Care Quality Commission

Review of compliance

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust The Queen Elizabeth Hospital	
Region:	East
Location address:	Gayton Road King's Lynn Norfolk PE30 4ET
Type of service:	Acute services with overnight beds
Date of Publication:	March 2012
Overview of the service:	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust is licensed by the Care Quality Commission to provide a range of acute hospital services. The Queen Elizabeth Hospital is a 515-bed general hospital providing services to the people of West Norfolk and parts of Breckland, North East

	Cambridgeshire and South Lincolnshire. It provides a comprehensive range of specialist, acute, obstetrics and community-based services.

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

Our current overall judgement

The Queen Elizabeth Hospital was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review to check whether The Queen Elizabeth Hospital had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 07 - Safeguarding people who use services from abuse
Outcome 09 - Management of medicines

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 January 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

During our visit we spoke with patients on a number of wards and also with some visitors. Patients told us they were treated with respect and dignity at all times. They spoke positively about staff and described them as "pleasant" and "good". Two relatives told us they had no concerns about the way staff treated patients.

Visitors were also complimentary about the staff and told us that they were well informed about the progress of patients they visited. One visitor said, "I can't fault the care". They told us that the patient was due to go home the following day and that appropriate arrangements had been made, following discussion with the patient's family.

Patients told us that staff explained their care, treatment and progress in a way they could understand. They said that they were happy with the care they received and that, on the whole, they were having their needs met. However, a few patients said that some staff were not very helpful and they didn't feel able to ask them for help when they needed it because staff were so busy.

Patients also told us that they were given a choice of food and that they received appropriate support to eat and drink. They said that staff knew which people required help

with their meals. One patient said, "They always reposition tables and cut up food for patients."

All of the patients we spoke with were very complimentary about how their medicines were managed. They told us that they received their medicines on time, and were not kept waiting for pain relieving medicines or waiting for medicines at night. They told us that staff had explained to them the purpose of any new medicines they had been prescribed.

What we found about the standards we reviewed and how well The Queen Elizabeth Hospital was meeting them

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

The trust is compliant with this outcome.
Patients are treated with respect and with regard to privacy and confidentiality. They are involved in decisions about their treatment and receive appropriate information to help them make informed choices and to understand treatments.

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

The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made.
Patients experience safe, effective and appropriate support and treatment. They have their needs met in a way that protects their rights. However, to ensure that the trust maintains compliance, planned improvements should be completed.

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

The trust is compliant with this outcome.
Patients receive the support they need to eat and drink sufficient amounts to meet their individual needs.

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

The trust is compliant with this outcome.
Patients are adequately protected from abuse or risk of abuse because staff have access to clear information and appropriate support to address any concerns they may identify.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made.
Patients are protected against the risks associated with the unsafe use and management of medicines. However, improvements are needed to ensure good practice is consistently applied by all staff in relation to medicine administration and record-keeping.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The trust is not compliant with this outcome. Improvements are needed.
People are not adequately protected from the risk of receiving unsafe or inappropriate care and treatment because records are sometimes incomplete, inaccurate or misleading.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
During our visit we spoke with patients on a number of wards who told us they were treated with respect and dignity at all times. They said that staff respected their privacy and when the curtains were closed staff asked for permission before entering. Patients described the staff as "pleasant" and "good". Two relatives told us they had no concerns about the way staff treated patients.

Patients told us that staff explained their care, treatment and progress in a way that they could understand. One patient described how staff had spent time explaining the results of tests and what was likely to happen when they were discharged. Another patient told us that they had been well informed about an investigation they were having on the day of our visit. They had been offered choices about how this was carried out.

Other evidence
Following our last inspection the trust had developed an action plan to maintain compliance with this outcome. Action taken included weekly audits of documentation and of privacy/dignity. Reports demonstrated that the trust had identified, and was addressing, areas for improvement. For example, a report from an audit completed in January 2012 identified a lack of information on the wards about how people could contact the Patient Advice and Liaison Service to raise any concerns they may have.

This was being addressed.

Guidance for staff had been developed, entitled 'Privacy and Dignity Dos and Don'ts'. This had been produced as laminated cards and adapted for different staff groups. In addition the trust had developed a Dignity Code. Flyers had been sent out to publicise the role of dignity champions and to promote a national Dignity Day. Information was posted at the ward nurses' stations about privacy and dignity, and how this was to be upheld.

Dignity champions had been appointed in the areas we visited. Dignity champions are individuals who promote the human rights of people receiving care and treatment, and support and advise staff in maintaining a person-centred approach to their work. Contact details for the dignity champions were on display on the wards and staff we spoke with on two wards were aware of who their champion was.

We observed staff promoting patients' dignity when assisting them with care and treatment. For example, staff ensured that patients were appropriately clothed before walking around the ward. We saw that staff gave patients privacy in the bathroom, whilst ensuring they remained safe and supported.

We heard staff explaining to patients receiving care what they were doing. For example one patient was being assisted by staff to move between their bed and chair. The staff member had drawn the curtains around the bed to ensure privacy and, before leaving them, explained to the patient that they were going to get their walking frame. We also heard a member of the nursing team talking to someone about the pain they were experiencing and offering to provide them with some pain relief.

Since our last inspection improvements had been made in the way that patients' confidentiality was respected. Clinical and medical notes were not locked away but were in trolleys that were left covered when not in use. Members of the ward team left the patient bays to discuss sensitive issues, out of earshot of other patients.

We saw evidence that patients were involved in making decisions about their care and treatment. In one patient's records there was evidence that visiting professionals (occupational therapist and physiotherapist) had recorded that patients' consent had been obtained before carrying out their interventions.

We saw posters informing patients and visitors about the role of the matron. These included a photograph of the relevant matron; advice about how to contact them to provide feedback about patient experience; or to raise any concerns they may have.

In all the areas we visited showers and toilets were clearly signed. The allocation of male and female facilities was changed periodically to reflect the gender of patients on the ward. On one ward, where older people and those living with dementia were cared for, there were large clocks and calendars in every bay and in the corridor. There was also large signage on bathroom and toilet doors, highlighted in red and containing pictures that made the facilities easy to identify. .

Our judgement
The trust is compliant with this outcome.

Patients are treated with respect and with regard to privacy and confidentiality. They are involved in decisions about their treatment and receive appropriate information to help them make informed choices and to understand treatments.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
Patients with whom we spoke told us that they were happy with the care they received and that, on the whole, they were having their needs met. Patients made comments like, "The nursing and care staff are fantastic and so patient with the older people." One patient described how well the nursing staff had supported them to control their pain, whilst they were waiting for a doctor to arrive. However, a few patients said that some staff were not very helpful and they didn't feel able to ask them for help when they needed it because staff were so busy.

A visitor told us that their relative was unable to express their own views because they were confused. This person told us that they were in regular contact with the ward and that they had been invited to a multi-disciplinary meeting to discuss the patient's care and discharge arrangements.

Another visitor spoke positively about being supported by staff to stay throughout the day with their parent, who was living with dementia. They said, "I can't fault the care". They told us that the patient was due to go home the following day and that appropriate arrangements had been made, following discussion with the patient's family.

Other evidence
At our last inspection we identified concerns about the quality and safety of patient care on some wards. The trust provided us with an action plan that demonstrated they were addressing these concerns and monitoring improvements. This included completing weekly audits of how care was delivered and recorded. An updated action plan showed

that a review of nurse documentation was ongoing at the time of this visit.

We were told about a project to change the designation of some wards to better meet the needs of patients. One ward had been set up for unplanned admissions of patients for up to 72 hours. This was intended to reduce the number of patients admitted for specialist care and treatment to inappropriate wards; and to facilitate timely and effective patient discharge. Two other wards were being reassigned as 'step-down' facilities to provide care for older people preparing to go home.

Information was available for ward staff about how to meet the needs of patients. Examples included guidance about other services such as the mental health liaison service and a 24 hour stroke outreach service.

During our visit we observed patients' experience of care on the wards and we saw no evidence that patients' needs were not being met. Patients received attention when they requested it. For example, patients were assisted to use the bathroom when they asked. On the wards providing care to a number of older patients and patients with dementia, we found the atmosphere to be calm and that staff were appropriately deployed in sufficient numbers and well organised.

Individual patients' needs were assessed and new signage was in place above their beds that indicated to staff and visitors each person's need for support and risk management. For example, one board indicated "High risk of falls; transfer with two plus rollator frame." We observed that staff were aware of the individual needs of patients and delivered care in a way that demonstrated this knowledge.

We looked at the records of treatment and care for some patients. We found that care plans were not individualised and did not provide information about the specific needs of each person. There was no detail about patients who required higher levels of support, or taking into consideration their preferences and choices. When we asked senior staff about this they told us that the revised nursing documentation, under development, was designed to address this issue.

During the last inspection the trust told us that they would be introducing a 'hospital passport' by January 2012. This would contain patient centred information to enable to staff to deliver individualised care to patients who were not able to communicate their needs. Senior staff assured us that the hospital passport would be completed on admission to hospital to ensure that they could ask any relatives or representatives for information. At the time of this inspection visit, the hospital passport had not been fully introduced. Whilst the initiative was well advertised, we saw only one example of a completed hospital passport. This provided information about the patient, how best to communicate with them and their wishes and preferences for care.

Records showed patients were referred to other professionals, including the speech and language therapist, dietician, occupational therapist and physiotherapist. Patients who were assessed as being at risk of developing pressure sores had equipment in place to minimise the risk. We saw records that showed one patient had developed reddened areas despite being nursed on a pressure relieving mattress. The patient's records recorded that heel protectors needed to be ordered. We saw evidence that these were ordered promptly and were in place to try to prevent the patient's skin condition deteriorating further.

Our judgement
The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made.
Patients experience safe, effective and appropriate support and treatment. They have their needs met in a way that protects their rights. However, to ensure that the trust maintains compliance, planned improvements should be completed.

Outcome 05:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Patients with whom we spoke told us that they were given a choice of food. They said that on the whole it was good. One patient said the food was bland. However, another, who had been admitted several times over the previous three years, said, "The food is very good. It is the best it has ever been".

People also told us that they received appropriate support to eat and drink. They said that staff knew which people required help with their meals. One patient said, "They always reposition tables and cut up food for patients." Another described how staff had met the needs of an older patient and had "bent over backwards" to encourage them to eat breakfast. They had asked them, "What do you have at home?" and were able to provide the cereal the patient preferred. When the patient refused cereal with cold milk staff had provided hot milk and the patient had eaten their breakfast.

Other evidence
Since our last inspection we found that improvements had been made to ensure people ate and drank well. Systems were in place to monitor these improvements. This included the trust completing weekly audits of nutrition and associated records. The January 2012 audit report showed that protection of mealtimes was inconsistent, as were nutritional assessments and action was being taken to address this. To support further improvements the trust had developed guidance for staff in the form of 'nutrition dos and don'ts' and there was a pilot project in progress on one ward to test a new system for ordering meals. New signage was in place above patients' beds that indicated individual people's needs in relation to nutrition and hydration. For example, "Think glucose; puree diet; 3 scoops of thickened fluid"

Information was available to staff and ward visitors about how patients were supported to take adequate food and drink. This included a poster about protected mealtimes at ward entrances; guidance about completing fluid balance records; missed meals service guidance; standards for protecting mealtimes and a checklist for referrals for specialist swallowing assessment. On a short stay ward, where the number of patients fluctuated daily we saw a notice reminding staff to contact the hospital kitchen each morning to confirm the number of patients who required breakfast.

The trust had also introduced meal coordinators who were responsible for ensuring that patients were given appropriate meals and supported to eat their food where needed. We were told that there were checks before mealtimes by a senior member of staff who would arrange for additional 'meal mates' to support patients needing assistance if this was appropriate. Coordinators wore tabards indicating their role so that other staff would know who to refer to if there were problems. The role of the mealtime coordinator was displayed in the nurses' station

During our visit we observed lunchtime on two wards where there were a high number of older patients and patients living with dementia. Resources to assist patients were concentrated where they were most needed. There were sufficient staff available to assist patients and we saw that meals were not rushed. Staff told us they did not clear away patients' trays until the meal had been recorded.

We saw the meal coordinator talking to staff and giving them instructions about what level of support some patients required. The trust continued to use a system of different coloured trays and water jugs to identify patients who needed assistance to eat and drink. A temporary member of staff told us that they found this particularly useful.

The meals were served in two phases. The first heated trolley contained meals for patients who required support to dine. Once those patients had been finished their meals, the meals were served from a second trolley to patients who were able to dine independently. This newly introduced routine meant that patients in need of support had the full attention of staff.

Patients who needed physical assistance to eat were supported sensitively and in a way that maintained their dignity and independence. We saw patients being encouraged to eat and drink and some being offered alternatives when they did not want what they had ordered. Staff assisting patients to eat, sat alongside them where this was practicable. On three occasions staff needed to stand beside beds because of the use of bedrails, or the patient's condition and posture. We heard one of these staff ask for assistance to adjust a bed because the patient's position was not appropriate for someone to eat their meal.

We saw that everyone had drinks available to them. These were offered twice during the lunch time period. One patient's drink was placed out of reach of but this was rectified and they were assisted with their cup of tea. Patients whose fluid intake was being monitored had charts in place for this.

We were told that mealtimes were protected and medicine rounds were not routinely carried out during meals. However, this was not the case on all of the wards we visited. Although medical staff were present at the start of the mealtime, they had finished attending to patients and were updating records away from patient areas, before

leaving the ward.

Staff told us that preparing patients to have their meal included offering assistance with hygiene and ensuring that patients were in the most appropriate position to eat. Whilst we did not have the opportunity to confirm that everyone was offered assistance to clean their hands or to use the toilet beforehand, we did see evidence of used hand wipes on bedside tables.
No one used a commode during the meal, although two men were offered bottles to use; their curtains drawn appropriately.

During our visit we looked at the care records for some patients. Patients who were at risk of poor nutrition had their food and drink intake recorded. We saw evidence that where appropriate, dieticians had been involved and patients were prescribed nutritional supplements. We saw one patient drinking their supplement. Another patient's notes showed that they were to receive a high calorie, soft diet and the availability of a supplement was recorded on their food intake chart, showing it was to be offered once or twice a day, depending on what the patient could tolerate. The patient had been provided with this, but it remained unopened. They told us they had not had any, did not know what it was, but thought it was a 'pick me up' of some sort.

We saw good examples of how patients' individual needs were met. One patient, who had been away from the ward for treatment, returned towards the end of lunch. Staff consulted them about what they wanted to eat and arranged for the appropriate meal to be provided. Another patient had a sign on their bed stating that they could not eat or drink after breakfast, prior to an investigation. The patient was fully aware of this and explained that this procedure had been delayed. As they had been unwell during the previous night and unable to drink, staff had agreed that the patient could drink until 11am. This patient had ordered a salad for lunch and staff had agreed to put it in the fridge until they felt like eating it.

Our judgement
The trust is compliant with this outcome.
Patients receive the support they need to eat and drink sufficient amounts to meet their individual needs.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
We did not speak with patients on this occasion about how safeguarding was managed within the trust. However, none of the patients or relatives we spoke with expressed any concerns about personal safety.

Other evidence
Since our last inspection improvements had been made to maintain compliance with this outcome. The trust was monitoring these improvements and taking further action as appropriate. In addition a declaration about the trust's commitment to protecting vulnerable adults had been approved for publication on the trust's website.

We found that each ward had a designated person who was a point of contact for staff if they needed advice and support with safeguarding issues. There was a poster on each ward with a photograph and contact details of the designated safeguarding lead.

The range of information available to staff, about what might constitute abuse and how to report it, had improved since our last visit. The safeguarding poster also referred staff to a new page on the hospital intranet and to the information folders.

Folders of information were available on the wards we visited. These set out the steps staff should take if they suspected that a patient was, or had been at risk of harm. Information included a chart for staff to follow if they suspected that abuse had occurred outside the hospital, perhaps before the patient was admitted. This gave contact details for neighbouring safeguarding authorities so staff could direct referrals

appropriately. There was further, more detailed guidance if staff felt that there was a suspicion that any abuse might have occurred within the hospital. This gave contact details for Norfolk's safeguarding team and information about their procedures, as well as a referral form. There was guidance about what to do inside and outside office hours.

When we looked at patients' records we found that when some patients were admitted to hospital a safeguarding assessment was completed in order to identify any issues relating to the protection of the patient. We also saw evidence that staff had made appropriate arrangements to uphold the rights of someone who wished to leave the hospital, but was assessed as unsafe to do so.

Our judgement
The trust is compliant with this outcome.
Patients are adequately protected from abuse or risk of abuse because staff have access to clear information and appropriate support to address any concerns they may identify.

Outcome 09:
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 09: Management of medicines

Our findings

What people who use the service experienced and told us
All of the people we spoke with were very complimentary about how their medicines were managed. They told us that they received their medicines on time, and were not kept waiting for pain relieving medicines or waiting for medicines at night. They told us that staff had explained to them what any new medicines they had been prescribed were for. Further information about medicines was available if they wanted it, including discussion with pharmacists about medicines.

Although there is a trust policy on self-administration of medicines, we were told by ward staff that people rarely manage their own medicines, but everyone we spoke with were happy with nurses safe-keeping and administering medicines to them.

Other evidence
We noted that people's medication was checked promptly on admission by the pharmacy team. Nursing staff on wards told us that they receive a good service from the pharmacy department. Pharmacy staff visited the wards to review drug charts and order new and discharge medicines. We saw that medicines, including controlled drugs and medicines awaiting people's discharge from the hospital, were stored safely. Medicines in trolleys were kept locked and medicines were not being left out with people on the ward.

We observed how medicines were administered and saw that safe procedures were being followed and people were offered information by nurses. Nurses told us that care

staff had recently begun to assist with the administration of some medicines where people need more time to take them. Nurses said they understood that they retained responsibility and accountability for the administration of medicines and that they must remain in the vicinity at such times. However, we suggested that further clarity on this is needed in the Trust's medicine policy. Nursing staff and carers involved with medicine administration on the wards had received medicine management training. In addition, systems have been put in place for senior nurses to monitor and improve the quality of medicine management through weekly audits of relevant procedures and documentation.

We looked at some people's prescription charts and noted there was information about their known allergies and medicine sensitivities. There were clear records of medicine administration. However we noted that some records of when medicines prescribed for regular administration were not given needed further clarification. We also found that when some medicines were changed by prescribers there were not always full records of decisions made in relation to the changes.

Our judgement
The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made.
Patients are protected against the risks associated with the unsafe use and management of medicines. However, improvements are needed to ensure good practice is consistently applied by all staff in relation to medicine administration and record-keeping.

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
We did not speak with patients on this occasion about how their records were managed. However, none of the patients or relatives we spoke with expressed any concerns about the confidentiality of records.

Other evidence
Although we did not plan to assess compliance with this outcome, we identified some concerns about record keeping during our inspection. We looked at how well the trust was maintaining accurate records of the care and treatment patients needed and received. We found that the trust had put in place systems to assess patients' needs and record how they were met. However, some records were not completed correctly so they did not clearly show how people's needs were being met.

Some of the assessments had not been kept up to date and did not accurately reflect individual patients' needs. We also found that some records were not completed correctly so we could not determine from the records if patients' needs were being met at all times. Because important information was recorded in various places and not transferred to care plans we found it difficult to properly track how patients' needs were being met. For example, information about changes in care was generally recorded in the daily nursing notes but care plans were not always amended to reflect these changes.

Care plans contained limited information, making it difficult to understand patients' individual needs. The plans we saw comprised a list of possible interventions or observations and staff indicated which ones were relevant to that particular patient. Patients' individual circumstances, their wishes and preferences were not recorded. There was guidance within the care plans instructing staff to personalise them by adding to the printed information. However, we did not see any examples of where this had been carried out.

We saw several examples of care plans containing incomplete or inaccurate records. One patient's plan directed staff to monitor the patient's blood glucose levels, but there was no information about how often this should be done. Another patient required assistance to eat and drink but this was not recorded in their care plan, which stated only that they required a normal diet. Records for one patient's mouth care showed that they were dependent upon staff and that they had a dry mouth. The care plan indicated that staff should administer "fluids as allowed, (ice or ice water, mouth washes, saliva substitutes)". It did not say how often this should happen and the record was signed by staff only once a day.

We looked at other assessments relating to patients' health needs and associated risk assessments. We found that risks had been identified, but that actions to address them had not necessarily been included in plans of care and treatment. For instance the records of one patient living with dementia stated that they wanted to go home and would attempt to leave the ward. However their hospital passport document had not been completed and we did not find any care plan to address this risk.

Each patient had a moving and handling assessment; however these assessments were not always complete or accurate. One patient's moving and handling plan indicated that the patient was to be turned using a slide sheet. The section for moving the patient up or down the bed required staff to delete information about equipment that was not appropriate. This had not been done and so it was unclear how the patient was to be moved, or what equipment was required.

Several patients' records indicated that bedrails were required. We saw guidance for staff about assessing the need for bedrails; with a flow chart to support safe and effective decision making. None of the records examined contained evidence that this flow chart had been used to ensure the appropriate use of bedrails. There was no record of the rationale for decisions; no further assessment to check the safety of the patient; and no record of the patient's agreement. The guidance for use of bed rails also indicated that if a patient was confused or agitated bed rails were not appropriate. One patient's care plan indicated that bed rails had been fitted on the same day that staff had assessed and recorded that the patient was agitated and confused. There were no further notes to identify why the trust's guidance had not been followed.

For one patient, there was a nutritional risk assessment that stated that the patient had a normal food intake and their risk of malnutrition was low. However, a record of dietary intake showed the patient was eating less than half of their meals since the record was started, eight days prior to our visit. This information had not triggered a review of the risk assessment. When we looked at other records we could see that a dietician had been involved and recommended that the patient be given a pureed diet and nutritional supplements. We observed that the information above the patient's bed said they needed a pureed diet and they were having additional nutritional supplements but this

had not been recorded in the plans of care, or in the records of dietary intake. The patient's needs were being met but the records had not been kept up to date and were not accurate.

Some records were contradictory. For example one patient's clinical notes for 25 January 2012 showed that the patient was feeling sick and had vomited that morning. The same entry went on to record that the patient was "eating and drinking well". The corresponding entries for their food intake on 24 and 25 January did not support this. Whilst there was evidence of the involvement of a dietician who had identified the need for a high calorie soft diet for this patient; their food intake chart did not record whether they had received any of the required food supplements.

The decision for one patient not to be resuscitated was recorded in their case notes. Hospital staff had completed a corresponding form, based on the information available from either the care home from which the patient had been admitted, or the paramedic team. This form had been signed by one member of the medical team, with another signature from a consultant saying the decision not to resuscitate this patient was 'indefinite'. The trust's corresponding guidance stated that, if the order was 'indefinite', it required 'special consideration'. We could not determine whether this guidance had been followed because the records were incomplete. The form prompted recording of the names and roles of people with whom the decision not to resuscitate had been discussed. There was no record of whether it had been discussed with a relative. This was recorded as 'not yet'. When we spoke with this patient's next of kin about their general views about care, they told us that they telephoned the ward daily and visited three times a week. Despite this, there was no record that the decision not to resuscitate the patient had been discussed with them.

We identified some examples where we could not be certain that records were completed contemporaneously (at or soon after care was delivered). For example, we looked at one patient's chart for documenting "care rounds" which were to be carried out every two hours to check the patient's welfare, comfort and health. These were completed at 1.05pm on the day of our visit ahead of the scheduled time, and included a signature of checks made for the supper and medicine round due at 6pm.

We found that other records relating to nutrition that were inaccurate. Records of individuals' dietary intake were not always being completed after meals and so we could not be certain that they had been offered food, or how much food may have been eaten. In a number of patients' dietary records not all relevant sections were completed such as, what patients' preferences were, or if they were having nutritional supplements.

We checked another patient's 'oral fluid monitoring chart' for 21 January 2012. This contained records of them drinking at intervals up to 6pm only. There were no further records until the following morning. The total fluid intake for 21 January was recorded as 650ml. This was below recommended appropriate levels and was lower than the patient's recorded urine output for the same day. This led us to believe that their fluid intake had not been accurately recorded.

Throughout our visit we observed that clinical notes were stored securely and we saw notices on ward surfaces reminding staff "Do not leave case notes here." On one ward forms requesting pathology tests were on a clipboard away from public view. However,

on another ward a basket on a desk was marked "Samples for collection" and one form for a pathology request had a patient's name and their symptoms clearly visible and accessible to anyone visiting the ward.

From the information we reviewed there was good evidence that patient records were being routinely monitored, through weekly audits. However a January 2012 audit report showed that some documentation, such as the recording of patients' needs, choices and preferences, was poor. In addition the trust had identified that nutritional, safeguarding and other risk assessments were inconsistently completed.

Our judgement
The trust is not compliant with this outcome. Improvements are needed.
People are not adequately protected from the risk of receiving unsafe or inappropriate care and treatment because records are sometimes incomplete, inaccurate or misleading.

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
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients experience safe, effective and appropriate support and treatment. They have their needs met in a way that protects their rights. However, to ensure that the trust maintains compliance, planned improvements should be completed.	
Family planning	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients experience safe, effective and appropriate support and treatment. They have their needs met in a way that protects their rights. However, to ensure that the trust maintains compliance, planned improvements should be completed.	
Maternity and midwifery services	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The trust is compliant with this outcome, but to	

	maintain this, we suggested that some improvements are made. Patients experience safe, effective and appropriate support and treatment. They have their needs met in a way that protects their rights. However, to ensure that the trust maintains compliance, planned improvements should be completed.	
Nursing care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients experience safe, effective and appropriate support and treatment. They have their needs met in a way that protects their rights. However, to ensure that the trust maintains compliance, planned improvements should be completed.	
Surgical procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients experience safe, effective and appropriate support and treatment. They have their needs met in a way that protects their rights. However, to ensure that the trust maintains compliance, planned improvements should be completed.	
Termination of pregnancies	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients experience safe, effective and appropriate support and treatment. They have their needs met in a way that protects their rights. However, to ensure that the trust maintains compliance, planned improvements	

	should be completed.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients experience safe, effective and appropriate support and treatment. They have their needs met in a way that protects their rights. However, to ensure that the trust maintains compliance, planned improvements should be completed.	
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients are protected against the risks associated with the unsafe use and management of medicines. However, improvements are needed to ensure good practice is consistently applied by all staff in relation to medicine administration and record-keeping.	
Family planning	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients are protected against the risks associated with the unsafe use and management of medicines. However, improvements are needed to ensure good practice is consistently applied by all staff in relation to medicine administration and record-keeping.	
Maternity and midwifery services	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines

	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients are protected against the risks associated with the unsafe use and management of medicines. However, improvements are needed to ensure good practice is consistently applied by all staff in relation to medicine administration and record-keeping.	
Nursing care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients are protected against the risks associated with the unsafe use and management of medicines. However, improvements are needed to ensure good practice is consistently applied by all staff in relation to medicine administration and record-keeping.	
Surgical procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients are protected against the risks associated with the unsafe use and management of medicines. However, improvements are needed to ensure good practice is consistently applied by all staff in relation to medicine administration and record-keeping.	
Termination of pregnancies	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients are protected against the risks associated with	

	the unsafe use and management of medicines. However, improvements are needed to ensure good practice is consistently applied by all staff in relation to medicine administration and record-keeping.	
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	Why we have concerns: The trust is compliant with this outcome, but to maintain this, we suggested that some improvements are made. Patients are protected against the risks associated with the unsafe use and management of medicines. However, improvements are needed to ensure good practice is consistently applied by all staff in relation to medicine administration and record-keeping.	

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 to us within 28 days of the date that the final review of compliance report is sent to them.

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
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People are not adequately protected from the risk of receiving unsafe or inappropriate care and treatment because records are sometimes incomplete, inaccurate or misleading.	
Family planning	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People are not adequately protected from the risk of receiving unsafe or inappropriate care and treatment because records are sometimes incomplete, inaccurate or misleading.	
Maternity and midwifery services	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People are not adequately protected from the risk of receiving unsafe or inappropriate care and treatment because records are sometimes incomplete, inaccurate or misleading.	
Nursing care	Regulation 20 HSCA 2008	Outcome 21: Records

	(Regulated Activities) Regulations 2010	
	How the regulation is not being met: People are not adequately protected from the risk of receiving unsafe or inappropriate care and treatment because records are sometimes incomplete, inaccurate or misleading.	
Surgical procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People are not adequately protected from the risk of receiving unsafe or inappropriate care and treatment because records are sometimes incomplete, inaccurate or misleading.	
Termination of pregnancies	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People are not adequately protected from the risk of receiving unsafe or inappropriate care and treatment because records are sometimes incomplete, inaccurate or misleading.	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People are not adequately protected from the risk of receiving unsafe or inappropriate care and treatment because records are sometimes incomplete, inaccurate or misleading.	

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

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

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

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

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

What is a review of compliance?

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

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

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

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

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

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

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

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

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA