

Review of compliance

Norfolk and Norwich University Hospitals NHS
Foundation Trust
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Region:	East
Location address:	Colney Lane Colney Norwich Norfolk NR4 7UY
Type of service:	Acute services with overnight beds
Date of Publication:	October 2011
Overview of the service:	The Norfolk & Norwich University Hospital NHS Foundation Trust, which includes Cromer Hospital is the largest of three trusts covering a population in Norfolk of 839,190. The Norfolk & Norwich hospital has 1010 beds and employs 6,245 staff.

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

Our current overall judgement

Norfolk and Norwich University Hospitals NHS Foundation Trust 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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 7 October 2011, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

During our visit on 07 October 2011 people told us that staff were good at promoting their privacy and dignity. They told us that they had been kept well informed about their health and had been involved in any decisions made about their treatment. They told us that they had been given good information about what will happen when they leave hospital.

We were told by people on the maternity ward that they could not fault the support the hospital had given them during their stay. They told us that they knew exactly what was happening, why it was happening and what the plans were for their stay and then their discharge home. They said "I feel fully involved and not at all awkward when asking questions."

People on one ward with whom we spoke told us that staff were very good and responded to their needs well. They said that "staff can't do enough for you". They also told us that staff were very busy and they had to sometimes wait for up to ten minutes for a response to a call bell. Yet another person accommodated in a side room told us "I can ring the bell at anytime and get the help I need. I never have to wait long."

People we spoke with after the lunch meal had been served told us "The food is alright most of the time but sometimes it is not very good" and "The food is pretty fair, we get a choice from the menu and it is hot." People told us that they got enough to eat and one person stated "When my food got cold because I was called away for a treatment my meal was replaced with a hot meal." On the maternity ward we were told how pleasantly surprised people were by the quality and choice of the food provided which was hot and

tasty.

We were told that although staff were very busy they were very caring. One person told us, from their own observations, how staff spent time with people who were very poorly and could not communicate. She said that staff would spend time sitting with people, perhaps stroking their hand or cheek to offer reassurance and try to connect with them.

New mothers on the maternity ward had nothing but praise for the staff. They gave us good examples of how staff had spent time guiding and explaining how to care for their baby. We were told, "I was anxious but am now reassured." One mother said that she had been offered an extended stay to ensure she was confident in managing breast feeding before she was discharged.

People staying in the hospital told us that they were asked if they were satisfied with the nursing care and support they received. They also said "I have been given a questionnaire to fill in mostly about the food but also about the care I have received."

What we found about the standards we reviewed and how well Norfolk and Norwich University Hospitals NHS Foundation Trust 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

Improvements are required to ensure that people's rights to dignity are always upheld.

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

Not all people can be assured that their care needs are met.

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

Although improvements have been made to ensure that people's nutritional needs are met, there are still further improvements required.

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

People who use this service are safeguarded against the risk of abuse.

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

People do have their health and welfare needs met by sufficient numbers of appropriate staff.

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 hospital has systems in place that regularly monitor the service provided. Comments/complaints will be listened to and action will be taken.

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

People cannot be assured that their records contain all the relevant information about the care required.

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.

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**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

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People with whom we spoke told us that staff were good at promoting their privacy and dignity. One person told us that they had been kept well informed about their health and had been involved in any decisions made about their treatment. Another person told us that they were due to be discharged and had been given good information about what will happen when they leave hospital.

On another ward people told us that when they had been admitted to the hospital staff members had asked them questions about their personal and health history. They told us that all of the staff treated them with respect and involved them in discussions on all aspects of the nursing care and treatment that they were to receive. People told us "I am asked my opinion by staff and they explain what treatment I need to have and if I agree I give my consent." They all told us that they could choose what to wear and that staff always protected their dignity by closing the curtains around their bed.

One person told us that staff were very good at answering their questions, They were anticipating being given additional information about their condition when they were ready for discharge.

We were told by people on the maternity ward that they could not fault the support the

hospital had given them during their stay. One person, who had other healthcare needs, told us that they knew exactly what was happening, why it was happening and what the plans were for their stay and then their discharge home. They said "I feel fully involved and not at all awkward when asking questions."

Other evidence

During our visit we looked at how people's privacy and dignity was promoted. We noted that same sex accommodation and facilities were provided.. Toilets and bathrooms were clearly marked and within easy reach of the six bedded bays.

We saw that curtains around beds were used appropriately to promote people's privacy. These were closed fully when staff were carrying out personal care, treatment or consultation. Staff were discrete when talking to people and treated them with respect. We observed a porter assisting a person from bed to a wheelchair. Care was taken to ensure this person was appropriately dressed and comfortable for their journey to another part of the hospital. However, we also saw two examples of dignity being compromised. On these occasions peoples night clothes were not adjusted when they were assisted with their toileting needs.

We observed conversations held with people that were carried out discretely and attempts were made by staff to not be overheard by talking quietly.

On one ward we saw leaflets available for patients and visitors about specific medical conditions. There were also leaflets explaining, what happens on leaving hospital and what services would be available that provide support to people, such as patient groups. There was an introduction/welcome leaflet for new patients at the entrance to a ward. We were told by staff that this leaflet is given to all people who are admitted.

We spoke with staff who told us that if a person lacked the capacity to understand or to make a decision, their family members and advocates were involved and consulted.

Some of the wards were accommodating a number of people who were confused and/or had a formal diagnosis of dementia. We asked about the use of 'This Is Me' information. This recorded peoples' histories, likes and dislikes and key information important to them as individuals so that staff would understand how to support them effectively. We found that only some of the wards had the information partly completed. Others had not been completed at all.

People who had specific dietary needs or who required assistance to dine were clearly identified by signage above their beds, or on the doors of side rooms. On one ward there were lists inappropriately displayed called 'feeding board' on full view to all visitors which does not promote dignity.

Most people had their call bells accessible to them so they could summon assistance from staff if it was needed. One person with whom we spoke had been admitted during the night and showed us that their call bell was clipped onto the bed sheet to ensure it remained accessible to them.

Our judgement

Improvements are required to ensure that people's rights to dignity are always upheld.

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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People on one ward with whom we spoke told us that staff were very good and responded to their needs well. One person said that "staff can't do enough for you". Another person told us that staff were very busy and they had to sometimes wait for up to ten minutes for a response to a call bell.

Another person accommodated in a side room told us "I can ring the bell at anytime and get the help I need. I never have to wait long"

On another ward people told us that the staff were very good and caring. One person said there was a particular member of staff who could not have supported them better if they had been their own relative. Other people said they were very happy with their care and that staff were good. However, one person said staff had to disconnect their drip so they could get undressed and staff had forgotten to reconnect it until asked to do so.

One person told us that they had been receiving bed baths since their admission but that on the day of our visit they had been offered a shower. They told us how much they had enjoyed this opportunity. Another person had very long fingernails that were curling into their hand slightly. They told us that staff had provided some clippers but they had not got sufficient strength in their grip to use them properly.

Other evidence

During our visit we asked staff to inform us of the people living with dementia. We made

observations of those people on the ward and how well staff were meeting their needs. We also looked at the records relating to those people.

To appropriately meet the needs of people they care for staff told us they relied heavily on the information they received at each shift handover. When we asked staff on one ward to identify people who were living with dementia they referred to their handover sheets. We did not see anyone referring to the 'This Is Me' booklet.

We spoke with staff members on another ward and they told us that they all took responsibility for ensuring that everything was right for each patient. Two said "We work as a team and have joint meetings with all professionals working on the ward and who are involved in the care of a person, to ensure problems are identified and resolved." They told us that plans of care had recently improved and were kept up to date by all staff.

Although personalised information within each person's records was lacking in some wards it was evident through observation that staff were carrying out generic tasks appropriately.

We saw evidence that people were referred to other healthcare professionals appropriately and we saw assessments by physiotherapists, occupational therapists and dieticians. These professionals were also seen working with ward staff, talking with people and recording their findings.

One staff member talked to us about a new trial introduced in September 2011 to assess the level of pain someone may be feeling. The information about the trial was given to people who were admitted to the ward and also shared with us. We saw the completed chart for one person and the pictorial method used to help people who may not clearly understand. The staff appeared very motivated about this trial and recognised the value of having this information as they talked to us about the process.

Our judgement

Not all people can be assured that their care needs are met.

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

There are minor concerns with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

During our visit we observed the lunch time process, looked at people's nutritional needs and spoke with people using the service and with staff.

People with whom we spoke told us that the food was reasonable and they were offered choices. One person said that the teatime choices were limited to sandwiches and jacket potato but they were satisfied with that.

One person told us how much they had enjoyed their lunch. They described it as very tasty.

People we spoke with after the lunch meal had been served told us "The food is alright most of the time but sometimes it is not very good" and "The food is pretty fair, we get a choice from the menu and it is hot." People told us that they got enough to eat and one person stated "When my food got cold because I was called away for a treatment my meal was replaced with a hot meal."

People commented favourably about their lunch saying "That's nice"; "Looks lovely"; "The pasta is very nice indeed" and "Just nice and warm."

On the maternity ward we were told how pleasantly surprised people were by the quality and choice of the food provided which was hot and tasty.

Other evidence

During this visit we inspected one ward that had previously been visited during our

inspection in March 2011. We observed catering staff talking to people on the ward, explaining what the meal options were and taking people's orders for lunch. The menus were laminated and were in word and/ or picture format to help people choose their food. We noted how encouraging the catering staff were. One person who was not sure what they would like was shown two plates of food to enable them to make their choice. Descriptions were given as to what was on each plate giving the person time to make their decision. Throughout the serving process catering staff and ward staff were talking to people in a pleasant manner which was calm and unhurried.

Due to the number of people on this ward who required assistance to eat a new system had been introduced. The meal was served to one half of the ward and staff made themselves available to assist with the meal. The hot trolley of food then went to another ward to return 30 minutes later to serve the other half of the ward. We observed the 'red tray' system being used, which is recognised by the staff as the coloured tray to be given to people who need support to eat. The staff member with whom we spoke, showed us the wipe board, that was discretely hidden, (on this particular ward), that highlighted who needed assistance to eat their meal and the named staff member allocated to help that person. No one was hurried, general encouragement was given and as a result more food was eaten. At the end of the meal the catering staff showed us the food wastage which was approximately one third of a bucket. According to this staff member the waste had halved on this ward since introducing this split lunchtime procedure showing more people were eating their food. Throughout the meal we noted a calm approach, more staff were available to encourage eating and medical staff did not visit the people during the meal. This was a great improvement on this ward following the inspection of March 2011. Staff told us how they had embraced the need for change and how they could already see the benefits of that change.

During the meal time on another ward we saw that staff sat alongside people when they were offering assistance to eat and drink. We also saw that after all meals were served in a six bedded bay the doors were closed to minimise noise and disruption. This contributed to a quieter and calmer meal time.

Medical staff present on a ward when the meal trolley arrived, left during the meal time. We heard one person say, "It is dinner time so we need to scarper." Staff confirmed that mealtimes were 'protected' so that people were not interrupted by medicine or doctor's rounds unless there was a clear clinical need or an emergency.

Therapists on a ward had started to develop more specific guidance for staff about how people were to be supported if they needed some assistance when eating. There was guidance about the type of support that should be offered and how people could be encouraged to maintain or recover some degree of independence. This included whether aids such as non-slip mats and plate guards were needed to make eating easier for people. We were also told that the ward had obtained some shorter tables to use for smaller people because those provided would not always go low enough for them to be able to eat comfortably.

On another ward we observed that the mealtime was unhurried and that people were given plenty of time to eat their food. A volunteer assisted one person who was unable to eat without full assistance. We were told that volunteers were made use of when they were available but would not be assisting with anyone who had complex needs, such

as a risk of choking.

Prior to the meal being served on a ward we observed staff members assisting people to use the toilet, wash their hands and to be seated in bed in the correct position to eat and drink. We noted that each staff member dealt with one person at a time and ensured that they received the meal, special diet or supplement they had chosen, the correct adapted cutlery they needed and the assistance they required to eat. We observed staff members communicating well with the person they were assisting and to assist the person at their pace.

We looked at the care plan records. Assessments of people's risk of malnutrition and dehydration had been completed on some wards. We saw that people were weighed weekly and that a therapist and/or dietician had assessed each person and recorded the assistance, support and equipment they needed. The records on some wards were not so clear and some gaps in recording were noticed.

We spoke with staff who told us that changes had been made to the meal times and to the system of identifying and assisting people needing help. The staff on some wards told us that a nurse co-ordinator for meals had been put in place and was responsible for checking that each person received the meal and assistance they required. They also told us that each nurse team took responsibility for ensuring that the people they cared for on each shift received the assistance and equipment they needed. This helped to ensure people were able to experience a calm, relaxed meal time. They told us that they found the new system and practice beneficial because it gave them the opportunity to stop what they were doing and to spend more time with the people in their care.

We noted on one ward one person was assisted with their meal while the staff member stood up and spoke to another nurse while helping this person to eat. Another person was offered their meal while still wearing an oxygen mask. They could not remove it without help which was not noted for a number of minutes. A number of people required support to eat their meal by the evidence of the 'red tray' system but they did not always get the support on this particular ward during our visit.

Our judgement

Although improvements have been made to ensure that people's nutritional needs are met, there are still further improvements required.

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 talk with people who use this service about safeguarding.

Other evidence

Safeguarding information was available on the wards we visited. Blue posters on display emphasised the need for vigilance of all staff and directed staff to raise concerns internally with their line manager or escalate to the trust lead for safeguarding.

On one ward we asked staff what was expected of them if they had any concerns about suspected abuse of vulnerable adults. Three staff gave us consistent information about the person they were expected to report to if they had concerns. We asked about any information on the ward, to which staff could refer. In response we were shown the poster near the entrance of the ward that contained supporting information and alternative telephone numbers.

Senior staff confirmed with us the safeguarding procedures and training that all staff had to undertake. Although contact with the safeguarding team had not been necessary recently staff were able to give us an example of when a referral was necessary. This showed that appropriate referrals were forwarded as and when required.

The ward staff also confirmed that safeguarding training was included in mandatory training for all staff which was available on the hospital 'intranet' and updated for staff annually.

Our judgement

People who use this service are safeguarded against the risk of abuse.

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Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People with whom we spoke said that, although staff were very busy they were very caring.

One person told us, from their own observations, how staff spent time with people who were very poorly and could not communicate. She said that staff would spend time sitting with people, perhaps stroking their hand or cheek to offer reassurance and try to connect with them.

Another person with whom we spoke said that a couple of days before our visit their ward had been very short staffed. The person was not sure how many staff had been missing but said that they coped really well and patients could not really tell how short the ward was. We were told that staff still came quickly when people used their call bells.

We spoke with people on another ward who told us that the nursing staff treated them kindly and knew about their conditions and treatments. People said "The nurses here are great" and others told us "Nurses are polite, treat me with respect and you can have a laugh with them."

New mothers on the maternity ward had nothing but praise for the staff. They gave us good examples of how staff had spent time guiding and explaining how to care for their baby. We were told, "I was anxious but am now reassured." One mother said that she had been offered an extended stay to ensure she was confident in managing breast

feeding before she was discharged.

Other evidence

The white board on wards visited showed how many staff were on duty. We were able to confirm this with the person in charge and by observation. This showed the number of staff on duty corresponded with that board and the areas of the ward to which they had been allocated.

Two people were noted as requiring close supervision. Additional staff were present and offered the extra support required. Each person we saw was in need of individual assistance with their food and had a staff member with them showing us that a suitable number of staff was on duty on this particular ward when the support was required. However, this was not true on another ward where three people were needing help and no staff were present. Although there appeared enough staff on the ward according to the listed staff on duty, it was not clear how their duties were designated.

Throughout the visit we noted the specialist skills of designated staff in units where expert knowledge was required. For example a nurse who had knowledge, training and experience in the care of people living with dementia has had a positive impact on the elderly ward where a number of people were admitted with dementia. People received attention as and when required. People were reassured in an appropriate manner when they were uncertain of what was happening.

We spoke to nursing staff who told us that there were usually enough staff on duty if all leave and sickness is covered.

They told us that they had opportunities to undertake training and to update their skills. They explained that they took part in daily handover, yearly appraisal and multi-disciplinary team meetings as and when necessary.

Although training certificates were not seen all the staff spoken within all wards visited told us of the support and regular training all the staff received that enabled them to do their job well.

Our judgement

People do have their health and welfare needs met by sufficient numbers of appropriate staff.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People staying in the hospital were spoken with and they told us that they were asked if they were satisfied with the nursing care and support they received. They also said "I have been given a questionnaire to fill in mostly about the food but also about the care I have received."

Other evidence

Following our last visit to the hospital in March 2011 the hospital responded quickly to the concerns highlighted in the inspection report by sending us an action plan. They told us about the audits to be carried out and how eight areas of the care provided would be picked at random every month and monitored.

The staff on the wards we spoke with were aware of the audits and told us that many improvements had taken place as a result of the findings. For example one person working at the hospital was able to tell us about some of the initiatives made following the criticisms in our last report. They said there had been a project looking at leadership and at mealtimes to audit what needed to change. Lead occupational therapists, speech and language therapists and physiotherapists were part of the project. They said this had led to more guidance for staff about supporting people who needed some assistance to eat their meals. There had been more training for the nursing team and experienced nursing auxiliaries who had also taken the lead on nutrition. Meal time coordinators were now allocated on wards to make sure people got the right support to eat their meals.

We gathered information from a tool we used called a quality risk profile (QRP) that told us about the quality of this hospital trust compared to other similar trusts. The results were about the same with no overarching concerns identified.

In September of this year questionnaires were issued to people who use the service with a number of questions asked around the quality of the service they had experienced. The initial results were forwarded to us showing that over 2000 people had responded. One of the questions asked was would they recommend this hospital to a friend or family member. Overall the score shows a high level of people would recommend the hospital to others. On one ward during this visit we saw a volunteer asking people whether they would like to complete a questionnaire. This was a surgical ward and they were specifically identifying people who had been in the hospital for a few days to get a better picture of the service they had received.

We also saw the results of the patient experience results for the previous week displayed on the ward. These confirmed 100% positive response, with the exception of the score for pain control (90%).

During our visit we saw posters displayed that requested feedback and gave information about making complaints. Nursing staff we spoke with told us that they took all complaints seriously and reported them to the person in charge immediately. We have also received full cooperation from the management following any complaints sent to us. These have then been followed up by detailed reports of full investigations that were carried out by the hospital.

Our judgement

The hospital has systems in place that regularly monitor the service provided. Comments/complaints will be listened to and action will be taken.

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 people who use this service about records.

Other evidence

Although we saw completed risk assessments in some people's records on wards, some also contained gaps. For example, we looked at the records for one person that had been identified with a high risk of developing pressure sores and poor nutrition and hydration. There were limited recordings to show what action the staff needed to take, what action had been taken and how the care required would be monitored to minimise the risk.

We looked at another person's records and found that again a nutritional risk assessment had been completed and determined that they were at high risk of poor nutrition. The dietician had made recommendations about how the person's needs should be met, but this had not been translated into a plan of care. No other information was written on how to ensure this person ate or what action to take if they did not eat.

People's records were kept in two separate folders. One folder contained clinical notes and health related risk assessments. The other, contained records used daily, which were kept by the persons' bed. We found the records were not always completed and it was not easy to find the information that would identify the personal needs of the individual.

People who required assistance to eat and drink usually had corresponding record charts that staff completed after meals. Some of these records contained gaps, particularly in the afternoon and evening. For example one person had their intake for the previous day recorded up until mid morning but the remainder of the chart was blank. Another person had charts that were incomplete after lunch for several days. This shows staff were not completing records to show evidence of the care provided.

When we looked at the records for someone living with dementia, who had been in hospital for a number of weeks, we found a booklet entitled 'This is me' attached to the folder containing the clinical notes. The booklet contained very little meaningful information. For example, under 'my eating and drinking' it stated "before hospital were normal" but did not provide information about the person's likes, dislikes or what level of assistance may be needed. There were limited records showing individualised plans of the care support required and some books were blank.

We observed another person who was identified as living with dementia. They were given their food that had been liquidised. We found a nutritional risk assessment that had determined the person was at high risk, but no plan of care setting out why the food was liquidised and how this way of presenting food would minimise the risk.

We saw that people's clinical records were held in trolleys that were left open making them accessible, many of them held in sling files in the ward corridors. Some records had been left on a desk in one unit with personal details such as people's names and dates of birth on show so potentially compromising people's confidentiality and privacy.

Our judgement

People cannot be assured that their records contain all the relevant information about the care required.

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	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	Why we have concerns: Improvements are required to ensure that people's rights to dignity is always upheld.	
Maternity and midwifery services	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	Why we have concerns: Improvements are required to ensure that people's rights to dignity is always upheld.	
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	Why we have concerns: Improvements are required to ensure that people's rights to dignity is always upheld.	
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: To ensure the care is given to meet the individual needs, personalised care records need to be in place to help eliminate the risk of people receiving incorrect care.	

Maternity and midwifery services	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>To ensure the care is given to meet the individual needs, personalised care records need to be in place to help eliminate the risk of people receiving incorrect care.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>To ensure the care is given to meet the individual needs, personalised care records need to be in place to help eliminate the risk of people receiving incorrect care.</p>	
Diagnostic and screening procedures	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>Why we have concerns:</p> <p>Although the hospital has improved the nutritional and hydration for some people. Further improvements are required to ensure this takes place in all wards.</p>	
Maternity and midwifery services	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>Why we have concerns:</p> <p>Although the hospital has improved the nutritional and hydration for some people. Further improvements are required to ensure this takes place in all wards.</p>	
Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>Why we have concerns:</p> <p>Although the hospital has improved the nutritional and hydration for some people. Further improvements are required to ensure this takes place in all wards.</p>	

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.

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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: Records should show that the individual needs for people have been assessed, recorded and reviewed to ensure safe care is delivered.	
Maternity and midwifery services	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Records should show that the individual needs for people have been assessed, recorded and reviewed to ensure safe care is delivered.	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Records should show that the individual needs for people have been assessed, recorded and reviewed to ensure safe care is delivered.	

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.

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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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