Care Quality Commission

Review of compliance

United Lincolnshire Hospital NHS Trust Pilgrim Hospital	
Region:	East Midlands
Location address:	Pilgrim Hospital Sibsey Road Boston Lincolnshire PE21 9QS
Type of service:	Acute Hospital
Publication date:	May 2011
Overview of the service:	United Lincolnshire Hospitals NHS Trust provides services to people across the county of Lincolnshire. The trust has three main hospitals as well as four other hospitals where it provides some services. Pilgrim Hospital serves south and south east Lincolnshire. It provides all major specialties such as maternity care, cancer services, intensive care and a 24-hour major accident and emergency service. The trust is registered to provide the following

	regulated activities: Treatment of disease, disorder or injury, Diagnostics and screening procedures, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Maternity and midwifery services, Termination of pregnancies.

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

What we found overall

We found that Pilgrim Hospital was not meeting one or more essential standards. We have taken enforcement action against the provider to protect the safety and welfare of people who use this service.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, and carried out two separate visits over three days on 7, 20 and 21 February 2011. We observed how people were being cared for, and talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

What people told us

We spoke with people who were using the service in different specialities in the hospital. People told us that their privacy and dignity were maintained by staff. For example, people told us that the staff close their bed areas curtains when they deliver care and they keep them covered with blankets when they are not fully clothed. People also said that staff had introduced themselves and referred to them in an appropriate manner. During our site visits to the hospital however, we did not always find that people were being treated with dignity and respect.

Adults who had undergone surgery told us they had received clear explanations, including the risks and benefits of the intervention before being asked to sign a

consent form. We did not always find that people had received explanations about their care and treatment and decisions were being made without being discussed with them and/or their relatives.

People being cared for at the hospital described differing experiences but the majority of people told us they were happy with the care they had received in the hospital. During our site visits to the hospital we found that people were not always being protected against the risks of receiving care or treatment that is inappropriate or unsafe because their care and treatment was not planned.

People have a wide choice of menu in the hospital and their religious and cultural requirements are provided for. One person said “the food is good and it’s much improved from what it used to be.” We observed lunch being served on three wards and saw a lack of support being offered to service users to enable them to eat and drink sufficient amounts for their needs.

Some people using the service did not feel that there was good communication between their GP and the hospital. Other agencies, such as the local doctors and some care home managers agreed with this and would like the hospital to improve.

People using the service told us that the hospital was clean most of the time and most people thought that the staff had the right equipment to do their job. During our site visits we observed some unclean bathrooms and the women’s unit was in a poor state of repair. People told us they were generally comfortable in the hospital but some women told us their wards were draughty, noisy and in a poor state of repair.

In most cases, people using the service told us they had been given their medication on time and when they needed it. Some people using the service told us that the staff appeared busy; one person said “the staff are always so busy and I don’t think there are enough of them sometimes so I don’t like to bother them.”

We found that not all people using the service were aware of how to make a complaint and during our observations we did not find it easy to locate information about how people could raise a concern or a compliment about their care and treatment. Some people also told us that the hospital did not always investigate their complaints thoroughly enough and in a timely way.

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

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People using the service do not always have their privacy, dignity and independence respected and are not always involved in their care planning. There are occasions when people are not given sufficient information about their care and treatment, including when do not resuscitate decisions are made.

- Overall, we found that improvements were needed for this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

There are arrangements are in place for obtaining consent and people are able to give informed consent.

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- Overall, we found that Pilgrim Hospital was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

Care and treatment is not planned and delivered in such a way as to meet the service user's individual needs and ensure the welfare and safety of the service user.

- We have taken enforcement action against the provider for this essential standard to protect the safety and welfare of people who use this service.

Outcome 5: Food and drink should meet people's individual dietary needs

People who use the service are not being protected from the risks of inadequate nutrition and dehydration.

- We have taken enforcement action against the provider for this essential standard to protect the safety and welfare of people who use this service.

Outcome 6: People should get safe and coordinated care when they move between different services

People are not always receiving safe and coordinated care, treatment and support when more than one provider of care is involved, or they are moved between services.

- Overall, we found that improvements were needed for this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights
People are usually protected from abuse but some are at risk of their human rights not being respected and upheld because not all staff have a good understanding of the rights of people under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

- Overall, we found that improvements were needed for this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection
There are systems in place to protect people from the risks of acquiring an infection but we found that some areas of the hospital were not sufficiently clean.

- Overall, we found that improvements were needed for this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way
Medicines are usually handled safely and securely but not all people received information about their medicines.

- Overall, we found that Pilgrim Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare
The hospital takes steps to ensure people are protected against the risks of unsafe or unsuitable premises but the women's unit is not adequately maintained and does not promote well being for the people who use the service.

- Overall, we found that improvements were needed for this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment
People who use services benefit from safe, suitable equipment that is well maintained and there are arrangements in place to ensure that it is used correctly. There are some occasions when the quantities of equipment are insufficient.

- Overall, we found that Pilgrim Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job
The hospital has effective recruitment procedures in place to ensure that staff are fit, appropriately qualified and physically and mentally able to do their job.

- Overall, we found that Pilgrim Hospital was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs
People using the service are not always having their needs met by sufficient numbers of appropriate staff.

- Overall, we found that improvements were needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills
Not all staff are properly supported to provide care and treatment to people who use services because they are not consistently receiving supervision and appraisal.

- Overall, we found that improvements were needed for this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care
The systems to monitor the quality of services are not sufficiently able to ensure that risks to people are managed. The trust does not always fully investigate incidents, complaints and near misses to enable the service to improve.

- Overall, we found that improvements were needed for this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly
The trust has systems in place to deal with complaints but not all people using the service or the staff working in the hospital are aware of how to use it. People do not always receive a response to their complaint within the set timescales and investigations are not always sufficiently thorough.

- Overall, we found that improvements were needed for this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential
Records are stored in a secure and accessible way that allows them to be located quickly, but there are occasions when people's confidential information is not accurate, fit for purpose or disposed of correctly.

- Overall, we found that improvements were needed for this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report by 30 June 2011 setting out the action they will take to improve. We will check to make sure that the improvements have been made. We have also taken enforcement action against United Lincolnshire Hospital NHS Trust.

Where we have concerns, we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

What we found
for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns

with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with people who were using the service in different specialities in the hospital. People told us that their privacy and dignity were maintained by staff. For example, people told us that the staff close their bed areas curtains when they deliver care and they keep them covered with blankets when they are not fully clothed. People also said that staff had introduced themselves and referred to them in an appropriate manner. In the areas we visited, we did not see any mixed sex accommodation and the trust is compliant.

People also told us that staff had helped them make choices about their care. In particular, this was noted on the maternity unit where mothers had been supported to feed their new baby in the way that suited them. Language line is available for staff to use to help them communicate with people whose first language isn't English.

Medical staff told us how they respect and involve people who receive services. They described how people are enabled to undress in private or with the support of a nurse, prior to examination. They told us that they would discuss care options with the person so that they were able to make a choice about what care to receive. Medical staff said that when they talk to people in a ward setting, they would draw the curtains around the bed space. They acknowledged that this was not ideal if they needed to discuss a sensitive issue, and in these instances, whenever possible, a more private area on the ward would be used.

We looked at people's care records but found nothing to indicate that they had been involved in planning their own care, but some people told us that they were informed about their treatment. The arrangements for planning care across the trust were about to change with the implementation of a revised clinical record. The senior manager told us that this new system should ensure that care plans will be more person centred.

We observed the care of a person whose condition had been deteriorating over the past two days and they were unwell. The person and their relative told us that they were not aware of what the treatment plan was. There was no evidence in the medical or nursing notes that this person's condition had been discussed with either them or their relatives. We also found "do not resuscitate," decisions had not been discussed with either the patient or their next of kin.

We observed on one of the wards that a separate area in the ward was dedicated for people who were suffering from confusion which was referred to as the "Delirium Unit." The term delirium is a recognised term used to describe a condition where people become suddenly confused. The care and treatment for people with delirium is outlined in National Institute of Clinical Excellence (NICE) guidance reference CG 103. NICE is an independent organisation that provides guidance on treating people's ill health. The guidance states that people with delirium should be cared for by a team of healthcare professionals familiar to them and avoid moving people within and between wards or rooms unless necessary. The delirium unit on the ward allowed patients' to be cared for by a dedicated nurse and healthcare support worker but we found that the dignity of these people was being compromised. For example, we observed people using the service sitting at a table in the corridor of this part of the ward which was just outside a toilet. We saw people going into this toilet and staff were offering assistance when required. On one occasion we saw a healthcare support worker standing outside of this toilet, next to where people were sitting, holding an incontinence pad. We saw this staff member opening the toilet door slightly and asking the person "have you finished yet." Staff told us that they liked being able to care for people in this area of the ward because the patients were safe, but some of the practices described above were not treating people with dignity and respect. We noted that on this ward there was a large, bright day room, but we never saw it being used. On the second visit to the hospital, the people being cared for in the delirium unit were being taken to the day room to have their lunch but staff told us they felt that this was more disorientating for the people using the service. Following this visit the senior management team told us they had closed the delirium unit and people who were confused were being cared for within the main ward area.

On one of the wards we observed that staff had taken the time to produce an information display about mouth care for older people. The display was aimed at staff, patients' and visitors and incorporated practical advice about good oral hygiene and the problems that older people may experience.

Other evidence

The trust provided us with evidence of how they involve people when they are developing services. For example, the trust have recently held a public consultation event for people to comment on plans to introduce a revised clinical record across the trust. The trust has a readers' panel in place to help make information for people easy to understand. The panel is made up of volunteers who comment on new and revised information leaflets. The trust also has patient council comprising members of the public. The members told us that they have a good working relationship with the trust and were provided with administrative support. The council members carry out visits to the hospital and raise any concerns with the staff. They told us that although the staff are receptive to them, they do not always get feedback as to the outcomes of the issues they raise. In addition to the patient council, a maternity service and liaison committee (MSLC) has been established.

Our judgement

People using the service do not always have their privacy, dignity and independence respected and are not always involved in their care planning. There are occasions when people are not given sufficient information about their care and treatment, including when do not resuscitate decisions are made.

Outcome 2:
Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:
- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant

with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We talked to adults who had undergone surgery and they told us they had received clear explanations, including the risks and benefits of the surgery before being asked to sign a consent form. Completed consent forms were signed by the person obtaining consent as well as the person undergoing the surgery, and information relating to the benefits and risks associated with the procedure were recorded on the forms.

Medical staff were able to describe the process for obtaining consent. Junior medical staff indicated that they are not directly involved in obtaining consent but discuss any issues surrounding consent and seek support from more senior colleagues when necessary.

Other evidence

The trust told us that their risk management arrangements have not identified any significant problems with regard to consent in terms of clinical incidents, complaints or negligence claims. Real time patient experience surveys are being rolled out

across the trust. The surveys include questions about information provision. We were told that actions will then be taken in each area and follow up and monitoring will take place by the trust board.

Nursing and therapy staff were aware of the trust's consent policy and when consent should be sought from people. Staff working in the surgical wards of the hospital told us they had received training on obtaining consent which included the Mental Capacity Act (2005). Medical staff demonstrated a good understanding of the issues relating to assessing the capacity of a person to consent. The Mental Capacity Act helps to support and protect people who lack, or may lack, the ability to make certain decisions for themselves. The trust's consent policy takes into account department of health guidance on consent, including the issues relating to people's capacity to consent.

The trust confirmed that they have three staff who are trained to carry out best interest assessments but they are aware of the need for further staff training in this area. The trust also employs a consultant psychiatrist as well as mental health liaison nurses and a learning disability nurse specialist who each provide support to staff and people using the service on issues around consent. In addition, the trust is in the process of appointing a lead role for safeguarding vulnerable adults and it is envisaged that this person will further enhance staff understanding of the Mental Capacity Act (2005).

We found that information leaflets are in place for many procedures and treatments and these highlight the benefits and risks of treatment. The trust's senior management team told us that they are currently part way through achieving compliance for a nationally recognised information standard and this demonstrates their commitment to providing effective information for people who use the service.

Our judgement

There are arrangements are in place for obtaining consent and people are able to give informed consent.

Outcome 4:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

There are major concerns

with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People being cared for at the hospital described differing experiences but the majority of people told us they were happy with the care they had received in the hospital. For example, women in the maternity unit told us the midwives had looked after them well. A person being cared for on a surgical ward told us, “I have been excellently looked after, everything has gone like clock work, and they are an excellent bunch of staff.”

We looked at the care records of a sample of patients. We found examples where people’s health needs were not being met. Care plans did not accurately reflect people’s needs and did not make it clear how the staff should care for people. For example one person’s needs had significantly changed since their admission and the care plan had not been updated to reflect this. Staff who work regularly on the ward understand this person’s needs, but this would not be the case when new or agency staff work on the ward. We saw other cases where the care plans were not in sufficient detail or reviewed regularly to reflect peoples changing needs. We did note however that assessments completed by Occupational Therapists (OT’s) were detailed and clear. Occupational Therapists help people of all ages who have physical, mental or social problems to improve their independence.

We found that nursing staff usually identified risks to people relating to nutrition, falling and pressure ulcer formation but the records relating to these risk assessments were not sufficiently detailed. We found that the nursing records lacked dates, signatures of staff, and the quality of data was often poor with no clear evaluation of the risk. Although risks were identified, in many cases there was no clear plan to minimise or eliminate the risk. For example, we found that risk assessment scores for pressure area care did not reflect the actual condition of the person. One person was noted to have been assessed as having a much lower risk of developing pressure sores than was the case and on examination this person was found to have a pressure ulcer and was not being cared for in accordance with the hospitals policy. Pressure ulcers are a type of injury that affects areas of the skin and underlying tissue. They are caused when the affected area of skin is placed under too much pressure.

On two of the wards, we found that some people had been assessed for their risk of falling but we did not see any care plans for staff to ensure that people were safe. An incident had occurred recently on one of the wards we visited and there was no record of what staff did to minimise the risk of this happening again. Staff could not describe to us how they learnt from incidents so that the risk of these being repeated was reduced to a minimum.

Staff stated that they understood the need to assess people's risk relating to developing pressure ulcers and records were seen demonstrating this. However the records were not sufficiently detailed and were often incomplete making it difficult to manage and review the risks. For example, the size of a pressure ulcer was recorded as "2x2," but it was not clear if this was millimeters or centimeters. There was also no evaluation of the condition or size of the ulcer when it was redressed on three separate occasions. Staff reported that it was difficult to access the hospital's specialist advice team relating to tissue viability and this was evidenced on the day of the visit when we asked the specialist to examine a person using the service but the specialist told us that she did not have time. The person using the service had several breakdowns of their skin and the records did not give us assurance that their needs were being met. Registered nurses told us they rely on the healthcare assistants to report on the condition of people's pressure areas but they told us that the healthcare assistants did not always do this. We noted in another person's care file that on admission, it had been identified that this person was at risk of developing pressure ulcers and required a pressure relieving system for the bed. Nursing staff had recorded on two consecutive days that this equipment was required. We asked the nurse in charge of the ward at the time of our visit (which was day 3 for the person using the service) if this equipment had been provided and s/he told us it was on the list of things to do for that day. When we asked, we were told this equipment could have been obtained over the weekend.

We saw another person whose needs were not being met. This person's condition had been deteriorating over a two day period and they were very unwell and in pain. This person was not getting the care they required to meet their needs. For example, he required mouth care, pressure area care and pain relief. None of this had been initiated by the nurses responsible for his care until we drew our concerns to their attention. We found that it had been two days before the medical team

initiated any investigations and treatment for this person. We have asked the trust to carry out an investigation into this persons care.

On some wards in the hospital we found evidence that care plan templates were in place but these had not been personalised to reflect the individual needs of the person using the service.

Other evidence
Cancer services are provided by the hospital. In July 2010 the trust underwent a review of their cancer services by the National Cancer Peer Review Programme. This programme aimed to improve cancer care for people and their families and involves the trust completing a self assessment and then they receive a targeted visit to the hospital. The panel of reviewers concluded that the trust has a good cancer services strategy but they face the ongoing problem of serving a geographically diverse population. The peer review team found that some specialised cancer services were being delivered to less people than is recommended by the National Institute of Clinical Excellence (NICE). NICE is an independent organisation that provides guidance on treating people's ill health. These recommendations exist because doctors need to see enough people to maintain their skills. The trust is working with the PCT to address this concern whilst balancing the needs of people living in Lincolnshire. The review team also found that there were not enough nurse specialist resources for people receiving urological (bladder) cancer services. The trust reacted quickly to this concern and recruited a further nurse specialist.

Our judgement
People using the service are not being protected against the risks of receiving care or treatment that is inappropriate or unsafe because they do not always have an assessment of their needs in place. Care and treatment are not planned and delivered in such a way as to meet the service user's individual needs and ensure their welfare and safety.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

There are major concerns
with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People have a wide choice of menu and their religious and cultural requirements are provided for. One person said “the food is good and it’s much improved from what it used to be.” We observed people being served hot drinks and water jugs being changed during our visits to the wards. People who had undergone an operation told us that they were given something to eat and drink as soon as they were able to tolerate this. People who had been admitted outside of normal mealtimes were offered drinks and snacks and the staff told us they could always get something to eat for a person if they needed to. We saw evidence that a range of snacks are stored in the ward kitchens. Women on the maternity ward told us they were offered something to eat shortly after giving birth.

We observed lunch being served on three wards. We witnessed a lack of support offered to people to enable them to eat and drink sufficient amounts for their needs. On one ward, staff were observed to be helping people to get into a position to eat their meals but despite this we saw some people were still finding it hard to eat. We did not see staff checking on those people to ensure they were able to eat their meal. We saw evidence that the risks to people using the service of poor nutrition were usually identified but the nursing records were not sufficiently detailed to offer practical assistance to staff or adequate protection to the person using the service.

On one ward, we observed a person who was in bed asking a healthcare support worker if they could have a cup of coffee. This staff member replied “no you have already had two cups of tea this morning,” and there was no explanation why they could not have a drink.

We looked at the records of one person with an unhealthy weight loss and their care plan stated that they should be referred to the dietician and ‘food charts’ should be maintained. There was no evidence that they had been seen by a dietician and food charts had not been maintained over a three day period which made it difficult to assess their nutritional intake. Staff told us that they often forgot to make a note of what people had eaten and drunk on the fluid balance and food charts. These charts were the only way for the staff to see whether people using the service were receiving adequate food and fluids. We also found a person using the service who had a nutritional risk assessment in place and it was recorded this person had gained weight thereby reducing their risk of developing pressure ulcers. When we checked, we found that a plaster cast had been put on their leg, making them heavier, and therefore the reason for the weight gain was completely irrelevant to whether they were at a decreased risk of developing pressure ulcers or not. The risk assessment was based on unrelated information.

We observed one person who was feeling unwell and nauseous and did not want to eat. For medical reasons, this person was on restricted fluids but it did not say in their nursing or medical records if they had been informed of this decision. In addition, this person’s mouth was extremely dry and their lips were cracking but there was no evidence that a plan of care had been considered to make this person more comfortable.

Other evidence

The trust has a protected meal time policy in place which is where unnecessary and avoidable interruptions are stopped during meal times. We observed this policy being put into practice on the wards we visited. Nursing staff told us that other professionals, such as doctors, respect the protected meal time policy, unless there is an emergency. However, one doctor told us that ward rounds can sometimes run into the lunch time period.

Our judgement

People who use the service are not being protected from the risks of inadequate nutrition and dehydration because they do not always have an assessment of their needs in place.

Outcome 6:
Cooperating with other providers

What the outcome says

This is what people who use services should expect.

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.

What we found

Our judgement

There are moderate concerns

with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us

We found evidence that people had been referred to other agencies such as social services. In one case we noted that a request had been made by a person's relative for a referral to social services due to their changed needs and in anticipation of discharge. Part of this process requires nursing staff to complete the required screening tools. Information in the care record demonstrated that it took seven days for this to be completed, which meant there were delays with this referral.

Medical staff told us that the multidisciplinary team is involved in discharge planning and there is a discharge co-ordinator. Medical staff also told us that due to the complex and varied needs of people admitted to the orthopaedic wards, more support was needed from colleagues that work in elderly care medicine. An elderly care consultant carries out a weekly ward round on the orthopaedic wards but medical staff told us input on a daily basis would be more beneficial.

Staff in the Accident and Emergency Unit told us that they are aware of the need to free up ambulances that transport people to the unit as soon as possible. We observed that people were transferred to a cubicle as soon as possible following admission. However, staff commented that this was more difficult when the unit was

full, and on occasions, people are placed on trolleys in the corridor areas.

Other evidence

The Health Scrutiny Committee for Lincolnshire told us that they have "strong working relationships with the senior management team at the trust." A new Chief Executive was appointed at the trust in August 2010 and he has met with the committee to outline some of the key issues facing the trust and the proposals to address these. The lead commissioning Primary Care Trust (PCT) also report strong working relationships with the trusts senior management team.

The Head of Safeguarding Adults for Lincolnshire County Council told us that there are good relationships in place. The Chief Nurse is represented on the multi agency safeguarding and dignity board. The Chief Nurse has met with a variety of individuals and the safeguarding teams know who to contact at the trust and that they will follow the alert through to completion. The Chief Nurse is always available for discussion and the Head of Safeguarding stated "it is our experience is that she will work with the safeguarding process once we need her too."

The safeguarding adult's team at Lincolnshire County Council have observed a trend in the number of referrals that go to them that relate to concerns about discharge from hospital. For example there have been cases where assumptions have been made by hospital staff that people using the service are being discharged to care homes that provide nursing care. This is inaccurate and people are returning to residential placements without the appropriate medical follow up being arranged.

Local General Practitioners (GPs) have raised concerns to the PCT about delays in the receipt of clinic outpatient letters and discharge documentation. Following an internal review, concerns were identified relating to the timely dispatch of outpatient letters in some areas. The trust addressed this and provided additional administrative capacity to manage the back log. Performance in this had improved but the work to complete the back log was continuing. Performance relating to electronic discharge documentation had also significantly improved but there was a backlog of historical discharge documents. The PCT have worked closely with the trust to agree an acceptable and manageable approach to addressing this backlog and performance is monitored through the PCT's GP incident reporting systems. In addition assurance is also sought through the PCT patient safety and contract quality review meetings. The situation had improved since the measures were put in place.

Our judgement

People are not always receiving safe and coordinated care, treatment and support when more than one provider of care is involved, or they are moved between services.

Outcome 7:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

There are minor concerns

with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People on the maternity unit told us that they felt safe as access to the ward was controlled by staff. One relative commented that they had come through the door without the knowledge of staff, and they had approached her straight away to check why they were on the ward.

Junior medical staff told us they had completed an on line training programme on safeguarding vulnerable adults but they did not know if there was a policy in place. They told us they would speak with the nursing staff and medical colleagues if they suspected that a person had been abused or neglected. Not all senior medical staff told us that they had received training on the protection of vulnerable adults, although they had for children. Medical staff recognised that they were highlighting and discussing issues around safeguarding adults more frequently. The majority of nursing and allied health professional staff that we talked to were able to tell us what they would do if they suspected someone had been abused and they understood the different types of abuse and how they often present in people.

On one of the wards, we found evidence that suggested that people who lacked the capacity to make decisions were being deprived of their liberty. Part of this ward was for people who were suffering from confusion. These people were being cared

for in a separate area of the ward and there was always a health care support worker and/or a registered nurse with them. The staff told us that most of the time the doors to this area were kept locked because it protected people and kept them safe. Upon talking with staff further, it was apparent that staff lacked knowledge about the safeguards in place in order to protect people's human rights. We found that these people had not received best interest assessment, deprivation of liberty assessments or had been sectioned under the Mental Health Act (1983). On our second visit, we found the doors to this area were open and a number of best interest assessments had been completed. We talked to a patient's relative and they did not raise any concerns about their relative's care and treatment; they said "my (relative) has been well looked after in here, we have been very happy and they have been too."

Other evidence

There are trust-wide multi agency policies for safeguarding children and vulnerable adults in place that reflect best practice. The Office for Standards in Education, Children's Services and Skills (Ofsted) and the Care Quality Commission carried out a review of safeguarding children's services in May 2010 and found that safeguarding children's services across Lincolnshire are excellent. Ofsted inspect the social care of children and young people. It was noted in the report that the trust has a dedicated serious case review investigation and implementation committee, which is ensuring that actions are fully embedded into practice.

The head of safeguarding for Lincolnshire County Council told us that when a safeguarding alert is made that involves the hospital the chief nurse is the identified single point of contact into the trust. This arrangement is in line with national guidance. The trust responds quickly to safeguarding alerts and there are good working relationships in place. The numbers of safeguarding alerts made by hospital staff has increased during the past seven months and the trust manage safeguarding concerns in line with the safeguarding policy. The safeguarding strategic board state that the trust demonstrates openness, honesty and are willing to acknowledge where problems are and then how they are trying to tackle problem areas.

Our judgement

People are usually protected from abuse but some are at risk of their human rights not being respected and upheld because not all staff have a good understanding of the rights of people under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Outcome 8:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

There are minor concerns

with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People using the service told us that the hospital was clean most of the time. We observed staff washing their hands between contact with people and they also wore protective equipment appropriately such as gloves and aprons. We observed that medical staff were following the trust's uniform policy and were bare below the elbow.

In most of the areas of the hospital we saw that toilet areas and sluices within the ward/departments were clean. We asked a member of staff in the Accident and Emergency department to show us how they cleaned a commode. They used the correct personal protective equipment – apron and gloves, and took the commode apart to clean it. We observed that this commode was clean. We looked at a mattress on the maternity unit and found this to be clean. The member of staff who we talked with described how the mattress would be cleaned and checked between people. On one ward we saw that a commode, labelled as clean, was not clean when we asked the nurse to take it apart. The nurse in charge of the ward addressed this immediately. We also observed a dirty bathroom and the nurse in charge addressed this straight away. In the maternity unit, we observed a shower that appeared to have mould around the shower tray and the shower screen was covered in a thick layer of soap residue. We observed that the floor in the women's unit was in a poor state of repair in some areas, although we were told that charitable funds had been allocated to replace the floor on the ground level.

Medical staff we spoke with described their routine practice around preventing infection. They told us about the importance of hand washing and how they clean their stethoscopes. Senior medical staff commented that the junior staff now have a much greater awareness of good infection control practices then they used to have.

On the day of our first visit to the hospital, there were several wards that had cases of diarrhoea and vomiting and these people were being barrier nursed. Barrier nursing is when people using the service are cared for in an area away from others and additional precautions are used such as wearing gloves and aprons when entering the room. The infection, prevention and control nurse told us that there had been a number of cases of diarrhoea and vomiting over the previous two weeks. We were concerned that the infection, prevention and control nurse was working alone on the day of the visit, and that there were no contingency plans in place to get additional specialist support from one of the trust's other hospitals. There were a number of cases of diarrhoea and vomiting in the hospital and ward staff required support and advice from this nurse. We observed some confusion amongst staff about whether hands could be washed with hand gel or if soap and water was required. The hospital was carrying out an investigation into the outbreaks of these infections to try to determine the source and learn lessons for the future. Following our visit the trust told us that an investigation had been completed and they found that the source of the infection was most likely to have come into the hospital from the community. They identified some areas of practice for staff to learn from as well as areas where staff had worked appropriately and followed the hospital's policies.

Other evidence

There is an infection prevention and control team in place at the hospital. The hospital has a zero tolerance stance to healthcare infection and there has been a considerable reduction in healthcare acquired infection such *as methicillin resistant* staphylococcus aureus (MRSA) and *Clostridium difficile* (sometimes known as C. diff). MRSA is a common skin bacteria that is resistant to a range of antibiotics. If it gets into the body through wounds or through inserting drips it can cause serious infection. *Clostridium difficile* are bacteria that are present in the gut but some antibiotics can alter the balance of bacteria which can cause diarrhoea and fever. MRSA cases in the trust have reduced by 28% in the last year and *Clostridium difficile* cases reduced by 23%. Infection prevention and control training is mandatory and all staff have their responsibilities for infection prevention and control outlined in their job description. Training is given on induction and then it is provided regularly as part of the trust's mandatory training programme. Infection control is a standing agenda item for clinical meetings which helps to make this a high priority for all staff.

Pre admission screening for MRSA is undertaken to identify any person who needs treating before they are admitted. The MRSA care pathway reinforces the need to inform other providers of the infection status of the person. For example, if a MRSA result is obtained after a person is discharged from hospital, there are mechanisms in place to inform the person's GP. The trust audited the movement of identified people with infections such as MRSA or *Clostridium difficile* in September 2010. The

audit highlighted that people were being moved between wards appropriately, for clinical reasons.

The hospital is taking steps to reduce the amount of antibiotic prescribing. For example, they have trialled a separate prescription sheet for antibiotics to ensure that each antibiotic has a stop date. Audits take place to monitor the appropriateness of antibiotic prescribing. The trust acknowledged that further improvements are required with to reduce the amount of antibiotics that are used; this is a health community issue and involves GPs working in the community. Taking action to reduce inappropriate antibiotic prescribing is a positive step in reducing healthcare associated infection.

The trust has an infection prevention and control development plan which takes account of the requirements laid out in the Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance. We saw evidence that progress with this plan is being made.

The hospital told us that there are regular audits to check standards of cleanliness. High risk areas such as operating theatres are subject to weekly audits. Other areas such as outpatients are audited monthly. We saw the results of the audits which revealed that many areas did not always achieve the pass rate set for the area. For example, the emergency care directorate results from January 2010 to October 2010 demonstrate that the majority of wards did not achieve the pass rate, with many of these wards consistently scoring well below the pass rate. Outpatient clinic areas generally met the pass rate set for them. The trust told us that they were aware of some areas not achieving the pass rate, however, the reasons for this were often due to issues such as the outside of the windows required cleaning. Other cleanliness audits that the trust carried out revealed that areas are meeting cleanliness standards.

There are deep clean teams who support the wards and departments particularly during outbreaks of infection. Although this is positive, it has resulted in the ongoing rota for deep cleaning being reduced to once every 10-11 weeks, rather than the original plan of once every six weeks. A proposal for additional resources has been put forward and the issue is identified within the hospital’s risk register.

The trust has a dedicated part of their intranet for infection prevention and control. Staff can access information and policies. The infection control team provide support to ward areas if there is a suspected outbreak of infection. The infection prevention and control team will also provide ad hoc training to clinical teams and we saw evidence of this taking place. In addition, all clinical areas have identified link nurses for infection prevention and control.

The NHS staff survey results for 2010 highlighted that the trust performed well compared with other acute trusts for staff having hand washing facilities available.

Our judgement

There are systems in place to protect people from the risks of acquiring an infection but we found that some areas of the hospital were not sufficiently clean.

Outcome 9:
Management of medicines

What the outcome says

This is what people who use services should expect.

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.

What we found

Our judgement

The provider is compliant

with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

On the surgical ward, people told us that they had been offered pain relief on a regular basis, and they had been given pain relief if they requested it. One person said, “on one occasion yesterday I asked for some (pain killers); I got them more or less straight away, in less than five minutes.” One person told us that they had not been told about what their tablets were for and we did not find evidence in care records that discussions had been had with people about the medicines they were taking, including the risks.

We observed two medication rounds during our visits and observed the nurses giving people their medication and not leaving it with them to take it later. Some people did tell us that the nurses left tablets on their tablets to take later. On one ward we observed an empty medicine pot on a window sill. A person using the service said his tablets had been left in it for him to take.

On one of the wards we observed a person using the service that was in pain and feeling sick but they were not offered pain relief or medication to stop them feeling sick by the nurse carrying out the medication round.

Other evidence

We carried out a responsive review of compliance at another hospital within the trust in June 2010 and had a minor concern with the management of medicines. The trust implemented an action plan to improve the way that medication was administered. Clinical practice audits have demonstrated that performance in the administration of medication had improved and, where required, improvement plans had been drawn up. Further audits were scheduled to take place in the near future to reassess performance.

The trust had a safer medicines coordinator in post who works closely with the trusts patient safety manager. There was a recently updated medicines management policy in place and there were plans to implement further medicines management audits.

Our judgement

Medicines are usually handled safely and securely but not all people received information about their medicines.

Outcome 10:
Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are moderate concerns

with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

The maternity unit is located in a 1960's building and its windows have metal frames. These windows do not fit properly; they rattle in the wind and are draughty. Staff and women in the unit told us they had packed the windows with pieces of cardboard to stop them rattling and used rolled up towels to prevent draughts. In some cases, some windows had been secured around the edges with gaffer tape. We saw that despite these "DIY" efforts, the windows were still noisy and very draughty. Women using the service told us that "sometimes the noise from the draughts startles the baby and it's pretty noisy." Staff told us that they work around the problems of the building. For example, because the unit can be cold, they ensure that every baby has a bonnet placed onto their head as soon as they are born to prevent them getting too cold. The temperature of the unit is monitored and on our two separate visits, the temperature was within acceptable limits. We were told that if it is a very cold day, additional heaters are provided in the ward areas.

We highlighted the draughts and noise coming through the windows to the hospital's senior management team and on a further visit to the hospital we observed that all the windows and air vents in the women's unit had been secured with gaffer tape and could not be opened. The staff and people using the gynaecology ward told us that it was very hot and humid in the ward and one person said, "It's given me a headache, there is no air in here." Another person said, "I can't wait to get out of

here it’s so stuffy.” We asked the hospital to remove the tape from the windows and they did this the following day.

We also observed numerous pieces of tape placed on the ceilings in the corridors of the women’s unit. We were told that this was to cover and secure any areas of the ceiling that had signs of damage. The ceilings have warning stickers on them as there is asbestos present in some areas of the building. Regular air testing provided assurance that the building was safe but the ward manager for the maternity unit was not provided with the results of these tests. The presence of asbestos means that routine maintenance of the building had been challenging because of the extra precautions required to carry out work. The precautions also add additional financial costs to any routine work. We also observed areas of the wards that had been repaired with new plaster but staff told us that they had waited a long time for these areas to be decorated and they did not know when this would be completed.

We found that the women’s unit was not fully compliant with the Disability Discrimination Act as the only suitable bathroom facilities for people with physical disabilities was an ensuite room off a delivery room in the labour ward. We could also smell an offensive smell in a corridor adjacent to a toilet in the women’s unit which staff told us had been getting worse lately.

Staff told us that they knew what to do in the event of a fire and they needed to evacuate the area. They told us they had received fire, health and safety and Control of Substances Hazardous to Health (COSHH) training on an annual basis and the training records we observed supported this.

Other evidence

The trust has a water chlorination process in place to prevent the growth of the bacteria that cause Legionnaires' disease which is a type of pneumonia.

The trust has a contract in place with an external company to provide waste management services. The arrangements for this are in line with current legislation. We observed waste being segregated and stored appropriately and both clinical and non clinical staff were able to demonstrate to us that they understood the trusts waste handling arrangements.

The maintenance team told us that there was a hospital maintenance schedule but there are significant challenges for the team to access the operating theatres in order to carry out routine maintenance. The theatres are in constant use during the week so the team have to plan work to take place out of hours.

Our judgement

The hospital takes steps to ensure people are protected against the risks of unsafe or unsuitable premises but the women’s unit is not adequately maintained and does not promote well being for the people who use the service.

Outcome 11:
Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant

with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

People who use the service told us that staff appeared to have the equipment they needed to do their job and that they were comfortable and felt safe. We observed people who were at risk of developing pressure ulcers being nursed on specialist pressure relieving equipment and staff told us that they can always obtain pressure relieving equipment at any time of day or night.

Women using the maternity services told us that although there was a birthing pool they had not included it onto their birth plan as there was a long waiting list for it.

We noted that one of the electrocardiogram (ECG) machines in accident and emergency was away for repair. This machine is used to test the electrical activity in the heart. We asked staff how long it would take to be returned and were told that equipment is usually back within 24 hours which did not cause any disruption to the service. We asked medical staff about the availability of equipment. We were told that day to day equipment on the wards, such as blood bottles, especially those used for blood cultures, were not always available. Senior medical staff reported delays in obtaining equipment such as a spinal bed. Senior medical staff also commented that equipment in theatre was not always available, often because it had not returned from being sterilised.

Other evidence

The clinical engineering team were responsible for the maintenance of medical equipment such as blood pressure monitors and ventilator machines. The trust had an equipment inventory where all the equipment in use is logged and is given a classification score based on risk. For example, equipment such as a defibrillator has a high risk score because of its impact on the person needing it. Targets had been set to monitor the performance of equipment maintenance and we saw evidence that demonstrated the trust was exceeding these targets. The Head of Clinical Engineering told us that the team have the capacity to deliver the maintenance requirements across the trust and where possible they carry out in house maintenance rather than using external contractors.

There is a process in place for the purchasing of new equipment and all medical devices are configured the same across the trust. For example, all infusion pumps used to deliver medication are the same and operate in the same way. This helps to ensure that equipment is used correctly and safely.

Our judgement

People who use services benefit from safe, suitable equipment that is well maintained and there are arrangements in place to ensure that it is used correctly. There are some occasions when the quantities of equipment are insufficient.

Outcome 12:
Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:
- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant

with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
People using the service told us that they were happy with the staff looking after them.

Other evidence
The trust had a recruitment policy and associated procedures. We looked at five sets of staff records and checked if the recruitment procedures had been followed. We found that the records were clear and there was evidence that criminal record bureau (CRB) and qualification checks had been completed prior to the staff member commencing employment, two references had been sought, pre employment health assessments had been carried out and the identity of the person and entitlement to work in the United Kingdom had been ratified. Each file we reviewed contained a contract as well as information about the terms and condition of employment. Where required, professional registration checks are carried out with the relevant bodies such as the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC).

Our judgement
The hospital has effective recruitment procedures in place to ensure that staff are fit, appropriately qualified and physically and mentally able to do their job.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

There are moderate concerns
with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People on the maternity unit told us that they thought there were enough staff on duty and that they respond quickly to their needs. Some people using the service told us that the staff appeared busy; one person said "the staff are always so busy and I don't think there are enough of them sometimes so I don't like to bother them." On our second visit to the hospital we observed one of the wards did not have enough nursing staff to meet the needs of all of the people using the service.

Other evidence
Medical staff told us that they did not think there were enough nursing staff to meet the needs of the people using the service. They felt that ward staffing levels were not always adequate, both in terms of numbers and skill mix, during the evening and at night. Medical staff reported that most people return from the operating theatres during the afternoon and evening and at these times staffing was not adequate. They told us that staffing levels impacted on people's wellbeing as their care and treatment were not always implemented in a timely fashion. Generally the nursing staff that we talked to did not express concerns that they could not meet people's needs due to low numbers of staff. The trust had compared ward staffing levels with national benchmarking data which demonstrated they were above recommended staffing levels. Never the less, the trust acknowledged that they do face challenges

to recruit staff, due to the location of the hospital. The trust advertise posts on the national NHS jobs web site and hold open days to help recruit staff.

Medical staff raised concerns about the staffing levels and quality of staff employed in the hospital's operating theatres. They commented that there have been vacancies in this area for a number of years. The Chief nurse told us most of the vacancies had been filled following a proactive recruitment campaign. They also raised concerns about the use of locum staff within the hospital and felt that this was detrimental to outcomes for people. We were told that a consultant absence was covered by a middle grade locum for 6 months, rather than a permanent replacement for this period of time. This had resulted in people attending outpatient appointments and being told to come back again in two months time, rather than any decisions about their care being made immediately. Medical staff acknowledged that recruitment of middle grade medical staff was difficult but felt this was compounded by the amount of time the trust's human resources team took to process applications. We were told that people had been offered and accepted posts, but took up posts elsewhere due to the length of time taken to obtain the necessary recruitment checks. The trust had a monitoring system in place to track the performance of the recruitment process for medical staff. Evidence from this system did not highlight delays in the trusts recruitment process. The trust recognised that they relied heavily on locum medical staff, although the amount that they spent on these had significantly reduced over the past year. The trust was participating in a pilot project with NHS Professionals and planned to recruit all medical locums from them. NHS Professionals are a not-for-profit service that was set up by the Department of Health. They supply medical and nursing staff to the NHS within the UK. The trust also told us they were reviewing their locum doctor appointment and recruitment policy.

We observed on one ward the nursing staffing levels were not in accordance with the trusts own minimum safe staffing levels. We found this ward to have only one registered nurse on duty for the late afternoon/evening shift. This meant the nurse could not administer certain drugs, such as controlled drugs required for pain relief, to people without calling for assistance from another ward. The senior nurse on duty for the hospital at the time of our visit was aware that one of the wards had only one registered nurse on duty; however, no action had been taken to move staff around to ensure each ward was safe.

Our judgement
People using the service do not always have their needs met by sufficient numbers of appropriately skilled staff.

Outcome 14:
Supporting workers

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

There are moderate concerns
with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
Junior medical staff told us that training and development were built into their working week and they were not asked to carry out procedures that they were not competent to perform. Consultant medical staff said they would never ask junior staff to carry out procedures they did not feel they were competent to perform. On the day we visited the hospital; medical staff were attending a training session.

Some of the staff told us that they wanted more training in order to carry out their role, for example, caring for elderly people with multiple medical needs and mental capacity act awareness.

Other evidence
The trust told us there was an induction programme for new members of staff, comprising three days of general induction plus orientation into the specific area of work. In addition, newly qualified nurses have a preceptorship programme. Temporary staff are required to complete an electronic induction via the trust's intranet. Junior medical staff told us that they had received an induction when they commenced their placement at the hospital.

Junior medical staff told us that when their hours were being monitored they had to leave on time. In one of their placements at the hospital, their hours averaged 50 to

60 hours a week, and this had not been subject to formal monitoring. We know that the Deanery and GMC are investigating concerns about working hours and the trust are cooperating with this.

Medical staff reported that they had been receiving regular appraisals and some commented that there was good support for doctors from within the medical staff teams. Nursing staff did not consistently report that they had received an appraisal although we saw evidence that the number of staff receiving an appraisal was increasing.

The NHS counter fraud and security management service (NHS CFSMS) aims to reduce fraud within the NHS such as people falsely making claims about prescription charges or staff making fake claims for expenses. Their Information shows the trust is in the lowest 10% of trusts nationally for staff being trained in conflict resolution. The trust has received some funding to implement a training programme but the CFSMS have concerns about the length of time (seven years) it will take to train all staff. The trust have prioritorised certain staff to receive this training, such as those working in the emergency departments, and have begun to roll this out. The 2010 NHS staff survey found relatively high numbers of staff experiencing violence from patients, relatives or the public.

Staff have access to training and development opportunities and the hospital promotes many of its staff into more senior positions within the hospital. Despite this, the results of the 2010 NHS staff survey show that many staff do not feel there is good communication between senior management and staff, nor feel motivated and engaged with their work. More staff in the 2010 survey than in 2009 reported they had suffered work related stress and the trust is in the lowest (worst) 20% of acute trusts for poor job satisfaction.

As discussed in outcome 4 of this report, we highlighted with staff a number of major concerns about the care and treatment of some individuals. Generally, we did not find staff to be aware of the seriousness of these failings and their own accountability. Not all staff appeared confident to talk with us and some did not demonstrate motivation and commitment to the trust. Since our visits, the hospital had reviewed the management structure at the hospital and had commissioned a review to identify more information about how well staff feel supported.

Our judgement

Not all staff are properly supported to provide care and treatment to people who use services because they are not consistently receiving supervision, training and appraisal.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are moderate concerns

with outcome 16: Assessing and monitoring the quality of service provision.

Our findings

What people who use the service experienced and told us

We did not ask people specific questions relating to this outcome area during our visit to the hospital. During our discussions with staff, they were rarely able to give us examples of how they had learnt from incidents, complaints or near misses.

The trust told us that they had a new patient experience feedback system in place and this is in the process of being launched.

Other evidence

The trust has a risk management system in place and they report serious incidents to the lead commissioning PCT who are responsible for buying services from the hospital. The PCT told us that they work closely with the trust to ensure timely reporting and investigation of serious incidents but despite this the timelines of reports submitted to the PCT is poor. There had been some improvement in the timely submission of preliminary reports (reports three days after the incident), but the majority of final investigations are either submitted late or not submitted at all. The quality of the investigation reports is also variable. The trust had recently appointed an additional member of staff to the risk management team to improve

their performance in this area, (see outcome 16).

We found evidence of a person using the service

There are systems within the hospital for assessing the quality and safety of care treatment and support but the trust had not identified any concerns about the care and treatment of people in the areas we highlighted. Other than infection prevention and control and cleanliness audits, a ward sister was unable to demonstrate that there were systems for monitoring the quality of care delivery on the ward. We did not find evidence from staff that any outcomes of audits had any impact on the outcomes for people receiving care. We found evidence of a serious injury occurring to a person using the service, but the incident form had not been completed correctly which meant that the opportunity to learn from what happened and possibly change practice had been missed.

The local primary care trust who commission (buy) services from the hospital state that the hospital does not have robust mechanisms in place to investigate serious incidents in a timely way and the quality of investigations is not always good. The Strategic Health Authority had also reported these concerns. The trust is taking steps to improve their performance in this area and have recently recruited additional resources for the patient safety team. Despite these concerns, the trust's performance on reporting serious incidents to the National Patient Safety Agency (NPSA) is good. The NPSA run a National Reporting and Learning Service that enables patient safety incident reports to be submitted to a national database.

The trust has had two mortality outlier alerts in 2010. Mortality outliers identify an unexpected number of deaths of patients after being admitted to hospital for a particular condition or procedure. One of these alerts required the trust to complete an investigation into the cases concerned and the trust was able to provide assurance that appropriate care and treatment was delivered in these cases.

The trust told us that they had a Quality Governance Committee (QGC) in place which is the primary committee for all quality and patient safety matters and was responsible for overseeing the trust's activities to provide high quality and safe care. The trust also had a clinical audit programme in place which covered both national and local audits to address trust priorities. There was also a published quality plan for 2009-11 which set out the vision, purpose and a number of quality goals the trust wanted to achieve. Performance against these goals was monitored by the trust board.

The trust told us they had an established incident review group chaired by the Medical Director to address and monitor serious incidents. They acknowledged there is a delay with the completion of Serious Untoward Incident investigations and this is a priority for 2011/2012, with an improvement plan in place to achieve this. In addition, there is a forum where lessons from incidents are discussed and shared and then information is cascaded through directorates and local teams. Some staff said that they would get information about complaints from the ward sister at their ward meetings but they were not able to give us examples of how they had changed practice as a result of learning from a complaint, incident, error or near miss. We saw an example of the trust providing maternity staff with information about lessons

learnt from incidents and complaints through the publication of a maternity newsletter.

The trust told us they were about to launch “Safety Express” across the trust. This is a nationally recognised quality improvement programme in the NHS which aims to reduce harm for people using the service. The trust had set a number of priorities for their safety express programme which included, prevention of venous thromboembolism (blood clots), pressure ulcers, catheter acquired infections, falls and the deteriorating patient.

The trust told us that there was a Quality Review Group in place with the commissioning PCT which meets quarterly to review the trust’s performance based on the requirements in the contract.

Our judgement
The systems to monitor the quality of services are not sufficiently able to ensure that risks to people are managed. The trust does not always fully investigate incidents, complaints and near misses to enable the service to improve.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

There are moderate concerns

with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

Some people using the service were not aware of how to make a complaint but some said they would talk to the nurse looking after them. One person told us they wanted to make a complaint about their relative's care and when we asked the nursing staff for some information for this person they could not find any and did not know who to advise the person to contact.

During our observations of the hospital we did not find it easy to locate information about how people could raise a concern, or make a complaint or a compliment about their care and treatment. In the maternity unit we observed a rack of information leaflets and whilst this did include information about the Patient Advice and Liaison Service (PALS), it was not prominent and was easy to miss. PALS are a confidential service that helps patients, their families and carers to find answers to questions or concerns regarding the care or treatment received from NHS Trusts. The hospital had a customer care team who deal with complaints, concerns and compliments from people who use the service but we did not see any information about them in the hospital's main reception. Despite our observations, the trust told us that they had produced information for people, in a variety of

languages, about how to raise concerns and there is information on the trust's web site, as well as leaflets located in and around the hospital. The trust's senior management team told us that they would address this lack of information on display as soon as possible.

Other evidence

The trust had a complaints procedure. They told us that this procedure underpins their commitment to manage complaints effectively and achieve local resolution. Training in complaint handling and investigation is provided to those involved in this process and in addition, customer care training is provided to all staff which sets out the expectations of staff as well as developing staffs skills. The customer care team told us that all of the clinical management teams within the hospital receive a monthly report on the numbers and types of complaints that have been received.

The trust told us how complaints are managed and they recognised that they had further work to do in order to improve. For example, the timeliness of their responses to people making a complaint is not in line with national requirements. Performance on this area was monitored monthly and an improvement project is currently being undertaken to determine the root cause for the delays and then a solution will be piloted, tested and once proven as successful will be rolled out across the organisation. Where delays occur, contact is made with the complainant to ensure they are kept up to date.

The customer care team told us that they offered people the opportunity to have face to face meeting responses as opposed to just a written response. They told us that they found this is an effective way of dealing with complaints as people often want the opportunity to talk about their experience with someone who will listen to their concerns. The customer care team would support people and put them in touch with an advocate. This demonstrates that people are dealt with in a sensitive way and their individual circumstances are taken into account. There were arrangements in place to ensure that people making a complaint are not discriminated against, for example, copies of complaints are not stored in the person's medical record.

We found an example of a change in practice that came about from a trend in complaints because some people received an out patient appointment letter after the date that the appointment was due to take place. A courtesy call was made to people prior to the appointment to ensure people have received the details of their appointment. This has had a positive impact on people using the service and as a result the number of complaints has reduced.

The trust does not formally monitor the number of compliments that they receive so they are unable to recognise aspects of care that people who use the services appreciate.

Our judgement

The trust has systems in place to deal with complaints but not all people using the

service or the staff working in the hospital are aware of how to use them. People do not always receive a response to their complaint within the set timescales and investigations are not always sufficiently thorough.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are moderate concerns
with outcome 21: Records

Our findings

What people who use the service experienced and told us
People using the service that we talked to had not seen their records or their plans of care and had no comments to make about this outcome area.

Other evidence
The trust told us there was a Clinical Records Committee that provided the strategic governance for the management of health record activities and there are a number of up to date policies and procedures for the management of records.

We spoke with the medical records team and found that they were very aware that they provided a vital role in the care of people at the hospital. The medical records team have a slot on the trust's corporate induction programme which all new staff attend. They told us that since they have been doing this they have seen an improvement in the quality of records filing. However the records team also told us that they frequently receive records back for filing that contain loose papers. This presents a risk that records become separated and the notes of people's care and treatment are not accurate. The records team do not report all of these instances through the trust's risk management reporting system therefore an accurate

assessment of the extent of the risk can not be determined.

We asked staff if they had difficulty in obtaining records for people, particularly when their admission was unplanned. Staff did not report any concerns and told us there was a good system in place to obtain records out of hours. We observed the process to obtain records and found that records are securely stored and there are systems in place to retrieve notes when required. The trust had a patient document tracking system in place and were introducing a new filing system called "random filing," which requires each record to be bar coded. The new system provides a more efficient way of filing and significantly reduces manual handling. Medical records that have not been used for one year are stored securely off site. There were arrangements in place to obtain these as required and these included arrangements for obtaining records in an emergency situation.

The medical records team log all records that can not be located onto a spreadsheet. When and if the records are located, the name of the person is removed from the data. Monitoring of this took place within the records department, but we were told that as part of the health records improvement programme, performance would be reported and monitored by the Clinical Records Committee. This would provide more formal opportunities to identify trends, as well as where practice could be changed and improved.

On one of the wards we visited we found that staff were not making entries into people's nursing notes about the care they were receiving. For example, in one set of nursing notes we found that no entries in the nursing evaluation had been made for five consecutive days. We asked the nursing staff to report back on the condition of this person and we found that they had a pressure ulcer which had a dressing on it and the person was also being nursed on an appropriate pressure relieving mattress. Despite this, none of this care had been documented. The trust told us that record keeping audits took place across the trust and areas for improvement are identified and then monitored within the directorates.

We observed that records made by occupational therapists were very detailed and were used to plan care for people. The trust is currently implementing a comprehensive health records improvement program which includes a project called "take note." The objective of this project is to implement a revised clinical record for all adult in-patients during their stay within the trust. Staff we talked to knew about this programme and training had commenced. Some staff told us they looked forward to its full implementation as they felt it would be a better system.

The Audit Commission raised concerns with the trust about the quality of data and incorrect use of clinical coding. The Audit Commission is an independent watchdog which looks at the efficiency and effectiveness of public services. Clinical coding is the changing of medical terminology into a nationally recognised coded format. Codes are given for the reasons why people have been in hospital, for example, a hip replacement operation has a specific clinical code. The Audit Commission also told us that as part of a review of the trust's clinical coding, they found nearly 21% records were unfit to audit ,compared with a national average of only 3%,

demonstrating the trust's poor performance. The Audit Commission found that records were unfit because they could not be located or there was no clear record about the coded inpatient activity in the notes. The trust told us that they have recently appointed a new Director who is responsible for data quality and they aim to improve performance in this area.

The trust has a policy in place for handling requests to access health records.

During out observations of the hospital we found several blood test request forms complete with people's confidential details discarded in a rubbish bin. We pointed this out to a senior nurse who destroyed them immediately. We also observed medical records being stored on the floor in a corridor which was accessible by members of the public. The hospitals senior management team assured us that this was addressed following our visit.

Our judgement
Records are stored in a secure and accessible way that allows them to be located quickly, but there are occasions when people's confidential information is not accurate, fit for purpose or disposed of correctly.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery services, Termination of pregnancy.	**13**	**9** **Management of medicines**
	Why we have concerns: Medicines are usually handled safely and securely but not all people received information about their medicines.	
Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery services, Termination of pregnancy.	**16**	**11** **Safety, availability and suitability of equipment**
	Why we have concerns: People who use services benefit from safe, suitable equipment that is well maintained and there are arrangements in place to ensure that it is used correctly. There are some occasions when the quantities of equipment are insufficient.	

The provider must send CQC a report about how they are going to maintain 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 by 30 June 2011.

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

Compliance actions

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

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery services, Termination of pregnancy.	**17**	**Outcome 1** **Respecting and involving people who use services**
	How the regulation is not being met: People using the service do not always have their privacy, dignity and independence respected and are not always involved in their care planning. There are occasions when people are not given sufficient information about their care and treatment, including when do not resuscitate decisions are made. .	
Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery services, Termination of pregnancy.	**24**	**Outcome 6** **Cooperating with other providers**
	How the regulation is not being met: People are not always receiving safe and coordinated care, treatment and support when more than one provider of care is involved, or they are moved between services.	
Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery services, Termination of pregnancy.	**11**	**Outcome 7** **Safeguarding vulnerable people who use services**
	How the regulation is not being met: People using the service are at risk of their human rights not being respected and upheld because not all staff have a good understanding of the rights of people under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.	

Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery services, Termination of pregnancy.	**12**	8
	How the regulation is not being met: There are systems in place to protect people from the risks of acquiring an infection but we found that some areas of the hospital were not sufficiently clean.	
Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery services, Termination of pregnancy.	**15**	**Outcome 10** **Safety and suitability of premises**
	How the regulation is not being met: The hospital takes steps to ensure people are protected against the risks of unsafe or unsuitable premises but the women's unit is in a very poor state of repair.	
Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery services, Termination of pregnancy.	**22**	**Outcome 13** **Staffing**
	How the regulation is not being met: People using the service are not always having their needs met by sufficient numbers of appropriate staff.	
Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery	**23**	**Outcome 14** **Supporting workers**
	How the regulation is not being met: Not all staff are properly supported to provide care and treatment to people who use services because they are not consistently receiving supervision and appraisal.	

Regulated activity	Regulation	Outcome
services, Termination of pregnancy.		
Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery services, Termination of pregnancy.	**11**	**Outcome 16** **Assessing and monitoring the quality of service provision**
	How the regulation is not being met: Although there are systems in the trust to monitor the quality of service, the trust does not always fully investigate incidents, complaints and near misses to enable the service to improve within nationally recognised timescales. Not all staff were able to tell us how they learnt from incidents, complaints and near misses.	
Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery services, Termination of pregnancy.	**19**	**Outcome 17** **Complaints**
	How the regulation is not being met: The trust has systems in place to deal with complaints but not all people using the service or the staff working in the hospital are aware of how to use it. People do not always receive a response to their complaint within the set timescales and investigations are not always sufficiently thorough.	
Treatment of disease, disorder or injury, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures, Maternity and midwifery services, Termination of pregnancy.	**20**	**Outcome 21** **Records**
	How the regulation is not being met: **How the regulation is not being met:** Records are stored in a secure and accessible way that allows them to be located quickly, but there are occasions when people's confidential information is not accurate, fit for purpose or disposed of correctly.	

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 by 30 June 2011.

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.

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

The table below shows enforcement action we have taken because the service provider is not meeting the essential standards of quality and safety shown below.

Enforcement action we have taken			
Warning Notice This action has been taken in relation to:			
Regulated activity	**Regulation or section of the Act**	**Outcome**	**To be met by** (if applicable)
Treatment of Disease, Disorder or Injury	**9 (1) (a) (b) (i) (ii)**	4 Care and welfare of people who use services.	31 05 2011
	How the regulation or section is not being met:	**Registered manager:**	
	People using the service are not being protected against the risks of receiving care or treatment that is inappropriate or unsafe because they do not have an assessment of their needs in place. Care and treatment are not planned and delivered in such a way as to meet the service user's individual needs and ensure the welfare and safety of the service user	N/A	
Regulated activity	**Regulation or section of the Act**	**Outcome**	**To be met by** (if applicable)
Treatment of Disease, Disorder or Injury	**14**	5 Meeting nutritional needs	31 05 2011
	How the regulation or section is not being met:	**Registered manager: N/A**	

	People using the service are not being protected from the risks of inadequate nutrition and dehydration because they are not being given the support to enable them to eat and drink sufficient amounts for their needs.		

What is a review of compliance?

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

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

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

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

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

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

Information for the reader

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