# Review of compliance

**United Lincolnshire Hospitals NHS Trust**  
**Lincoln County Hospital**

<table>
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<tr>
<th>Region:</th>
<th>East Midlands</th>
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| **Location address:** | Lincoln County Hospital  
Greetwell Road  
Lincoln  
Lincolnshire |
| **Type of service:** | Acute Hospital |
| **Regulated activities provided:** | Treatment of disease, disorder or injury  
Surgical procedures  
Diagnostic and screening procedures  
Maternity and midwifery services  
Termination of pregnancy  
Family Planning |
| **Type of review:** | Responsive Review |
| **Date of site visit (where applicable):** | 10/06/2010 |
| **Name of site(s) visited (where applicable):** | Lincoln County Hospital |
| Date of publication: | 24/08/2010 |
### Information for the reader

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<th>Document purpose</th>
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<td>Author</td>
<td>Care Quality Commission</td>
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<td>Audience</td>
<td>The general public</td>
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### Care Quality Commission

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Introduction to our 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 that 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. This is called Guidance about compliance: Essential standards of quality and safety.

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

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

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

| Improvement actions | These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so. |
| Compliance actions | These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards, but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met. |
| Enforcement actions | These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people. |
How this report is presented

On page 5 below, there is a summary that shows whether the essential standards about quality and safety that were checked during this review of compliance are being met. The section on each outcome is set out in this way:

<table>
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<th>Outcome</th>
<th>Judgement</th>
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<tbody>
<tr>
<td>XX: The outcome number and title</td>
<td>Whether the service provider is compliant, or whether we have minor, moderate or major concerns about their compliance</td>
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</table>

Following the summary, there is a detailed section on the outcomes for each of the essential standards that we looked at. The evidence that we used when making our judgements for each one is set out in the following way:

**Outcome XX (number):**

**Outcome title**

Details of the outcome, taken from our *Guidance about compliance: Essential standards of quality and safety*.

**What we found for the Outcome**

**Our judgement**

Our judgement about whether the <service/provider> meets the outcome described in the *Guidance about compliance: Essential standards of quality and safety*, or whether there are minor, moderate, or major concerns in relation to compliance.

**Our findings**

A summary of the evidence and findings used to reach our judgement, related to regulated activities as appropriate.

At the end of the report you will find details of:

- Any improvement and/or compliance action(s) that the service provider should make to maintain or achieve compliance with the essential standards of quality and safety.
- Any formal enforcement action that we are taking against the service provider.
## Summary of findings for the essential standards of quality and safety

The table below shows the judgement that we reached for each of the essential standard outcomes that we reviewed.

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<th>Outcome</th>
<th>Judgement</th>
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<td>4: Care and welfare of people who use services</td>
<td>Compliant</td>
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<tr>
<td>7: Safeguarding people who use services from abuse</td>
<td>Moderate concern</td>
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<td>10: Safety and suitability of premises</td>
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<td>13: Staffing</td>
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<td>14: Supporting workers</td>
<td>Minor concern</td>
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Summary of key findings:

- In January 2010, United Lincolnshire Hospitals NHS Trust applied to the Care Quality Commission to be registered as a health care provider under the Health and Social Care Act 2008. We assessed the trusts application and found that the trust was not compliant with three of the essential standards of quality and safety.

- In May 2010 we received some information about the safety of patients who use services at the trust. This responsive review of compliance was triggered as a result of this information as well as the need to follow up on the improvement action undertaken by the trust.

- We carried out an unannounced visit to Lincoln County Hospital on 10th June 2010 and visited three wards as well as the general theatres recovery unit in order to directly observe the delivery of patient care, to talk to patients and their visitors/carers currently using services and to talk to both medical and nursing staff who work there.

- As well as a visit to the hospital we also reviewed information that the trust sent us to demonstrate the improvements they had made following their initial registration. We also asked other partners such as the lead commissioning Primary Care Trust, the Local Involvement Network and the Strategic Health Authority for information to support the trusts improvement action.

- During our direct observations of patient care we found that most of the time patients have their privacy and dignity respected and that care and treatment is provided by competent staff and people are safe.

- From talking to staff we found that there are systems to identify the action to take when a patient’s condition is deteriorating and staff understand how to use these. Medical staff are not under pressure to carry out surgical procedures that they are not competent to perform.

- We case tracked six patients and found that the quality of patient care planning is not consistent across all of the wards we reviewed but patients stated that their needs are met.

- We found that not all staff have access to supervision or appraisal but the trust has an action plan in place to address this. There is a good preceptorship programme in place for newly qualified nursing staff.

- We talked to staff about safeguarding vulnerable adults and found that not all staff were able to provide a clear response about the process to follow if they suspect a patient is being abused.
• We found that there are delays for some patients following surgery being transferred to a ward due to pressure on in patient beds.

• From our observations of care and through talking to staff we found that staff are very busy but there are sufficient numbers of staff on duty. We also observed that patient’s medication is not always administered in accordance with the hospitals policy and procedure.
What we found for each essential standard of quality and safety

The section below details the findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

Further detail about each of the outcomes described below can be found in the Guidance about compliance: Essential standards of quality and safety.

Outcome 1:
Respecting and involving people who use services

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.

Those acting on behalf of people who use services:
- Understand the care, treatment and support choices available to the people who use services.
- Can represent the views of the person using the service by expressing these on their behalf, and are involved appropriately in making decisions about their care, treatment and support.

This is because providers who comply with the regulations will:
- Recognise the diversity, values and human rights of people who use services.
- Uphold and maintain the privacy, dignity and independence of people who use services.
- Put people who use services at the centre of their care, treatment and support by enabling them to make decisions.
- Provide information that supports people who use services, or others acting on their behalf, to make decisions about their care, treatment and support.
- Support people who use services, or others acting on their behalf, to understand the care, treatment and support provided.
- Enable people who use services to care for themselves where this is possible.
- Encourage and enable people who use services to be involved in how the service is run.
- Encourage and enable people who use services to be an active part of their community in appropriate settings.
What we found for Outcome 1

Our judgement

There are minor concerns with Outcome 1: Respecting and involving people who use services

Our findings

In all of the areas that we visited we observed staff treating patients with dignity and respect. Patients told us “the staff are fantastic, really polite and kind;” “staff are good at maintaining privacy and dignity and have a professional approach.” In the operating theatre recovery area we saw the nurses treating patients who were still under general anaesthetic with dignity and respect. All of the areas of the hospital that we reviewed had separate facilities for male and female patients, including a separate recovery area in the general theatre suite. On one of the wards a member of staff raised a concern that there is no where to take patients and/or their relatives for a private conversation. We did see one female patient being measured by a nurse for stockings to prevent blood clots forming and the curtains were not drawn around her bed.

We observed a team of doctors and a nurse carrying out a ward round. The doctors did not speak to the patient until the patient spoke up and asked them to include her. The patient was then included in the conversation and we observed the doctor using good interpersonal skills. It was evident that the patient had understood what the doctor had talked about. We observed another member of the multi disciplinary team going to check patient’s medication who did not introduce herself despite being around the patient’s bed area. One nurse said “we always make sure that patients are clear about their treatment and understand what the doctors have told them.” A patient said “they (the doctors and nurses) have told me all about my medication.” Another patient told us “the physiotherapists have given me good information.”

The trust has an action plan in place to respond to the findings of the latest National Patient Survey. All directorates now have patient information leads and the clinical teams have been asked to reflect on and review their practice in order to ensure patients are informed about their care and treatment. The trust has asked the Patients’ Council to undertake surveys of patients to check that their actions have improved the outcomes for people.

We talked to two patients who had a learning disability and were supported by their carers. The carers told us “sometimes staff talk to me (the carer) first rather than the patient.” One carer told us that staff did not always understand the needs of the patient. We witnessed a nurse asking to see a patients file during a ward hand over and asking for the bed number rather than the patients name.

We observed a patient and doctor interaction where the patient expressed her choice to not have a series of investigations that the doctor had suggested. The doctor acknowledged her right to refuse. We did not see evidence that care plans had been written in conjunction with the patient.

We saw evidence that patients have to wait for longer than would normally be expected in the theatre recovery area following their surgical procedure. The nursing staff told us that
this is an ongoing issue and is a regular occurrence. On the day of the review, a female patient who was ready to be transferred to the ward was left waiting in recovery for over an hour as there was no bed available for her. We saw evidence that on some occasions patients have been waiting up to four hours for a bed following their surgery. There are no patient toilets in the recovery area so patients are required to use a bed pan. Patients have to lie on a theatre recovery trolley which is much narrower than a hospital bed. The nurses told us that it can be difficult to make the patient comfortable on the trolley. Despite these difficulties, we observed the nursing staff to be caring and respectful towards the patients in recovery and we witnessed them keeping the patient informed about what was happening to them.

Staff were observed to wear name badges but on some occasions these were not visible due to being tucked into pockets. We observed the different uniforms worn by staff and noted that the staff nurses wore different epaulettes which made them difficult to identify. One patient said “I don’t know who the doctors are.”

The patient care areas all have nurse call systems in place. We observed the nurse call bell being answered by nursing staff, and on one occasion it took two minutes for the nurses to respond. Patients said “the nurses are very busy and it can take up to five minutes for them to answer the buzzer.” One patient said “I fell in the toilet but they (the nurses) came to me very quickly.” We were told that the response times for responding to call bells forms part of the ward clinical audit and matrons are monitoring the results.

We contacted the Local Involvement Network (LINk) to ascertain if they had any intelligence about the care and treatment of patients at Lincoln County Hospital that they wanted to share with us. Although they did not have any information at this present time, they will be publishing their findings of a report based on the views of Lincolnshire residents regarding health services in the near future. This report will be shared with us.

Outcome 4:
Care and welfare of people who use services

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

This is because providers who comply with the regulations will:
- Reduce the risk of people receiving unsafe or inappropriate care treatment and support by:
  - assessing the needs of people who use services
  - planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met
  - taking account of published research and guidance
  - making reasonable adjustments to reflect people’s needs, values and diversity
  - having arrangements for dealing with foreseeable emergencies.

What we found for Outcome 4
Our judgement

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

Our findings

We spoke to a number of medical consultants from different specialities. All of the consultants stated that care and treatment are delivered so that people are kept safe. The surgeons are involved in the formation of the operating theatre schedules and they take account of the competency of the surgeon. All consultants stated that junior doctors are never left to work unsupervised in theatre and that they themselves are never put under pressure to compromise patient safety in order to meet national targets. We spoke to an associate specialist grade doctor who carried out unsupervised surgical procedures. He told us that he was never asked to perform an operation that he was not competent to undertake and he had very good support and supervision from his consultant surgeon. All consultants stated they liked working for United Lincolnshire Hospitals NHS Trusts and three doctors said “it is no worse or any better at this trust than at other trusts across the country.” Several consultants told us that although the executive management team had to be concerned about financial pressures and meeting national targets; patient safety was always the trusts foremost priority. We also spoke with some theatre staff and they did not voice any concerns that patients were being operated on by doctors that were not fully competent to carry out the procedure. It was felt by all theatre staff, including the medical staff that the hospitals general theatres were under a great deal of pressure and the number of patients that they cared for each day had increased significantly. One nurse stated that even though they are very busy and staff get tired, patients get the very best care they can. There was evidence of good team working amongst all theatre staff and we saw evidence that staff worked hard to accommodate the increased demand whilst ensuring that patient outcomes were not compromised. Prior to carrying out this review the Care Quality Commission received some information that suggested patient safety was being compromised at the trust because surgeons were performing procedures they were not competent to carry out. We did not find evidence to support this concern during our review of Lincoln County Hospital.

The hospital uses a system they call “track and trigger” which is a process for the staff to follow if a patient’s condition is worsening. The nurses score certain factors such as breathing rate and blood pressure and depending on the score they take various actions such as requesting an urgent review by the doctor. There is also a critical care outreach team who can be called upon to help assess and treat the patient. We interviewed a number of nursing staff and they were all aware of the track and trigger system and how to use it. A bank health care support worker reported she had received training in her induction on the system and felt competent to use it. Nurses on the wards said “I am confident to raise concerns about patients’ treatment and care with the medical staff;” “there are good relationships between the doctors and nurses and we can discuss patients care with them.” A ward round was observed with a team of doctors and one nurse. The nurse did not appear to be wholly included in the discussions they were having about a patients care and treatment.

We saw moving and handling equipment on all of the wards but were told by the nurses on
one of the wards that there are not enough specialist pressure relieving beds. As a result of this some patients don’t always get the bed that they need but it was not having a negative impact on patient outcomes. We spoke to the chief nurse about this and she told us that the trust has a 24 hour a day, seven day a week rental contract in place for pressure relieving mattresses. In addition all of the standard hospital mattresses have some pressure relieving properties. The senior nurses told us they will remind staff of how to access the rental products but each ward does have a flow chart in place to inform them of the process.

We reviewed a selection of patient care records on three wards in the hospital and found that the quality of care plans varied. On Shuttleworth ward all of the patient care records we reviewed had care plans and risk assessments for issues such as nutritional needs in place. We found that the nursing evaluation was crossed referenced with the patients care plan.

On Panton ward, two sets of records were reviewed. Both of the patients had care plans in place but these were not personalised to the individual needs of the patient. In both cases there was no plan of care for hygiene needs. There have been improvements to the quality of care planning on this ward in recent months and we saw evidence of some of the initiatives that have put into place to support staff and improve the quality of care in general. Weekly record audits take place to monitor the standard of care planning and record keeping, staff training sessions have been held and the ward has a standard operating procedure for documentation. From talking to patients and our observations of patient care we did not find evidence that the quality of the care plans was having a negative impact on patient outcomes. There is a new nurse leader on Panton ward and many changes to the way this ward is managed have been implemented. Staff spoke positively about the changes and stated that “we have good team work on this ward and patients receive good quality care.”

The clinical nurse specialist provided us with evidence that the nursing staff on the care of the elderly wards now have a training and development course in place which is designed for nursing staff to develop their competencies in caring for patients with complex needs.

Outcome 6:
Cooperating with other providers

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

This is because providers who comply with the regulations will:
- Cooperate with others involved in the care, treatment and support of a person who uses services when the provider responsibility is shared or transferred to one or more services, individuals, teams or agencies.
- Share information in a confidential manner with all relevant services, individuals, teams or agencies to enable the care, treatment and support needs of people who uses services to be met.
- Work with other services, individuals, teams or agencies to respond to emergency situations.
- Support people who use services to access other health and social care services they need.
What we found for Outcome 6

Our judgement

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

Our findings

The specialist nurse for older people told us that there is a genuine focus on discharge planning for patients and patients have care plans in place that address their discharge needs. Ward staff told us that discharge planning starts on admission and the nursing staff are very aware of the need to talk to patients about their social circumstances in order to assess their needs for going home. All of the nursing staff we talked to were aware that effective discharge planning was very important for creating good outcomes for patients. We looked at several sets of patient care records during our review and found that evidence of discharge planning being recorded in care plans was variable. For example, one patient had a clear audit trail in his records for how discharge was being planned. We also saw the care records of a patient about to be discharged who did not have any care plan in place even though the patient had some social needs. Despite this, staff had recognised her needs and the absence of the care plan had not resulted in a negative impact on the outcome for this patient.

Lincoln County hospital is a very busy hospital and there is often pressure for beds so we asked nursing staff if they felt under pressure to discharge patients that were not in their opinion fit to be discharged. None of the nurses we spoke to felt pressured to do this but they did comment that they see an increasing amount of inappropriate admissions to their wards that are often due to social problems. We did not find that all nurses were clear about the range of services provided in the community to support patients on discharge but did not find any evidence that this was having a negative impact on outcomes for people.

We found that record keeping, particularly the standard of care planning varied from ward to ward. On one of the wards the staff said it would be helpful if the hospital had a generic record keeping system as they don’t always receive clear notes or records when patients are transferred to them from other areas/wards.

Patients told us that they knew who to contact about their care needs and what to do if their needs were not being met. All of the patients we spoke to knew how to make a complaint. We did not hear any patients talk about the role of the hospitals Patient Advice and Liaison Service and did not notice any information about this being displayed on the wards. Patients told us that they did not have an identified nurse but we observed many positive interactions between staff and patients.

We observed a nursing handover between shifts. Information was shared about the patients on the ward and their condition and care needs. Staff told us that the communication they received when they commenced their shift was sufficient. A bank health care support worker told us that she always received a hand over from the nursing
Outcome 7: 
Safeguarding people who use services from abuse

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

This is because providers who comply with the regulations will:
- Take action to identify and prevent abuse from happening in a service.
- Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
- Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.
- Make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.
- Only use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people who use services.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.
- Protect others from the negative effect of any behaviour by people who use services.
- Where applicable, only use Deprivation of Liberty Safeguards when it is in the best interests of the person who uses the service and in accordance with the Mental Capacity Act 2005.

What we found for Outcome 7

Our judgement

There are moderate concerns with Outcome 7: Safeguarding people who use services from abuse

Our findings

The Chief Nurse told us that the trust is a key partner on the Lincolnshire Safeguarding Adults Board. There is a trust wide policy in place for safeguarding adults and is available to all staff via the trusts safeguarding web site. All staff have access to adult safeguarding training through an e learning module and in addition, adult safeguarding is part of the trust induction and preceptorship programme. A training matrix for adult safeguarding has been developed and the trust will be monitoring uptake and compliance against this. The trust is
aware that not all staff have received training and is working to address this. During the course of our review, we asked nursing staff if they were aware of the trusts safeguarding vulnerable adult policies and procedures and what they understood by the term safeguarding vulnerable adults. Although some staff had a basic awareness, not all staff were able to provide us with a clear response about the process to follow if they suspected abuse. Most of the staff said they would report any concerns that they had about a patient being harmed to the nurse in charge.

We asked both nursing and medical staff if they felt able to raise concerns about the care and treatment given to patients whilst they were in hospital. All staff, including a bank nurse, said they felt able to do this and that they felt sure they would be listened to. A number of staff said that the trust takes patient safety very seriously.

Since April 2010, The Care Quality Commission has been made aware of three safeguarding vulnerable adult referrals that involve patients being discharged from hospital with pressure ulcers. These incidents did not relate to the location we reviewed but from one of the other locations in the trust. We looked at patient care records on the wards we reviewed and found evidence of pressure ulcer risk assessment and subsequent care planning in place.

We did not ask staff about their awareness of the policies and procedures in place for safeguarding children. Evidence from a recent joint Ofsted and Care Quality Commission report into the safeguarding and looked after children services in Lincolnshire states that the overall effectiveness of safeguarding services is outstanding.
Outcome 9: Management of medicines

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

This is because providers who comply with the regulations will:
- Handle medicines safely, securely and appropriately.
- Ensure that medicines are prescribed and given by people safely.
- Follow published guidance about how to use medicines safely.

What we found for Outcome 9

Our judgement

There are minor concerns with Outcome 9: Management of medicines

Our findings

Patients told us that in most cases they had been informed about the medication they were taking. We observed a nurse discussing medication with a patient who was being discharged, explaining how and when to take her tablets. Staff told us that they make sure patients understand what the doctors have told them about their treatment.

During the course of our review of the hospital we saw several instances of patient medication being left at the bed side. In one case we saw a patient not being able to reach her water to take her medication but a ward domestic helped her. One patient was left her medication on her bedside table but was not given the assistance to sit in an upright position that she required.

One of the deputy chief nurses for the trust told us that they are aware that the management of medicines is an issue in some clinical areas and have been working with staff to address this. There is an additional programme of development for staff to work through. The trust provided us with a copy of an action plan they are in the process of implementing in order to improve medication administration for the planned care directorate. There are also mechanisms in place through clinical care audits to monitor improvements in practice. The trusts preceptorship programme includes assessing competencies around medicines management.
Outcome 10: Safety and suitability of premises

People who use services:
- Are in safe, accessible surroundings that promote their wellbeing.

This is because providers who comply with the regulations will:
- Make sure that people who use services, staff and others know they are protected against the risks of unsafe or unsuitable premises by:
  - the design and layout of the premises being suitable for carrying out the regulated activity
  - appropriate measures being in place to ensure the security of the premises
  - the premises and any grounds being adequately maintained
  - compliance with any legal requirements relating to the premises
- Take account of any relevant design, technical and operational standards and manage all risks in relation to the premises.

What we found for Outcome 10

Our judgement

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

Our findings

The nursing staff told us that there was a process in place to report any maintenance issues to the facilities department. On one of the wards we found that a number of minor maintenance problems were outstanding and the ward sister stated that further phone calls to the facilities departments were required. Ward staff on another ward told us that they usually found that any problems were resolved reasonably quickly. Staff said that maintenance issues could be problematic out of hours due to a reduced service but on one of the wards a nurse described a recent event where a quick out of hours response was provided.

We noted that the floor on Alexandra ward was in very poor condition and was made safe by gaffe tape. We were told by a nurse that a risk assessment had been completed and there was a plan in place to replace the floor.
Outcome 13: Staffing

People who use services:
- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

This is because providers who comply with the regulations will:
- Make sure that there are sufficient staff with the right knowledge, experience, qualifications and skills to support people.

What we found for Outcome 13

Our judgement
The provider is compliant with Outcome 13: Staffing

Our findings
Lincoln hospital is a busy district general hospital and most days it runs at full capacity. The pressure on beds is a constant challenge for staff. All of the areas we visited we found that staff were busy and whilst there are times when the hospital is short of staff, we did not see any evidence that there was not a sufficient number of staff with the right competencies to meet the needs of the patients. Staff told us that if the dependency level of patients is very high on the wards the senior nurse on duty would be informed and a risk assessment would be completed. Staff stated that in most cases, requests for extra staff are always sanctioned.

The medical staff told us that in some specialities they were under pressure due to shortages of staff but the clinical director and the acting chief executive were supportive of the need to recruit consultant medical staff and this is now in progress.

Both nursing and medical staff spoke with compassion and empathy about their role and it was apparent that staff enjoy their work and are committed to enabling patients to achieve good outcomes. Staff made comments that “we give them (patients) the best care we can;” “I like working here, we have good team and I like looking after the patients;” “we (doctors) work as a team.”
Outcome 14: Supporting workers

People who use services:
- Are safe and their health and welfare needs are met by competent staff.

This is because providers who comply with the regulations will:
- Ensure that staff are properly supported to provide care and treatment to people who use services.
- Ensure that staff are properly trained, supervised and appraised.
- Enable staff to acquire further skills and qualifications that are relevant to the work they undertake.

What we found for Outcome 14

Our judgement

There are minor concerns with Outcome 14: Supporting workers

Our findings

Staff told us they like working at Lincoln County Hospital and that it is a good place to work. Most staff said they work in good teams and nurses feel confident to challenge and work with the medical staff and other members of the multi disciplinary team.

With the exception of one nurse specialist, none of the nurses we talked to had access to individual supervision with their line manager and many had never had an appraisal. The trust is aware of this and they have an action plan in place which they aim to have implemented by October 2010. Appraisal training for staff is now in place and performance will be monitored to ensure compliance with the action plan. Medical staff told us they were receiving supervision and appraisal in line with the requirements of the General Medical Council (GMC). One nurse who had recently undergone the trust preceptorship programme told us that she had received progress interviews and will have six monthly appraisals.

Most staff had the opportunity to attend ward team meetings. Staff are encouraged to attend team meetings and notes are recorded. Most of the nursing and medical staff we spoke to said they could talk to their line manager about any aspect of their role but one nurse who had worked a number of difficult shifts of late told us she felt very unsupported as had been denied the opportunity to talk with her line manager. One nurse told us that had been a recent incident on one of the wards where staff had struggled to care for a patient in the night that was aggressive. The nurse told us that the staff concerned would have benefited from some support and de briefing around this incident.
Bank and agency nurses are used throughout the hospital. We spoke to a bank health care support worker who had undergone an induction process. She told us that she was not aware of any opportunities for bank staff to undertake further training and development and she did not have access to supervision or an appraisal so she was unsure who was monitoring her progress. Although the induction process was helpful, she commented she would have benefited from more ongoing support and training and development. The trust has an action plan in place to address issues of appraisal and supervision but there is no reference to bank nurses within this plan. The trust has a preceptorship scheme in place for newly qualified nurses. One nurse said who had completed the programme said it was “very good with lots of information given.” One nurse who was undertaking her preceptorship told us she was very well supported. Other nurses who were not undergoing preceptorship told us that they get support from the ward sister. One nurse said “staff know they can come to the ward sister if they need to.”

Many of the comments made to us by staff reflected the findings of the 2009 staff survey. The trust has already developed an action plan to address these areas and we did find evidence that some improvements have been made.

Patients told us that most of the time their needs were met during their stay in hospital and no patient expressed any concern to us that staff did not feel competent to carry out their role. Many patients praised the care they had received during their hospital admission. One patient stated “the care on this ward (Panton ward) is a lot better since my last admission several months ago.” One patient said that the care on Panton ward “is the best experience of care I have had.” Several nursing staff told us that they would like further training to help them care for patients with specific needs such as dementia. We saw evidence of a new training package being delivered to nurses on the care of the elderly wards. This eight week programme of training is designed to give nurses further development in key areas that are very specific to caring for older people.

Concerns were raised by medical staff that the trust has different disciplinary procedures for medical staff and that there is a perception that the trust is more likely to take formal disciplinary action with non medical staff than they do with medical staff. The trust has a “disciplinary procedure” dated June 2009 as well as “the conduct, capability, ill health and appeals policies and procedures for practitioners,” dated 2006 (the term practitioner is defined as medical and dental staff). This latter policy does demonstrate that there are different processes in place for medical and dental staff.
Compliance actions

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

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures, termination of pregnancy.</td>
<td>17</td>
<td>1 Respecting and involving people who use services</td>
</tr>
<tr>
<td><strong>How the regulation is not being met</strong></td>
<td><strong>The outcome for people that should be achieved</strong></td>
<td></td>
</tr>
<tr>
<td>• There is no where on Panton ward to take patients and or their relatives to have a private conversation.</td>
<td>People who use services:</td>
<td></td>
</tr>
<tr>
<td>• Staff are not always introducing themselves to the patients.</td>
<td>• Have their privacy, dignity and independence respected.</td>
<td></td>
</tr>
<tr>
<td>• The needs of patients who have a learning disability were not fully understood by staff.</td>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td>• Patients’ dignity is being compromised due to excessive amounts of time being cared for in the theatre recovery area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff are not always clearly identifiable to patients due to not clearly displaying name badges.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures, termination of pregnancy.</td>
<td>11</td>
<td>7 Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td><strong>How the regulation is not being met</strong></td>
<td><strong>The outcome for people that should be achieved</strong></td>
<td></td>
</tr>
<tr>
<td>• Not all staff were able to provide a clear response about the process to follow if they suspect a patient is being abused.</td>
<td>People who use services:</td>
<td></td>
</tr>
<tr>
<td>• Not all staff have received training on the protection of vulnerable adults.</td>
<td>• Are protected from abuse, or the risk of abuse and their human rights are respected and upheld.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>9 Management of medicines</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td><strong>How the regulation is not being met</strong></td>
<td><strong>The outcome for people that should be achieved</strong></td>
<td></td>
</tr>
<tr>
<td>• Patients’ medication is being left at the bedside and patients are not always given the assistance they require to take it.</td>
<td>People who use services:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Will have their medicines at the times they need them, and in a safe way.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23</th>
<th>14 Supporting workers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How the regulation is not being met</strong></td>
<td><strong>The outcome for people that should be achieved</strong></td>
</tr>
<tr>
<td>• Not all staff have individual supervision with their line manager or an appraisal.</td>
<td>People who use services:</td>
</tr>
<tr>
<td>• Bank nursing staff are not clear about the opportunities for further training and development, appraisal and supervision.</td>
<td>• Are safe and their health and welfare needs are met by competent staff.</td>
</tr>
</tbody>
</table>

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.