Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Hospital of St Cross

St Cross Hospital, Barby Road, Rugby, CV22 5PX

Tel: 01788572831

Date of Inspection: 17 September 2013

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Standard	Result
Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	University Hospitals Coventry and Warwickshire NHS Trust
Overview of the service	The Hospital of St. Cross in Rugby is part of University Hospitals Coventry and Warwickshire NHS Trust.
Type of services	Doctors consultation service Diagnostic and/or screening service Doctors treatment service
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Family planning Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We inspected Mulberry Ward in response to concerns we received from a member of the public about the care and treatment provided to patients on the ward. Mulberry Ward provides treatment and rehabilitation to patients who have had a stroke, general medical patients, and orthopaedic patients.

During our visit we spoke with nine patients and six staff. We also spent time observing the interaction between staff and patients in two of the ward bays.

Patients told us:

"Staff are excellent."

"I've no complaints, I have been well looked after."

"They're (staff) very kind, they will come to you when you need them."

One patient told us of a negative experience they had with a member of staff the previous week. With their permission, we relayed this information to the management team for further investigation.

On the day of our visit we were informed the ward had four empty beds. We observed staff being kind and pleasant to people although they were mostly task orientated in their interactions. We saw there was sufficient staff to meet the care needs of patients. However we were told this was not always the case. Staff told us:

"Some days there's not enough time. There are four empty beds today so it's OK. Nobody needs help with feeding at the moment."

We looked at the care and treatment records of two patients. We saw the planning and delivery of care met the person's individual treatment needs.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients privacy, dignity and independence were respected.

Reasons for our judgement

We undertook two short observational framework inspections (SOFI). We observed the interaction between staff and patients for a concentrated period of time. We undertook a 45 minute SOFI in a bay with five male patients, and a 30 minute SOFI in a bay with three female patients.

During both observational periods we saw staff interacting frequently with patients ensuring their needs were met. For example, one patient was not happy with the soup they had ordered and so an alternative was brought to them on request. We saw a member of staff notice a patient struggling to cut up their gammon, and went over to ask if they would like help. We also noted a nurse apologise and explain to a patient why they needed to interrupt their dinner to undertake a task the doctor had asked them to do.

We noted that patients had been provided with a choice of dinner. We also saw pureed dinners were well presented. For example pureed baked beans had been molded so they could be identified as beans. We saw staff make sure patients had everything they wanted with their meal. For example, salt and pepper came in small packets. Staff checked whether patients wanted them, and opened the packets for those who could not do so themselves.

During the SOFI observation of the female bay the food trolley was brought in. This meant the bay became crowded with staff lining up to get the food for all the patients on the ward. The bay became more noisy and impacted on the dinner time experience of the women in the bay.

We were told the trolley was brought into the bay because having it plugged in the ward corridor made it difficult for staff to move freely around the ward. We were informed that the hospital's infection prevention and control team had agreed it was acceptable for the trolley to be located in a treatment area. The management team told us they would re-consider the positioning of the trolley.

We saw staff respecting the dignity and privacy of patients. Curtains were drawn around the patient when personal care was being delivered. One patient told us they pulled the curtain around, "Just to sit me up in bed." We noted one patient's curtain had not been pulled back fully after personal care had been delivered. This meant the patient's view of the ward was restricted. The patient had limited mobility and was unable to move the curtain themselves.

We saw patients using the ward activities lounge. One patient told us they preferred waiting for their physiotherapy in the activities lounge because it was nicer than waiting on the ward. This had a large screen TV people could use free of charge and the patient was enjoying watching the TV there. We saw an activities support worker on the ward helping patients with individual activities.

We noted that symbols were used to help staff identify the nursing needs of each patient. The symbols were used on whiteboards and above patient beds. This meant that staff could quickly identify the specific needs of patients. It also helped to maintain the privacy of the patient because the symbols were only known by staff.

The majority of the patients we spoke with told us they had received good care from staff during their stay on the ward. Patients told us,

"Staff are excellent."

"I've no complaints, I have been well looked after."

"They're (staff) very kind, they will come to you when you need them."

One patient informed us of a negative experience they had with a member of staff the previous week. They felt the member of staff had not treated them with dignity and respect. They had not informed the ward manager as they told us they had been too upset to do so. They gave permission for us to inform the ward manager/management. We did this, and management confirmed this would be investigated. The patient went on to tell us that "Most staff are like angels." On the day of our visit they said the staff had been "nice and respectful and done a good job."

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patients safety and welfare.

Reasons for our judgement

We looked in depth at the care and treatment of two patients on the ward at the time of our inspection. This included looking at their records, looking at the equipment used to support their recovery, speaking with the staff about the patients, and speaking with one of the patient's themselves.

The care plans for both patients clearly identified the care needs of each one. Risks relating to their care and wellbeing had been documented and action taken. For example, one patient's weight had been a cause of concern and they had been referred to the dietician and the speech and language team. Their weight was now increasing. One patient could not weight bare and records showed an up to date moving and handling risk assessment. The same patient was at risk of developing pressure ulcers and appropriate air mattresses and cushions were in place to reduce the risk of skin breaking down.

Both patients had identified red areas of skin. There was nothing in the care plans to inform what action was being taken to address this. One member of staff told us that both patients had regular treatment of a barrier cream to the affected areas. Another member of staff confirmed that barrier creams were widely used by all staff. The provider might find it useful to note that this should have been documented in their care plan.

We saw care plans were stored at the end of each patient's bed. This meant both the staff and the patient had their documentation in easy reach. We noted both of the care plans were not signed by either the patient or their relative to demonstrate involvement in their care or treatment.

We observed a lot of staff with different roles and responsibilities on the ward. The roles and responsibilities were denoted by different uniform colours. Hospital staff were clear what role the person had in relation to their colour of uniform, but visitors including ourselves and patients were less clear. One patient said "I'm not sure about the uniforms; I don't really know who people are." This meant people might not know who best to approach if they wanted information. Staff did not wear badges so it was difficult to know at a glance their name or role. If a patient wanted to talk to the ward manager about a member of staff it would be difficult for them to easily identify the person.

We observed the discharge procedure for one patient. The nurse in charge of their discharge was observed to be kind. They explained in detail the information about medicines and what would happen next. The ambulance staff arrived whilst the patient was having their meal. Nursing staff asked the ambulance staff to wait until the patient had finished eating. The ambulance staff could not wait very long, and the patient was not able to finish all of their meal. The nurse gave the patient sandwiches so they would have something to eat when they got home. This meant the patient's needs were respected.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet patients needs.

Reasons for our judgement

Mulberry Ward provides treatment and rehabilitation to patients who have had a stroke, general medical patients, and orthopaedic patients.

We were told the ward usually had three registered nurses and four support workers on duty for the early shift (7.30am to 3.30pm) reducing to three registered nurses and two support workers on duty for the late shift (3.30pm to 8.00pm). Night staffing was two registered nurses and two support workers (8.00pm to 7.30am).

We spoke to staff about the care and welfare of patients on the ward. They told us the ward was well managed but there were times when many did not feel they had enough staff to meet the higher dependency needs of patients. A typical comment was, ""Sometimes it feels like we are not running on enough staff…if we have five people needing feeding with only four on in the afternoon there is not enough staff to go around… it has been OK just lately."

Staff told us that due to the complexity of patients needs, they spent a lot of time ensuring support plans were in place to address patients care needs when they returned home. This meant staff spent a lot of time undertaking administrative tasks. One staff member told us, I feel like a glorified social worker…I spend all the time completing intermediate care forms, it's a nightmare." Another member of staff told us, "Discharge paperwork and referrals take so long…it can take two nurses off the ward."

During our inspection we observed there were sufficient staff to meet the needs of patients in Mulberry Ward. One patient when asked how they were being looked after told us, "So far amazing". Another person said, "I've no complaints, I have been well looked after." A third person said, "I like the attention, there is always someone about." However we were told only 19 of the 23 beds were occupied. We were also told there were less patients than usual who needed support with eating. We were told by the ward manager this made a big difference in terms of the care staff could provide.

We spoke with the senior management team. They informed us the hospital used a staff planning tool endorsed by the Association of UK University Hospitals (AUKUH), to help them determine the levels of staff on each ward. This was used in conjunction with the

Royal College of Nursing recommendations and local data. They informed us there were twice yearly reviews which looked at staff levels.

The provider might find it useful to note the comments made by staff to ensure staff deployment at all times meets the needs of patients on the ward. It should also take into account the administration tasks nursing staff undertake to support a safe discharge from the ward.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✗ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✗ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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