

Review of compliance

University Hospitals Coventry and Warwickshire
NHS Trust
Hospital of St Cross

Region:	West Midlands
Location address:	St Cross Hospital Barby Road Rugby Warwickshire CV22 5PX
Type of service:	Doctors consultation service Diagnostic and/or screening service Doctors treatment service
Date of Publication:	August 2012
Overview of the service:	The Hospital provides an Urgent Care Centre and has overnight beds for planned orthopaedic surgery and rehabilitation.

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

Our current overall judgement

Hospital of St Cross was meeting all the essential standards of quality and safety inspected.

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 26 June 2012, checked the provider's records, 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

We made an unannounced visit to the Hospital of St Cross on 26 June 2012 as part of our planned programme of inspections.

We visited two wards and the Day Surgery Unit. We spoke with 21 patients and two of their relatives. We pathway tracked six people to look at their experience of the care and support they received.

People spoken with were positive about the care they received. They told us that they had been well looked after. One person said that the treatment they had received was "superb". Other comments included,

"Excellent! They have been absolutely brilliant. They are very caring and the minute you press the button they are here, the girls will bring you a coffee."

"The care I am getting here is alright."

People told us that they had given their consent for the treatment they had received following an explanation from doctors and nurses.

During the lunchtime we used our SOFI (Short Observational Framework for Inspection) tool to help us see what people's experiences at mealtimes were. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This includes looking at the support that is given to them by the staff. We found that people were treated in way that

upheld their dignity and promoted their personhood.

We found that suitable equipment was available to support people's needs.

We found that staff have access to training to meet the needs of people using the service at the Hospital of St Cross. Staff told us they felt supported by the systems in place to make sure they had the knowledge and skills they need to meet people's needs effectively.

We found that systems were in place to respond to complaints so that people felt confident their concerns would be listened to and acted upon.

At the end of the inspection we gave feedback to members of the Trust's Board and other senior managers.

What we found about the standards we reviewed and how well Hospital of St Cross was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was meeting this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

The provider was meeting this standard. People were protected from unsafe or unsuitable equipment.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 17: People should have their complaints listened to and acted on properly

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

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

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

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

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

Most of the people we spoke with were recovering from hip operations. People told us that they had given their consent for the treatment they had received. One person said that they had given their written consent twice. This was at the pre assessment consultation before they were admitted to hospital and on the day of the operation.

People told us that the detail of the operation was fully explained to them. One person said that they had been given a brochure about hip replacements that clearly explained the procedure.

One person told us they had seen a consultant before their hospital admission and they had discussed the options available to them in regards to their painful hip. They had been offered the option of having an operation and had agreed to this. They told us that everything that would happen to them both prior to and following their operation had been fully explained. This included attending a pre-assessment to establish their needs as well as attending a 'hip and knee' class, which they found very helpful in them making a decision about the operation and enabling them to understand what would happen.

Nursing staff we spoke with confirmed that written consent to surgical procedures is obtained by a doctor or an anaesthetist. We were told that nursing staff always made

sure that patients understood the procedure they had consented to and were shown the signed consent form to confirm that the signature was theirs.

One person told us that on admission "The nurse sat with us and went through the admission procedure and asked if I had any allergies". They also told us: "The anaesthetist came before the operation and gave me the option of what type of anaesthetic I wanted. They gave me a book. I asked for a general anaesthetic and nerve block."

Nursing staff we spoke with understood issues around capacity to make decisions. Staff knew who to contact if they were concerned people were unable to fully understand the procedures.

We observed that staff obtained consent from people to carry out nursing tasks. For example one nurse said to a patient "It's time to take your blood pressure, is that ok?"

Other evidence

We pathway tracked the care and support for six people. Records in medical notes confirmed that written consent was obtained prior to surgery. We saw that consent forms were completed and signed appropriately.

We saw that information was available in other formats for people who have difficulty communicating. We were told that interpreters are used during the pre assessment process if the person does not understand English.

Nursing staff spoken with told us that they knew the importance of obtaining consent. Staff comments included, "We make sure patients have spoken to appropriate people, anaesthetists, surgeons, and they get booklets for hip replacements on what goes on." "I understand that some patients can be confused and need to understand. I always ensure they consent and if not I am happy, go back later to convince them to have a pad changed or night dress on. I am told to make sure patients are fully consenting."

We spoke with a ward manager about arrangements for making 'best interest decisions' for people who did not have capacity to give informed consent. The ward manager was knowledgeable about the Mental Capacity Act and described how people who lack capacity would be supported, along with the involvement of an Independent Mental Capacity Advocate (IMCA).

Nursing staff we spoke with understood issues around capacity to make decisions. Staff knew who to contact if they were concerned people were unable to fully understand the procedures.

Our judgement

The provider was meeting this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

People spoken with were positive about the care they received. They told us that they had been well looked after. One person said that the treatment they had received was "superb". Other comments included,

"Excellent, they have been absolutely brilliant. They are very caring and the minute you press the button they are here, the girls will bring you a coffee."

"The care I am getting here is alright."

People we spoke with who had undergone a surgical procedure said that they had been given written information about their operation which included the proposed plan of care for their recovery. People told us they were well informed about their surgical procedure including the recovery and rehabilitation time. One person said "I am now day three after my operation and things are going as planned. All being well I should be home in two days time". Another person said "I think I am probably going to be in longer than expected as I had a set back a couple of weeks ago".

Throughout our visit we observed staff speaking to people in a respectful way. People spoken with said all the staff on the ward were friendly and polite.

We were told that nursing staff answered call bells very quickly. One person told us "If I ring the bell by my bed they come almost straight away. If you ring the bell in the toilet they do take a bit longer to answer, but I was told about this when I was admitted."

Another person said "I don't think I've waited more than a couple of minutes if I press my call bell."

One person admitted with a knee injury sustained in a fall also had a hearing problem and a broken hearing aid. There was evidence that the person had received physiotherapy input and had been provided with a walking aid to help their recovery. Arrangements had also been made for new hearing aids to be provided. Staff had a good knowledge of the person's needs and were observed to be caring and supportive towards them. We saw a health care assistant checking the person's blood pressure. They were gentle in taking the person's arm and explained to them what they were doing.

We spent time observing people's experience on both wards during the lunch time meal. We saw that people ate at their own pace and were not rushed. Throughout the meal most staff asked people if they were enjoying it and occasionally prompting in a very non-intrusive way.

However, we saw one member of staff supporting someone with their meal, with minimal interaction, not taking time to tell them what they were eating, which included a change from a cooked meal to a pudding. The person they were assisting was unable to see what they were eating, which did not support the dignity of the person or promote choice.

We observed two incidents when a staff member stood over a person while giving them full support to eat. On each occasion a more senior member of staff instructed the staff members to sit at the bedside so the patient did not feel rushed or intimidated.

The Trust might find it useful to note that patients at the Hospital of St Cross were not always cared for in a ward that is appropriate to their condition. For example, there were four medical patients on the surgical ward we visited. We also found that beds were not always available for some patients booked in for surgery requiring an overnight stay. This meant that these patients were admitted to the day surgery unit, taken to the operating theatre from the day surgery unit and transferred to an overnight bed on a ward on their return from theatre. On the day of our inspection, there were concerns that there were insufficient overnight beds available and the day surgery unit would have to be opened overnight. We spoke to the ward manager of the day surgery unit. She told us that the unit opened overnight on one occasion in the last 18 months. At the end of our inspection visit, we were told that overnight beds had become available for patients who needed them so it was unnecessary to keep the day surgery unit open overnight.

Other evidence

We pathway tracked the care and support for six people. We found that people had their health needs assessed, monitored and reviewed.

We saw that where operations had been planned there was appropriate information on their files relating to pre-assessments and health checks required before the operation could take place. For those people admitted in an emergency, we saw records of the person's health condition when the paramedic had arrived at their home and the care provided when they were in the hospital.

Nursing records we looked at contained a risk assessment booklet and a care pathway plan. Risk assessments included a general health assessment as well as assessments for nutrition, skin integrity, moving and handling, and any specific conditions for example diabetes.

We found that people had access to other health care professionals. We saw people receiving support from physiotherapists and occupational therapists on the ward.

Staff spoken with were knowledgeable about people's care and support needs. They said that there were good communication systems in place for keeping staff informed. This included a handover at the start of each shift that keeps them up to date with the patients' progress.

The provider might find it useful to note that the care pathway for total hip replacement that was in use at the Hospital of St Cross would benefit from a review to make sure it reflects current best practice.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

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

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

What we found

Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

When we asked nursing staff about the availability of equipment on the ward, they told us the ward was well equipped. They said they had access to all the equipment they required, including blood pressure monitors and pressure relieving equipment. Staff told us, "Mattresses in general we get the same day or day after. Pressure cushions, we have our own. In general there are no problems in obtaining equipment." We saw these in use on the ward. Staff said that they worked closely with physiotherapists and occupational therapists that, following the moving and handling assessment, provided the walking aids for people recovering from hip or knee surgery.

We saw people on the wards with 'helping hands' (a tool to help them grasp items) and walking aids. Staff told us that they used 'gel' cushions to support people who had received 'nerve blockers' during their operation.

However, one relative told us that a suitable chair was not available when their relative was admitted to the ward following hip surgery at University Hospital in Coventry.

We were told that the sliding sheets and hoist slings used on the ward were disposable and used for one patient only. This was to reduce the possibility of infections. We saw that there was a range of equipment in the store cupboard including a supply of disposable slings and sliding sheets.

We observed people eating their lunchtime meal. Several people required assistance to

eat, either by having their food cut up or having soup or drinks in a beaker with a spout. We did notice that some of the people had difficulty eating due to having restricted movement in their arms following a stroke. We saw that one person was pushing the food around the plate trying to secure it on the fork. There was no equipment used to assist this person to eat more easily for example a plate guard, an angled plate or a non-slip mat. The provider might find it useful to note that arrangements should be in place to make sure this equipment is available and in use as needed.

We spoke with people who were having hip operations and they told us they had been assessed to see what equipment they would need following their operation. One person told us, "They take your measurements of your chair and bed and work out what you need. I had two perch stools, a raised toilet seat, a grabber and a long handled foot washer. They were all delivered two days later (prior to them coming to hospital for their operation)."

Other evidence

The ward manager of the orthopaedic surgical ward told us that repairs to equipment were usually made quickly and there were 'spares' of some types of equipment. For example, a replacement adjustable height electric profiling bed could be found if there was a problem with one on the ward.

Our judgement

The provider was meeting this standard. People were protected from unsafe or unsuitable equipment.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We asked people we spoke with if they were confident staff had the knowledge and skills to look after them while they were there. People told us that they thought the staff were very knowledgeable and understood the care and support they needed. One person said, "All the staff know what they are doing. You only have to ask them and they will explain everything to you."

Other evidence

The Trust provided us with a schedule of their training programmes.

New staff complete and induction programme. One healthcare assistant told us, "When we started we did an induction over 8 weeks and it was 2 days a week."

Mandatory training, including fire safety, infection control, safeguarding vulnerable adults, is available to all staff annually. Staff confirmed that time is scheduled on the duty rota to facilitate their attendance.

Staff we spoke with said that they have an appraisal process where they meet with their line manager three times a year. Staff told us that this was an opportunity to identify strengths and weaknesses and training needs.

We were told that the staff teams work closely together and offer each other support. One staff member told us, "We have staff meetings once a month. We talk about if we have had complaints, new policies, and different ways of doing things, if anyone has problems, if people are struggling to do job and so on." On one ward a qualified

member of staff told us that they felt well supported by the sister and charge nurse who willingly share their knowledge and advice.

We asked the person in charge of the ward how they ensure staff are providing care and support in line with procedures. We were told that they observe staff on a daily basis and that any issues identified are dealt with. We were shown a file note from a recent incident that confirmed this was happening.

Staff told us they also used informal methods to keep up with developments in clinical care. One registered nurse told us she "reads the Nursing Times or I ask the doctors questions." Another registered nurse who was caring for a person with Parkinson's disease told us she had not undertaken specific training about Parkinson's Disease but information was available on the ward and that the nurse in charge had lent her a book about Parkinson's Disease which she had found useful.

The provider might find it useful to note that staff found it difficult to access 'off site' training at University Hospital in Coventry because of the practical issues of the practical issues of travelling time for short training sessions.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

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

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

People spoken with said that they had been provided with information about making a complaint. Two people said that this was in the information booklet they had received prior to admission. Another person who had been admitted following a fall said that they would speak with the nurse in charge if they needed to. All the people we spoke with said they had not had cause to complain. One person commented, "I have got no complaints. I can't grumble at all. They do their best."

We spoke with a relative who was visiting while we were there. We asked if they were happy with the care and support their relative had received. We were told that they were more than satisfied with the care provided. The relative told us "My husband has been very well looked after. I visit every day and he has never complained to me about anything".

Other evidence

We saw information and leaflets on display in corridors and on wards telling people about the NHS complaints procedure and the Trust's Patient Advice and Liaison Service (PALS).

The Trust also has its own 'Impressions' questionnaire which surveys people's experiences of using the services at the Trust, including the Hospital of St Cross. The results of the surveys are published quarterly on the Trust's website.

Our judgement

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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
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