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

Basildon University Hospital

Nethermayne, Basildon, SS16 5NL

Tel: 08451553111

Date of Inspections: 23 January 2013
                22 January 2013
                21 January 2013

Date of Publication: February 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

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<tr>
<td>Care and welfare of people who use services</td>
<td>Action needed</td>
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<td>Meeting nutritional needs</td>
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<tr>
<td>Safeguarding people who use services from abuse</td>
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<td>Management of medicines</td>
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## Details about this location

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<th>Registered Provider</th>
<th>Basildon and Thurrock University Hospitals NHS Foundation Trust</th>
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<td>Overview of the service</td>
<td>Basildon University Hospitals NHS Foundation Trust was one of the first 10 NHS foundation trusts in the country and is an associate teaching hospital. Providing an extensive range of acute medical services at Basildon University Hospital and Orsett Hospital, they primarily serve the 405,000 population of Basildon and Thurrock in South West Essex, plus some residents of the neighbouring districts of Brentwood (for whom they are the main provider of cardiology services) and Castle Point.</td>
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<tr>
<td>Type of service</td>
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<td>Regulated activities</td>
<td>Diagnostic and screening procedures</td>
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<td>Maternity and midwifery services</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Basildon University Hospital had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Meeting nutritional needs
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Management of medicines
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 January 2013, 22 January 2013 and 23 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us. We were accompanied by a pharmacist, reviewed information sent to us by commissioners of services, reviewed information sent to us by other regulators or the Department of Health and reviewed information sent to us by other authorities. We reviewed information sent to us by local groups of people in the community or voluntary sector, talked with other regulators or the Department of Health, talked with other authorities and talked with local groups of people in the community or voluntary sector. We were accompanied by a specialist advisor.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We conducted an inspection to see the actions Basildon Hospital had taken to become compliant with two warning notices and four compliance actions. We spoke with 76 patients, carers or family members. We also interviewed over 70 staff.

We saw marked improvements in the medical and nursing leadership practices within the paediatric department. Medical assessments were actioned in a timely manner and the paediatric department was being safely managed. Safeguarding practices, medicines management and complaints handling were satisfactory.
More work is required in infection control, assessment and risk management practices. There were not effective systems in place to identify, monitor and protect against identified risks at this time. Legionella practices were not inspected, as final reports were not due from key partner agencies until March 2013. This will be reviewed in the near future.

People who use the service we spoke with were positive about the quality of services. External partners such as Monitor, the foundation trust regulator and the Primary Care Trust / Clinical Commission Group supported the view given to CQC inspectors by the majority of staff of a changing culture focussed on patient safety driven by the new Chief Executive, Director of Nursing and the chairman of the board of directors.

Due to high mortality rates at Basildon Hospital, the Government made the decision on 6 February 2013 to investigate the trust in the near future.

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

**What we have told the provider to do**

We have asked the provider to send us a report by 06 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Monitor. We will check to make sure that action is taken to meet the essential standards.

We have taken enforcement action against Basildon University Hospital to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

**More information about the provider**

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔ Met this standard

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

Our judgement

The provider was meeting this standard.

People’s privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We visited seven wards, A&E, X-ray and outpatients department (OPD) and observed staff speaking with people in a sensitive and kind manner and that staff were careful in preserving patients’ privacy and dignity when asking about personal care matters. We found that overall patients liked the hospital and the new A&E department, although waiting times for a bed was sometimes too long. We saw that in general people’s privacy, dignity and independence were respected, although we noted that the haematology day unit was very cramped and the provider needs to consider further actions to improve this environment.

Information provision across the trust was adequate. We saw that the signs in the A&E reception area telling people what to do were all in English and on A4 paper and easily missed. There were even smaller signs telling parents that if they feel their child is deteriorating to contact staff. The provider may wish to consider reviewing this as the confusion and lack of signs in other languages means that a deteriorating child could be left in the main A&E waiting area, especially outside of the paediatric A&E opening times.

Despite high bed occupancy at times, no breaches of mixed sex accommodation were observed across the trust. This meant that people’s privacy, dignity and independence were considered at times of high demand.

The vast majority of people we spoke with understood the care and treatment choices available to them and felt involved in the decision making process. They told us that they were given appropriate information and support regarding their care or treatment. The trust’s audit of nursing care plans, carried out in October 2012, indicated an improved score of 84% of patients being involved in their care compared with 54% in November 2011.
Care and welfare of people who use services  

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

Our judgement

The provider was not meeting this standard.

Children's assessment practices require development to ensure care and treatment is planned and delivered in a way that ensures their safety and welfare at all times.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At our last inspection in November 2012, we had key concerns around delays in medical assessments by doctors and the lack of appropriate senior nursing and medical cover on the children's wards. As a result, a warning notice was served by the CQC on 14 November 2012. The provider was required to become compliant by 13 January 2013.

We saw that assessments of those children admitted to the paediatric assessment unit were being conducted in a timely way. Staff reported a marked improvement in timely medical assessment practices, especially out of hours and weekends. They said that significant improvements had been made since the last inspection regarding the numbers and skill mix of doctors available to the paediatric wards. There had been no significant delays in a doctor being called and responding to seeing a deteriorating child. We checked the incident log since November 2012 which also confirmed this.

Reports showed that the trust was closely monitoring assessment times both on the paediatric wards and in the A&E department and the number of breeches had reduced significantly. We found that over 90% of children had their medical assessment started by a doctor within 60 minutes which was a marked improvement on 64% in November 2012.

All parents we spoke with were unanimous in their praise for staff and the care that their children received. None of the parents, carers or patients we spoke with raised any concerns regarding waiting times, assessment practices or care provision at any time, including out of hours and weekends. This supported our findings that the provider had taken reasonable steps to address the delay in carrying out a medical assessment of the needs of the child.

We saw there had been significant recent changes at operational management levels to improve both medical and nursing leadership practices. There were increased numbers and visibility of consultants, senior nurse managers and senior house officers to support junior staff, including out of hours and weekends. The vast majority of staff spoken with said that the paediatric wards were now being safely managed. This was reflected in the positive scores in a recent paediatric survey in January 2013 and supported by the
findings of an external paediatric consultant who provided expert advice to Care Quality Commission (CQC) during the inspection.

We saw that paediatric areas were currently appropriately staffed in numbers and skill mix including out of hours provision. This was reflected in staff feeling well resourced and supported at this time. Staff said they were now confident that if they reported any concerns that action would be taken. We checked the incident log for November 2012 to January 2013 and could see that staff were reporting incidents and that appropriate actions were being taken.

Since the two serious paediatric incidents occurred in October 2012, and in response to concerns raised by CQC and other agencies, the trust had reduced the bed capacity in the paediatric unit from 39 to 23 to reduce pressure on staff and to safeguard children. Staff told us this was not causing much pressure on beds. We saw practice changes such as more active discharges, better use of community staff, and blood clinics started in out patient clinics. We found that these changes to the planning and delivery of care helped reduce the risk of inappropriate or unsafe care for children.

There was clear evidence that the CEO and Board of Directors (BOD) had taken appropriate action to address the concerns highlighted in the warning notice regarding paediatric services.

For children admitted to the children’s wards, observations and completion of the CEWT tool (children’s early warning tool) were carried out in accordance with the regularity prescribed by doctors. Where the regularity was not specified, observations were carried out in accordance with clinical need as assessed by the nurse. CEWT scores were recorded each time observations were completed.

Registration of children in the A&E department was not ideal as they had to queue with adults at times and following assessment out of hours, the children’s waiting area was not visible to staff. The A&E reception area was crowded at times and we saw sporadic and changeable A&E assessment practices in the front reception area. It was difficult to visualise all parts of the waiting area. This could mean that a deteriorating patient may not be noticed quickly which is a concern.

Children who attended as out patients for dermatology, orthopaedic and Ear Nose and Throat appointments were not seen in the dedicated paediatric out patient clinic. This was not good practice and is against NICE guidance.

Systems for those children presenting with complex and profound health care needs were currently unsatisfactory. The system does allow for direct access for assessment. However, quick reference information held on the assessment unit to facilitate a smooth transition from community to acute care around the child’s underlying condition, and any individualised management plans varied in standard.

In response to three recent complaints from the public, we also looked at end-of-life care planning and pain management practices. Whilst CQC did not find any significant issues, the director of nursing agreed to carry out an in-depth review of palliative / end-of-life care practices within the next two months and share the findings with CQC.
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The majority of patients we spoke with commented very positively about the choice and quality of meals provided for them. A number of patients said that there was a very good choice of meals each day. One patient commented, "There is a vast choice of food available." Another patient told us, "There is a very varied menu and for hospital food the quality is very good." Patients commented that staff were available to assist them where they needed help. This demonstrated that patients were provided with a choice of suitable and nutritious food and drink and supported at mealtimes where necessary.

We observed lunchtime on two wards: Elizabeth Fry and Pasteur. We saw that both these wards followed the trust's protected mealtime’s policy where all non-essential clinical activities were postponed during mealtimes. This helped to ensure that staff were available to support patients where required and that meals were served in a quiet and conducive atmosphere. People on both wards were supported by staff to eat and drink sufficient amounts to meet their needs.

From patients' records we looked at on Orsett, Horndon, Pasteur, Elsdon wards and the medical assessment unit, we saw that where required, food and fluid intake monitoring was commenced appropriately and records were completed to show how much food and fluids were consumed by the patient. Referrals were made to the dietician team and / or speech and language team for assessments and advice as appropriate. Care plans we saw were reviewed and updated regularly with any changes to the treatment and support that the patient required. Nutritional audit results showed improvements had been made in how patients were helped with food and fluid requirements. This shows that people were protected from the risks of inadequate nutrition and dehydration.

People had previously raised concerns about the lack of refreshments and food in the A&E and Medical Assessment Unit (MAU). Nursing staff on the MAU told us that patients were offered a drink and a sandwich when they arrived on the unit unless the patient's eating or drinking was restricted. They said that food was not always available on the unit and that this was an issue that had been raised and was being dealt with. We saw trolleys of refreshments in A&E available and offered when agreed as appropriate with the nurses. One diabetic patient said they had waited a long time in MAU to be offered food; all other comments from patients were favourable. On a number of occasions staff were observed specifically going to patients to encourage intake of fluids.
Safeguarding people who use services from abuse  ✔ Met this standard

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

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.

Reasons for our judgement

Our inspection of August 2012 found that practices for safeguarding children were not embedded trust wide. The provider wrote to us and told us of the actions they would take to ensure compliance, such as improved reporting systems to heighten awareness. The current overall training attendance for safeguarding was 80% across the trust, additional training was being provided in paediatrics due to gaps in attendances. Information on how to raise referrals were on display on notice boards on the wards. Both medical and clinical staff noted that the provider responded appropriately to allegations of abuse that had been raised with them. Staff told us that they understood protocols in place to raise a safeguarding referral. Staff reported that referrals needed to be raised with the local authority.

We spoke with one local authority's safeguarding adults lead who told us that communication had improved between the local authority and the trust, through the attendance at joint meetings. Social workers based in the hospital had reported that things had improved, there was no longer a 'blame culture' in terms of raising concerns and the trust's safeguarding adults lead had been proactive in addressing this. There was far more information sharing between the local authority and the trust as a result. For example, if the council had suspended placements at a care home in the Basildon area the trust were now made aware of this action.

Supervision for staff who work with children that had a child protection plan in place was variable and did not meet best practice guidance. Whilst the trust's safeguarding team ran regular supervision sessions for staff, it was up to the individual nurse as to whether they accessed that supervision as there was no minimum attendance requirement. This means that some staff working with children subject to a child protection plan may not receive any specialist supervision. The provider should review this to ensure staff receive the right level of support to ensure that vulnerable children receive the best care.

The director of nursing was the named executive safeguarding lead and confirmed that they saw all alerts raised. We saw that monthly reports including alerts about care practices at the hospital go to the clinical quality board. This shows that the trust is monitoring and acting on alerts raised, including those regarding its own practice.
Cleanliness and infection control

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

Our judgement

The provider was not meeting this standard.

People were not fully protected from the risk of infection because appropriate guidance had not always been followed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

In response to recent complaints from the public we looked at infection control practices at the trust. We saw that clinical areas were generally clean and tidy. During our visit we saw adequate numbers of cleaning staff on wards carrying out general cleaning duties and monitoring systems were in place to measure the standards of cleaning and the safe management of clinical waste. Patients we spoke with told us that they were very impressed with the level of cleanliness in the hospital.

There were 'spillage kits' on each of the wards we visited. These kits were used for dealing with spillages of bodily fluids and minimised the risk of the spread of infections. Ward staff were aware of the kits, where they were located and when they should be used. However, we spoke with three different staff on A&E and MAU and the disposing of or clearing of bodily fluids from surfaces such as floors was not consistent. Spillage kits were not seen to be in use on AMU or A&E and staff did not seem aware of their use. This could put staff and patients at risk and increase the risk of the spread of infection.

Equipment we saw on ward areas looked clean and the majority of equipment had labels with the date on when they had last been cleaned. However, on the paediatric wards, of the total equipment in the equipment room including syringe drivers, infusion pumps, enteral feeding pumps, breastfeeding pumps, at least half had not been cleaned prior to return to the store. There was no available evidence that they would be cleaned prior to its next use. This puts patients at risk and increases the risk of the spread of infection.

We raised issues about the lack of cubicles for isolation practices of young children with suspected infections on the paediatric wards. The trust had already recognised the poor environment and cramped facilities in parts of the paediatric department and recently initiated an external infection control audit on 15 January 2013 to measure the risks. There were acknowledged difficulties in achieving sufficient provision for effective isolation of patients with infections given the current lay out of the area. The chief executive and the board of directors were currently considering plans for refurbishment or reconfiguration of the paediatric wards to improve the environment.
All staff seen were properly attired and observing the bare-below-the-elbows rule. However, we saw two examples of different doctors examining a patient and not wash their hands or use cleansing gel. They then used the ward computer or moved on to another activity. This creates a risk of cross contamination.

When we visited the haematology infusion unit we found that the clinical hand washing basin which had been fitted did not meet the Department of Health's standards to minimise the risk of infection. The trust's system had failed to identify this at the development stage, after building and since the unit's opening on 26 October 2012. There had not yet been an infection control audit of the unit. This means that there were ineffective systems in place to reduce the risk and spread of infection.
Management of medicines

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

Met this standard

Our judgement

The provider was meeting this standard.

Patients were protected against the risks associated with medicines because the Trust had appropriate arrangements in place to safely manage them.

Reasons for our judgement

In November 2012 we had a moderate concern about Basildon University Hospital in relation to the management of medicines; the availability of medicines and the high number of medicines incidents reported. The provider wrote to us and told us of the actions they would take to ensure compliance, which included enhanced monitoring systems for availability of drugs and incident management.

We looked at the medicines storage and records on two paediatric wards, one medical ward and the chemotherapy day unit and reviewed information supplied to us by the trust. We found that medicines were kept safely. The stock levels of medicines on the paediatric wards had been reviewed and systems put in place to monitor the expiry dates of all medicines on the wards, including those that are used infrequently, and controlled drugs.

No out-of-date medicines were found during the inspection. Appropriate emergency drug packs were in date and there was evidence that they were regularly checked. The medicines management policy was in the process of being reviewed. This shows that medicines were handled appropriately.

Medicines were prescribed and given to people appropriately. We looked at the prescription and administration records in detail for five children on one paediatric ward and four people on one medical ward. There was a suitable document in use for the prescribing of medicines and for recording of the administration of medicines. Patients on Orsett, Elsdon, Horndon, Pasteur wards and the medical assessment unit told us that they received their medicines on time. Patients said that when their medicines were changed that the nurses or doctors explained the reasons for the changes to them. Patients told us that medicines were prescribed and given to them appropriately.

We were told that staff in the hospital carried out audits of medicine refrigerator temperatures, controlled drug records and the reconciliation of medicines. We saw written evidence to support this. Since our last inspection, the trust had commissioned an external expert review of their medicines management and pharmacy services, which reported that there was no immediate patient safety risks observed. Therefore, the trust could demonstrate that it was making appropriate arrangements for the safe handling of medicines.
**Staffing**

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

### Our judgement

The provider was meeting this standard.

Patients were supported by sufficient numbers of suitably qualified, skilled and experienced staff.

### Reasons for our judgement

Staff we spoke with on four adult wards and two paediatric wards told us that they felt the staffing levels and medical support available was sufficient and that they felt well supported by senior management. Staff told us that there had been improvements in recent months to the level of support available from senior managers and senior clinical staff. Some junior nurses told us that there were now always more senior staff to refer to for guidance and support and that this gave them greater confidence in their delivery of care and treatment to patients.

Staff on Orsett ward (cancer medicine) told us that recently an extra nurse was employed to cover night duty to facilitate the administration of a high number of medicines which required two nurses to check. Staff told us that this ensured that patients received their medicines appropriately without jeopardising nursing care on the ward. We were told on Elsdon ward (female surgery) that staffing levels had been reviewed and extra nursing staff were employed to support patients where needed. Staff on each of the wards we visited told us that they could request extra staff, if needed, due to increased workloads and the needs of patients. This shows that the trust was providing additional resources where patient needs were increasing.

We saw evidence that staffing levels and skill mix of staff, including the use of agency staff, were monitored. The director of nursing told us that issues had been raised on one ward area about poor morale and a high proportion of junior grade nursing staff. Following a meeting with staff extra support and training was provided and extra senior grade nursing staff were provided to give support and leadership. We saw evidence that this was being monitored closely at the time of our visit and shows that senior managers are listening to staff and reviewing practice where necessary.

Extra medical staff including consultants and registrar posts had been employed to ensure that there was a greater level of clinical support, particularly on the paediatric wards. Paediatric areas were currently appropriately staffed in numbers and skill mix, including out of hours provision. This was reflected in staff feeling that wards were well resourced and supported.

Patients we spoke with commented and complimented the staff for their dedication and hard work.
Supporting workers

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

In August 2012 we had moderate concerns that staff did not always receive appropriate training to ensure they had the competencies to deliver treatment to service users regularly. The provider wrote to us and told us of the actions they would take to ensure compliance, which included locum and agency staff being trained in the recognition and management of the deteriorating patient as part of the induction checking process.

Staff told us that they had received additional training and guidance around the use of observation tools for recognising the deteriorating patient and escalating concerns appropriately. They felt clinical practices had improved as a result of the trust’s focus in this area and this was confirmed to us by the trust’s internal audits and the observations we made during our visit. The trust had established a procedure to ensure that locum and agency staff were trained in the recognition and management of the deteriorating patient prior to working in a clinical area. These actions help to ensure that people are cared for by staff who were supported to deliver care and treatment safely.

Nursing and medical staff told us that improvements had been made to leadership and support mechanisms within the trust in recent months. They felt there was a positive change in culture where the reporting of concerns was received more proactively and positively. A number of staff gave examples where there had been learning from incidents within the hospital, such as improvements in medicines monitoring following two serious medication incidents.

Paediatric nursing staff felt well supported with training and achieving competency with clinical skills. However, there was no clear system in place to identify the ongoing level of training received and competency sign off process for each clinical skill. The provider may wish to consider a competency framework to fully evidence continual professional development in each specialised field.

A number of staff we spoke with said that there were opportunities available to them to develop their clinical skills to reflect the areas of care. Staff on Orsett ward told us that recent training provided by a local hospice around caring for terminally ill patients had been very useful in supporting patients and their families’ emotional needs.

We saw that 85% of staff had completed their mandatory training and 90% had received an appraisal as of December 2012. This shows ongoing support and supervision of staff.
Our judgement

The provider was not meeting this standard.

The current system in operation means that whilst there are improvements and an increased confidence in the provider towards continuous improvement in risk management practices, there are not effective systems in place to identify, monitor and protect against identified risks at this time.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

In November 2012, the trust did not have robust quality checking systems in place to manage risks to children who receive care. A warning notice was served by CQC on 14 November 2012. The provider was required to become compliant by 13 January 2013.

From discussions with the Chief Executive (CEO) recruited September 2012, board members, external partners and senior managers, it was clear that the senior executive team recognised the need to review the effectiveness of its current operating systems to ensure people were not at risk from inappropriate or unsafe care. External reviews around risk management practices were being commissioned and the senior leadership team were open and transparent regarding where improvements needed to be made and showed commitment that appropriate actions would be taken within reasonable time scales.

There had been significant change in the paediatric department to improve leadership practices and feedback from staff was that they felt supported and listened to. They told us that the paediatric wards were now being safely managed. This view was supported by an external paediatric expert who advised CQC at this inspection.

A recent medical and nursing paediatric staff survey January 2013 showed 90% felt quality of care had improved since the CQC visit in November 2012 and 100% stated they would report any incidents or safety concerns they had. We also saw improvements in checking systems and safe management of medicines practices across the trust. This shows the trust was providing resources to improve systems and manage risks in the paediatric department.

There was clear evidence that the CEO and Board of Directors (BOD) had taken
appropriate action to address the immediate concerns highlighted in the warning notice regarding paediatric services.

There has been ongoing non-compliance with CQC's regulatory requirements at the hospital since registration in 2010. We tracked an example where a significant risk had been identified as ongoing during a follow up external review by the cancer peer support team in May 2012. We found the risks had not been robustly reported and the action plans lacked detail, levels of accountability and did not include checks to show how effective the plans were in addressing the concerns, such as capacity management. This means that the trust was not having regard to appropriate expert advice within their risk management system.

In the paediatric department we found ineffective risk management practices such as incomplete risk registers, action plans not signed off or made clear as to who was accountable for ensuring actions were taken. Issues were not always reported robustly through the trust's governance processes. This view was supported by the findings of an external paediatric review 18 January 2013 which noted that paediatric services were unsupported by the senior management team within the division and the Trust for a long period of time. Poor practices and behaviours were left unchallenged. Lessons were not learned and staff morale was undermined. This review identified key operational, clinical safety and quality issues which were reported to the CEO. The CEO responded to this immediately and implemented an action plan to make improvements to paediatric services. The CEO has involved relevant partner agencies and a further review was taking place to consider how community paediatric services need to develop to support children's needs.

CQC had raised concerns regarding higher than average death rates in the trust since 2009. An external mortality review commissioned by the trust in July 2012 found evidence of poor and confusing governance arrangements, low levels of consultant engagement, poor understanding of the Trusts clinical strategy, poor clinical leadership, and an unhelpful clinical culture. On 11 September 2012, members of the Trust met with representatives from the PCT to review the report and provide a detailed action plan and evidence of on going actions taken to address the issues. For example: All consultants in the Division of Medicine and Emergency Care will commence 100 % reviews of mortality with immediate effect. We spoke with the PCT who confirmed ongoing liaison with the trust and monitoring of the action plans to improve patient outcomes.

Due to high mortality rates at Basildon Hospital, the Government made the decision on 6 February 2013 to investigate the trust in the near future.

The trust did not have a system in place to identify trends in incidents. We found 1300 incidents not closed. We looked at two incidents still open from 2011; one had been missed completely and not investigated at all. We looked at two recent serious incidents, it was not clear if specialist advisers had been consulted as part of the investigation. By failing to properly investigate incidents there is a significant risk that the trust was missing opportunities to identify common themes and put actions in place to reduce the risk of them recurring.

A PCT report 2013 noted: "Generally there was a real 'up-beat' feeling across most of the hospital, with staff working hard to deliver good care to their patients. Whilst some concerns were raised there were some excellent examples of vast improvement across the hospital." CQC spoke with over 70 people and the vast majority were positive about quality of services, and care provision. External partners such as Monitor, the foundation trust regulator, and the PCT supported the view given to CQC inspectors by the majority of
staff that we spoke with of a changing culture focussed on patient safety driven by the new CEO, director of nursing and BOD.

The current system in operation means that whilst improvements are evident and there is increased confidence in the provider to maintain improvements in risk management practices, there were not effective systems in place to identify, monitor and protect against identified risks at this time.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

In August 2012 we had minor concerns regarding the management and handling of complaints. The provider wrote to us and told us of the actions they would take to ensure compliance, which included monitoring response times and introducing e-learning for complaints management to heighten staff awareness.

We found that the wards and reception areas we observed had complaints information on display. However, some of the information was displayed high up on the wall and people using wheelchairs would not have been able to see this. The trust had recently introduced a new bedside communication system which allowed patients to input information on a television screen. There was a plan in place to allow patients to give feedback via the screen when they were due to be discharged from the hospital.

We saw that improvements had been made to patient information available in the bedside lockers; the booklet provided clear information about how to make a compliment or complaint and was available in different community languages and different formats. We were shown a leaflet that was in the final stage of development. The leaflet was in pictorial format to support people with a learning disability about how to raise a complaint. This means that people were made aware of the complaints system and it was provided in a format was accessible.

We reviewed the Complaints and Patient Experience Strategic Report (December 2012) which confirmed that for the month of December 2012, 100% of complaints had been dealt with in time. Since our inspection in August 2012, figures had improved on a monthly basis. Complaints e-learning became available in September 2012. Some staff we spoke with told us that they had been encouraged to complete this training although it was not currently mandatory. Staff told us that they discussed the learning from complaints at ward meetings to enable them to improve practice.

We reviewed a complaint. The concern related to the standard of care provided. We saw the complaint had been investigated thoroughly and the trust had upheld the concerns raised. The complaint had been investigated by a senior member of staff and the relevant staff had been interviewed. The complaint had been dealt with in the required timescale. People told us they would complain if they had a concern, although they were not all familiar with the process.
This section is primarily information for the provider

**Action we have told the provider to take**

**Compliance actions**

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

<table>
<thead>
<tr>
<th>Regulated activities</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td><strong>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</strong></td>
</tr>
<tr>
<td>Management of supply of blood and blood derived products</td>
<td><strong>Care and welfare of people who use services</strong></td>
</tr>
<tr>
<td>Maternity and midwifery services</td>
<td><strong>How the regulation was not being met:</strong></td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>Children's assessment practices require development to ensure care and treatment is planned and delivered in a way that ensures their safety and welfare at all times.</td>
</tr>
<tr>
<td>Termination of pregnancies</td>
<td></td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td></td>
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</tbody>
</table>

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<tr>
<th>Regulated activities</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td><strong>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</strong></td>
</tr>
<tr>
<td>Management of supply of blood and blood derived products</td>
<td><strong>Cleanliness and infection control</strong></td>
</tr>
<tr>
<td></td>
<td><strong>How the regulation was not being met:</strong></td>
</tr>
<tr>
<td></td>
<td>People were not fully protected from the risk of infection because appropriate guidance had not always been followed.</td>
</tr>
</tbody>
</table>
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 by 06 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
This section is primarily information for the provider

Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 13 August 2013

This action has been taken in relation to:

<table>
<thead>
<tr>
<th>Regulated activities</th>
<th>Regulation or section of the Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Management of supply of blood and blood derived products</td>
<td>Assessing and monitoring the quality of service provision</td>
</tr>
<tr>
<td>Maternity and midwifery services</td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>The current system in operation means that whilst there are improvements and an increased confidence in the provider towards continuous improvement in risk management practices, there are not effective systems in place to identify, monitor and protect against identified risks at this time.</td>
</tr>
<tr>
<td>Termination of pregnancies</td>
<td></td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
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</table>

For more information about the enforcement action we can take, please see our Enforcement policy on our website.
We are the regulator of health and social care in England.

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

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
### How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th>Judgement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>✓ Met this standard</strong></td>
<td>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</td>
</tr>
<tr>
<td><strong>✗ Action needed</strong></td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td><strong>✗ Enforcement action taken</strong></td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
</tr>
</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
### Glossary of terms we use in this report

#### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>20</td>
</tr>
</tbody>
</table>

#### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
**Glossary of terms we use in this report (continued)**

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.