff answering their calls. One person told us, "If you ring the bell they come without fail." Another person said "If you want something you ask for it and its there."

We observed comfort rounds being carried out to make sure people were regularly checked and asked if they were comfortable, if they were in pain, if they required a drink or needed the toilet. People said they appreciated these. We were told that there had been a reduced number of falls and pressure ulcers as a result of the introduction of comfort rounds, improving safety and care for people using the service.

We saw clinical health observations were carried out and monitored using a system which allowed for early recognition of any deterioration in health. Records showed that people were provided with a planned provisional discharge date, so that they could begin to think about what they would need when they went home. This was reflected in discussions held with people who used the service.

People were supported to remain as independent as they were able. We saw one person being encouraged to eat their meal and one person told us that were being supported to regain independent living skills to enable them to look after themselves when they got home. We saw the staff arranging bed tables and lockers after attending to people's personal care needs promoting their independence.

Staff we spoke with knew the care needs of people and how these were to be met. They understood the need to involve the family and explain treatments and outcomes if a person lacked capacity to understand themselves. People experienced a professional but friendly approach from staff.

Visitors we spoke with shared positive experiences. Their comments included, "The ward is very busy but staff do all they can to look after my relative."
"They let me know what is happening with my family member."
"I have no complaints at all about the Princess Royal Hospital."
"Everybody here does a good job."

Other evidence

We looked in depth at the care records for eight people with diverse needs receiving care and treatment across three wards. We saw the care records were updated regularly to reflect changing needs. Records were completed for each person regarding personal elements of care. For example, a person was asked if they had any pain, was comfortable, needed to change their position in bed, if they wanted a drink and whether the call bell was in reach. Records were individualised regarding care episodes carried out. We saw that preferences such as name, title and religion was not always clearly stated. Staff referred to one person in their records as 'the patient.' We saw that systems in place on one ward made sure that some of the care information staff required was kept at the person's bedside. This enabled staff to have immediate

access and refer to information as they carried out the care for the person concerned.

Staff told us that they had started to implement new care records. These records were due to be used throughout the trust following a trial period. Staff told us they considered the new documentation more robust and comprehensive. They said they were looking forward to using the new documentation.

Our judgement

The provider was meeting this standard.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

When we last inspected the hospital we identified minor concerns with this outcome. We judged that although people had access to a well balanced and nutritious diet not everyone received the support they required to eat. We felt this may have impacted on their health and wellbeing.

Everyone we spoke with during this inspection told us that they liked the meals. People said there was always a choice and that food arrived hot when it was supposed to be. People told us there was always a choice of hot and cold drinks and they were offered drinks at regular intervals. We also saw staff make people drinks upon request. One person had recently had to change their diet due to their illness and they told us that they had seen someone to talk about the implications of this. As a result they felt confident that they would be able to manage their condition when they went home.

We observed lunchtime across two wards and spoke with people about their experiences. Both wards operated a 'protected meal time' policy. This ensured that people's privacy was observed and that they had time to eat. We saw that people had the opportunity to wash their hands before eating. This meant that people could enjoy their meal time with the support that they required. The mealtime on both wards was calm and there was a quiet atmosphere making meal time more enjoyable and relaxing for people. During this time staff were able to dedicate time to supporting people with their food and as a result people had a positive experience and received their meals promptly. We overheard comments such as, "We will just go nice and steady." "I'm not rushing you, just take your time." We heard staff supporting people to make alternative choices when they did not want what they had ordered. One person was not feeling

well and staff had arranged to keep some food for them until later in the day.

Some people required special diets and these were seen to be catered for. People told us that they were aware of their special dietary requirements and they showed us information on the wall by their beds that reflected their needs. We observed one person who had a poor appetite. A member of staff was seen to assist them to eat and encouraged them to have something to help recovery. Alternative options were explored for those that could not manage the meal they had ordered. Staff made sure one recently admitted person received their specialist diet at the same time as everyone else on their ward.

A number of people had meal supplement drinks. One person was seen to be reminded by staff to drink theirs and they explained that it was because they were not eating their meals at the moment. Two people told us that they had drinks thickened. They were aware of the reason for this and accepted it. People needing a soft diet received food that looked appetising.

We observed that people were provided with healthy, well-presented meals in accordance with their dietary requirements and choice ensuring their nutritional needs were met. The staff reduced the risk of poor nutrition and dehydration by encouraging and supporting people to receive adequate intake of nutritious food and drink. Two people struggled to eat their meal that appeared overcooked, however staff immediately responded and people were offered an alternative meal.

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. Since our last inspection one ward has introduced a 'red jug' system to raise staff awareness of people who required assistance with their drinks. Screenings, such as scans, were arranged outside of meal times. If people had to go off the ward to another department or hospital, they were given a snack box and a hot meal would then be provided on their return.

Other evidence

The care records we viewed showed that assessments of nutritional status were conducted on admission. These were regularly reviewed and if necessary assistance was requested from dietary specialists. We saw people receiving the support they required to eat which was in line with the information written about them at their bedside.

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

When we last inspected the hospital we identified minor concerns with this outcome. We judged that people could be at risk of harm from abuse because information was not shared between staff at all levels so that allegations of abuse may not be managed appropriately by the proper authorities.

When we last inspected there were four people whose care and support was being investigated for institutional abuse in relation to one ward. Four other people were referred into the process for allegations of neglect, financial abuse and physical abuse. A further person declined to pursue their case. An extensive internal and external investigation was carried out in relation to all eight people and the overall outcome was partially substantiated. The trust fully supported the process which was concluded in March 2012. During and after the investigation the ward concerned has been subject to a high level of scrutiny. Feedback gained from a number of agencies and our inspection evidenced considerable improvement in the best interests of people using the service. Discussions with members of staff on the ward and members of the executive team indicated they were confident they could sustain improvement. One member of staff told us, "We are getting lots of positive feedback from patients, relatives, visitors and the executive team."

Since our last inspection a small number of people across the hospital have also been referred into local authority safeguarding processes. These have been reported appropriately and the trust has provided us with quarterly reports on all adult protection investigations and the outcomes.

During this inspection people told us that they felt safe and well looked after. People were seen to be relaxed in staff company. We saw staff monitoring people who were asleep or resting in a discreet manner so as not to disturb them. Only one person of the 36 people that we spoke with had received a poor outcome in relation to having to wait to be supported.

People said that staff were kind and attentive. One person told us, "Staff are very thoughtful, kind and understanding". We saw staff interact with people sensitively and respectfully and as a result people received good quality care.

We saw that records kept at the bedside of one ward made sure staff could refer to up-to-date information about the health of the person concerned. For example we saw details on the body map form of one person which identified five different skin irregularities such as fragile dry skin which posed a potential risk to their health. This made sure staff knew what care they needed to take to make sure the person concerned was safely looked after and not at risk of neglect. Records we saw showed that staff had sought advice from relevant professionals in order to keep people safe. People needing assistance with social care after discharge had received relevant information and assistance to support them at home.

Other evidence

Staff spoken with confirmed they had received training in relation to keeping people safe. They knew who the dedicated safeguarding lead was for the trust. They demonstrated a clear understanding of the different forms of abuse and knew the procedure to follow if they suspected abuse or had concerns about a colleagues practice. One member of staff stated, "The staff are given permission to report and question practice." Another said, "I wouldn't hesitate to report poor practice, it wouldn't faze me in the slightest."

Staff confirmed they had received training so they knew were aware of the processes that needed to be followed if a person's freedom needed to be restricted in their best interests. Not all staff had received training in the Mental Capacity Act. We were told the trust was rolling out training for staff to give them a greater understanding of supporting people who lacked capacity and their role and responsibilities.

Our judgement

The provider was meeting this standard.

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

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

When we last inspected the hospital we identified minor concerns with this outcome. We judged people were not always getting their care and support needs met in a timely manner due to the poor deployment of staff.

We received information from external partners in relation to one of the wards we previously visited, where staffing concerns had been previously identified and a number of people were subject to an adult protection investigation. People told us that they had noticed an increase in staffing levels thus providing better outcomes for people. The trust told us they had improved staffing levels and provided greater support to a ward manager, who had experienced significant challenges in addition to the ward being subject to external scrutiny. We noticed improved staffing and leadership during our inspection of the same ward. All of the staff we spoke with across the three wards we inspected considered there were sufficient staff on duty to meet the needs of the people in their care.

During this inspection the people we spoke with told us that the ward staff worked hard at their jobs. They were regularly described as being 'very kind', 'courteous' and 'professional.' Our observations supported these comments. Most of the people who spoke with us told us that they thought that there were enough staff on duty to meet people's needs. Most people said that requests for help and support were responded to promptly. People said that staff met their needs and they considered that this had contributed to a positive experience of being in hospital. One person told us, "They can't help you enough." Another person told us, "Staff are attentive. Care here is good".

One relative commented the staff were 'very good', and stated, "in fact I would go as far as to say that the majority of them are excellent."

One of the wards we visited was short staffed on our arrival. However, the professional attitude of the staff made sure people were cared for in a timely manner and ensured people had time to be included and valued in their care. This promoted their independence and self worth. Staff were knowledgeable about how to effectively support people. We saw people received a consistent standard of support from staff who understood their roles and responsibilities as qualified nurses and nursing assistants. We saw staffing levels had increased in the afternoons. We were told this enabled staff to provide more quality time with people in their care for example sitting and speaking with people, sharing newspapers and magazines or engaging people with hair or nail care. Staff told us that staffing levels, sickness and morale were much improved since our last inspection.

Another ward we visited had experienced significant changes in staffing both at ward level and management level. Discussions with staff evidenced the team were not functioning well and there were issues in relation to morale, leadership and structure. Staff told us staffing levels were excellent but acknowledged there was much work to do. They told us they were confident it was achievable and did not currently impact on the care provided. A meeting had been arranged with a member of the executive team to explore current concerns. Staff spoken with confirmed they received support from their managers and the executive team.

We looked in depth at staffing levels and rotas on two of the wards we visited. On the day of our inspection we found that both wards had the appropriate number and skill mix of staff according to their staffing complements and rota. Both wards had some short term sickness on the day we visited however, this was covered in part by the ward manager working as part of the staff complement. We looked at the staff rotas for the 10 days prior to our inspection and these showed the numbers and skill mix of staff was maintained.

Other areas of good practice we observed included a qualified member of staff working as a health care assistant to gain experience of the ward whilst waiting for their personal identification number. We also saw a member of staff on a phased return to work providing support for a confused person who was able to be supported to walk round the ward accompanied. This staff member was working in addition to the usual staff complement for the ward, therefore directly benefitting patient care.

Other evidence

We saw the trust had continued to use the NHS Institutes Safer Nursing Care Tool. This accurately predicts and enables resources to be identified to support nursing establishments based on the individual needs of people and the service. One ward manager reported that the use of this tool had improved staffing levels in the best interests of people using the service and ensured people were not neglected. Another staff member told us, "Trained staff are now hands on, back to basics rather than sat behind desks."

A staffing review undertaken in May 2011 resulted in additional nursing staff being employed across the trust. The review looked at efficiencies in ward staffing and a number of proposals are currently being considered. Records told us that both wards

were up to complement with no major issues in relation to vacant posts. We saw that bank staff were used, but not in large numbers or every day; there was little or no use of agency staff. This was reflected in discussions held with staff on duty. They reported a significant reduction in the use of agency staff provided continuity of care for people receiving a service.

Rotas also evidenced that bank staff were working alongside other staff. Both ward managers confirmed this was to enable them to gain experience of the hospital and ward in readiness for being used on the ward as part of a shift. Rotas showed the same bank staff had later been used to cover shifts on the rota. Both ward managers confirmed supernumerary bank staff cannot be and are not used to cover a gap in the rota.

Our judgement

The provider was meeting this standard.

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

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

When we last inspected the hospital we assessed the trust was compliant with this outcome. We judged the trust had systems in place to monitor and review the quality of the service provided to ensure people benefited from safe quality care and support.

Everyone that we spoke with told us that the nurses were always asking them if they were OK and if they were happy with everything. Two people referred particularly to the 'comfort rounds' as a good opportunity to talk with staff. They said that they were able to express their wishes and share their views about how they were feeling and what could be done to make them feel more comfortable. This enabled people to feel involved and listened to.

On the morning of our inspection we observed a ward manager to regularly walk about people's bedsides to make sure they were happy. We saw staff receive discreet professional guidance and direction from the ward manager to make sure people received their care and support in a timely and organised manner. We were told staff who were not performing to the required standard were being held accountable and their performance managed. A member of staff told us, "If we do something wrong, we put our hands up, learn from it and move on thus continually improving the care we deliver." Satisfaction audits were undertaken weekly. The audit for the month of April on one ward evidenced that 100% of people stated they were 'very satisfied' with the care they had received.

We saw letters of appreciation on the ward that has been subject to scrutiny since September 2011. Comments included, "What we experienced in the final month of our mother's life was a testimony to the excellent care that was provided. What impressed us was the care, respect, compassion and true vocation which was shown by the nursing and the health care staff."

People said that if they had any concerns or worries that they would speak with a nurse. They said that they would be confident to do this.

Information we saw at people's bedside confirmed people had been regularly involved in ward satisfaction surveys. This paperwork reflected people were generally satisfied and happy with the care they received. We saw one negative comment from a relative about their family member not being able to access their call bell. Information documented in the records told us staff had taken immediate action to put this right. We saw additional comments that the relative had been happy following this issue.

Other evidence

The Quality and Risk Profile (QRP) for the trust was examined. The QRP is a tool we use to gather information about an organisation. Information and comments from sources including patient experience and other agencies reflect concerns known over the last year to inspectors, the trust and the wider health community and that the trust has been dealing with.

We spoke with a member of the executive team about how they monitor the quality of the care and service provided. They provided a detailed account of the systems in place to monitor quality and drive improvement. We saw there was evidence of involvement at all levels in assessment and review of the needs of people using the service and staffing. We saw the trust had numerous audits in place to review and improve the experience of people using the service, which were regularly monitored and reviewed. The trust had a quality and safety committee that met monthly and also visited specific wards if they had concerns. Where we had received concerns in relation to patient care the trust had undertaken detailed ward reviews and provided us with reports and action plans based on their findings. We saw a quality improvement plan in place for one of the wards we inspected. This detailed the area for improvement, actions, expected outcomes, time frames, assurance processes in place and the progress to date.

The trust has demonstrated a commitment to improvement and continued to work with partners to include LINKs, PCT, Strategic Health Authority, Patient Advice and Liaison (PALs) services and the local authority. Since our last inspection one ward has been subject to a high degree of scrutiny in relation to poor care and staff practice. The trust undertook a detailed internal investigation in addition to assisting an external joint investigation. They have been open and transparent and taken on board recommendations for improvement. A number of external partners have also monitored the quality of service provision in relation to this ward. They have acknowledged improvements made in the best interests of people receiving care and treatment.

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of

service that people receive.

What is a review of compliance?

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

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

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

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

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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