

# Review of compliance

East Sussex Hospitals Trust  
Conquest Hospital

<b>Region:</b>	South East
<b>Location address:</b>	The Ridge, St Leonards-on-Sea, East Sussex TN37 7RD
<b>Type of service:</b>	Acute Services Treatment of disease, disorder or injury Assessment or medical treatment of persons detained under the Mental Health Act 1983 Surgical procedures Diagnostic or screening procedures Maternity and midwifery services Termination of pregnancies
<b>Date the review was completed:</b>	17 February 2011
<b>Overview of the service:</b>	The Conquest Hospital is one of five locations operated and managed by the East Sussex

	<p>Hospitals Trust.</p> <p>The Conquest is a modern district general hospital. It is located on the outskirts of the seaside town of Hastings in St. Leonards-on-Sea.</p> <p>The hospital provides a range of services for all ages which include :</p> <ul style="list-style-type: none"><li>Coronary Care Unit (CCU)</li><li>Chaplaincy Centre</li><li>Children's Unit - Kipling Children's Unit</li><li>Cancer Care Centre</li><li>Day hospital for the Elderly</li><li>Delivery Suite</li><li>Diagnostic laboratories and services</li><li>Dietetics and Special Therapy Services</li><li>Emergency Department</li><li>Endoscopy Suite</li><li>Gynaecology Ward</li><li>High Dependency Unit</li><li>Hydrotherapy Pool</li><li>Intensive Care Unit (ICU)</li><li>Maternity Unit</li><li>Medical Assessment Unit</li><li>Early Pregnancy Unit</li><li>Medical and Elderly Unit</li><li>Occupational and Physiotherapy Services</li><li>Operating Theatres</li><li>Outpatients Departments</li><li>Radiology - MRI and CT suites</li><li>Short Stay Surgical Unit</li><li>Sleep Disorder Service</li><li>Special Care Baby Unit (SCBU)</li><li>Wards - medical and surgical</li></ul> <p>All of its services are on four levels with the main wards located to the rear of the hospital.</p>
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## **Summary of our findings** for the essential standards of quality and safety

## What we found overall

**We found that Conquest Hospital was not meeting one or more essential standards. We are taking further action to protect the safety and welfare of people who use services**

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

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews of NHS organisations. The review covered the entire East Sussex Hospitals NHS Trust, but this report focuses on our findings at the Conquest Hospital site.

### How we carried out this review

We reviewed all the information we hold about the Trust, carried out a visit to Conquest hospital on 17 February 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the Trust's records, and looked at the care records of people who use services.

We visited the Accident and Emergency Department, the maternity unit, MacDonald ward, Tressell ward and the Trust Headquarters.

### What people told us

We spoke to people using the services and staff in each of the areas that we visited.

People who use the maternity service said they were able to decide what care and support they would have. Women told us that they know what is in the care plans, they agreed with the information in them before coming into hospital, and the staff were 'very good' and they are 'very happy with the support from the staff' who are available if they need anything.

People thought that the maternity department was generally clean and they did not have any concerns. Some comments were made that the toilets were not particularly clean at the end of the day. Users of the services stated that staff were regularly seen to wash their hands.

The people spoken with in A&E who were able to express a view of the care were very positive about the treatment they received. They felt the staff were professional and attentive. People were satisfied with the care that they received while a patient in

the Accident and Emergency department. They felt that the staff were attentive and responded to their needs in a timely manner.

Two people spoken with on the wards generally felt that they were looked after well. With comments ranging from “can’t fault the staff” to “excellent care”. There were mixed views from patients, with some stating that they were awaiting further tests and were unclear as to when they would be carried out or why, while other patients felt well informed by medical staff about their condition and treatment and also felt listened to by staff.

Patients spoken with confirmed that their personal hygiene needs were being attended to, however one patient said that his wife had commented on his unshaven appearance and he had now received two shaves in a week.

One patient stated that they were very impressed with how their spiritual needs were being met and that they had three visits from local priests.

Other patients spoken with stated that overall they found the cleanliness to be good. Comments included: “High standard, cleaner will daily include all the loos and bathrooms”, “toilets all kept clean”, “staff are always hand washing between patients” “ the hand washing is almost excessive, but reassuring.”

One person said that staff respond to call bells quickly, others said “not immediately but any longer than five minutes”, “it depends what staff are doing, and sometimes it can take a while”. Another person said that they try to ensure that they call well in advance of needing staff so that they can allow for response time.

Only one of nine people spoken with on the wards said that they had looked at their individual care notes. Two people said that they didn’t think they were allowed to look at them. A number asked what was included in the folders. When asked if staff involved them when recording their notes everyone said no.

## **What we found about the standards we reviewed and how well Conquest Hospital was meeting them**

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

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

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

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

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

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

### **Outcome 7: People should be protected from abuse and staff should respect their human rights**

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

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

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

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

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

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

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

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

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

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

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

We found that the Conquest Hospital was not meeting one or more essential standards. We are taking further action to protect the safety and welfare of people who use services.

**Action we have asked the service to take**

We have asked the provider to send us a report within 14 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.

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

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

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

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

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

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

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

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

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

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

**There are major concerns** with outcome 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
There were mixed views from ward patients with some stating that they were awaiting further tests and were unclear as to when they would be carried out or why. Other patients felt well informed by medical staff about their condition and treatment and also felt listened to by staff.

**Other evidence**  
The Trust declared compliance against this outcome in their Provider Compliance Assessment in January 2011 with the exception of one element. Policies that are in place and referred to throughout the assessment are undergoing review either currently or planned through 2011.

The CQC Quality and Risk Profile found a range of issues: the proportion of respondents to the survey of women’s experience of maternity care who stated that during their postnatal stay that they were not given the information or explanations they needed was much worse than expected for the national average. The



proportion of respondents to the Outpatient survey who stated that while in the outpatient department there were not any information about their treatment or condition was also much worse than expected in comparison to the national average.

Observation by commission inspectors of current practice in the hospital provided a wealth of evidence around this outcome.

From direct observation in the minor and major treatment area of the Accident and Emergency department (A&E) it was confirmed that although curtains are available to ensure dignity and privacy of patients, they are not always used by the staff when treatments or tests are being undertaken.

The inspectors heard and observed care and treatment decisions being imposed upon patients rather than being explained and appropriate consent being sought. For example diagnostic procedures such as taking of blood for tests were presented as inevitable and not as a choice patients could make.

The inspectors examined more than ten care plans and risk assessments for individual patients at the Conquest Hospital. We found that there was evidence across the A&E department and the wards we visited that care plans and risk assessments did not demonstrate evidence that service users were involved in decisions relating to their daily care or treatment, or that their personal needs and circumstances were fully taken into account.

Examples observed include:

There is a very small cubicle in the A&E department at the Conquest hospital that is said to be used for ambulatory patients. This area was seen to be used during the visit for a patient able to sit for examination. However the curtain could not be drawn to provide privacy as the space does not provide enough room for proper consultation or examination. Although the use of this area may help the speed of people being seen, it is not large enough to allow for privacy of treatment or discussion since it is too small to accommodate two people with the curtain drawn.

Observation in the minor treatment area in A&E confirmed that although curtains are available in these areas to provide screening for patients they are not always used when treatments or tests are completed. One patient was seen to be undergoing a heart trace entailing the exposure of the upper part of the torso. Other patients were seen to be undergoing treatments such as the taking of blood in full view.

Whilst Sedlescombe Ward (A&E observation unit) is being expanded, a six bedded bay is currently being used in the Medical Assessment Unit (MAU). This was a mixed ward and patients were seen using commodes with the only privacy being provided by a curtain. It was also noted that the patients were dressed in open backed gowns and that these did not afford appropriate cover for all people. Staff stated that pyjamas and nightdresses are available for their use, but they were not seen to be used during this site visit.

### **Our judgement**

People using the service are not treated in a way that promotes privacy and dignity. It was both heard and observed that involvement of people in care and treatment

decisions were not routinely embedded in practice and that there were inadequacies in the amount of information provided to people to inform their choices.

The Conquest Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

**There are major concerns** with outcome 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
A patient who had been in the A&E department over night was not sure why they had a tube in their arm and was not really sure what was happening.  
Three patients and two family members spoken with said they were kept informed of the treatment and were asked “we need to take blood, is that okay?”

**Other evidence**  
The Trust declared compliant against this outcome in their Provider Compliance Assessment in January 2011 with the exception of two elements.

Two audits of junior doctors ‘Survey of Doctors in Training to Determine Consent Practice at ESH T’ in January 2009 and June 2010 have indicted that when consent is delegated in the trust to junior doctors a significant minority (26%) are not capable of performing the procedure for which they are taking consent. 32% of doctors indicated that they had not received some form of training on consent and a ‘small minority’ of doctors were taking consent for procedures that they are not capable of performing and for which they have received no training. This goes against National

health Service Litigation Authority recommendations and trust policy.

The documentation viewed did not provide adequate evidence that staff explore the patient's capacity to consent to care and treatment. Discussion with patients indicated that people are not always clear about the treatment that they are receiving and consent is expected rather than asked for.

The staff interviewed did not have a clear understanding of the Mental Capacity Act or of the Deprivation of Liberty guidelines. Staff questioned stated that they had not yet received any training on this.

We found that 'safeguarding of vulnerable adults' training was not in place across the trust and not available to all staff. This was of particular concern because staff may not be aware that some people who use services may require more support than others in obtaining consent.

Examples observed include:

One frail elderly patient was obviously distressed and, whilst mentally alert, was unclear of the reasons for certain treatment being provided and the reasons why they were being kept in hospital.

Records viewed for people on the wards who could be identified as having limited capacity to make personal decisions showed no evidence of consent being sought for the care they were being given. Whilst some staff spoke of the need for 'best interest' meetings in regard to treatment decisions for less able patients, these had not been held to approve the use of bed rails (which act as a form of restraint for some patients) in the records viewed. Some records stated the decisions reached but not how they had been reached.

The records for one patient were followed through, and the rationale for the use of medication to calm this person who was obviously confused was not clear within clinical notes. There was no clear evidence of 'best interest' discussions to support this decision.

### **Our judgement**

Not all junior doctors are sufficiently trained or prepared to be able to obtain informed consent from patients. Low numbers of staff have been trained in the safeguarding of vulnerable adults, Deprivation of Liberty and Mental Capacity Act. It was heard and observed that care and treatment decisions were routinely imposed upon patients, rather than informed consent being sought.

The Conquest Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

### Our judgement

**There are major concerns** with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**

People who use the maternity service said they were able to decide what care and support they would have. Women told us that they know what is in the care plans, they agreed with the information in them before coming into hospital, and the staff were 'very good' and they are 'very happy with the support from the staff' who are available if they need anything.

The people spoken with in A&E who were able to express a view of the care were very positive about the treatment they received. They felt the staff were professional and attentive.

Two people spoken with on the wards generally felt that they were looked after well. With comments ranging from "can't fault the staff" to "excellent care". There were mixed views from other patients with some stating that they were awaiting further tests and were unclear as to when they would be carried out. Other patients felt well informed by medical staff about their condition and treatment and also felt listened to by staff.

Patients spoken with confirmed that their personal hygiene needs were being attended to, however one patient said that his wife had commented on his unshaven

appearance and he had received only two shaves in a week.

One patient stated that they were very impressed with how their spiritual needs were being met and that they had three visits from local priests.

### **Other evidence**

The Trust declared compliance against this outcome in their Provider Compliance Assessment in January 2011 with a single exception. The Liverpool Care Pathway (LCP) has not been rolled out in six clinical areas in the trust and still requires greater involvement of senior clinicians to initiate LCP.

The CQC Quality and Risk profile included data items from the CQC NHS staff survey. These showed one related key high risk area rated at red. The Trust scored in the lowest 20% compared to other trusts in the country against key finding 36: Staff recommendation of the Trust as a place to work or receive treatment.

In the Trust's "Entire risk register as at February 2011 – 240211", numerous comments are made as to there being an ongoing inability to meet service users individual needs in maternity services; citing issues such as missed or delayed referrals, increased potential for Serious Untoward Incidents, minimal post natal input, inadequate monitoring of pain and administration of appropriate pain relief. Staff feel that the staffing levels can have a negative impact on people who use the service and may affect the safety of the mother and baby. Staff told us that they do not have the time to provide fundamental support for women, such as assisting with breast feeding.

The care plans and notes on the maternity service are written with the involvement of the people using the service; they are flexible and identify parent's individual preferences.

The inspectors examined more than ten care plans and risk assessments on the wards. In the majority of cases, there was a mismatch between risk assessments, care plans and corresponding nursing records. There was evidence that risk assessments were either not completed at all or were inaccurate. Integrated care plans within the nursing notes were not always completed; care plan documentation was poor, not patient centred or clear about care needs against carer delivery and were not supported by robust risk assessment. There is a poor link between clinical and bedside notes which means that monitoring that should be carried out in relation to some patients is often missed leaving patients vulnerable. There was a lack of review and evaluation of the care planned or delivered and the impact upon the patient.

Overall, records seen did not refer to any assessment of psychological or emotional support. A number of the patients spoken to highlighted areas of concern that were causing them to worry.

We found an over reliance on word of mouth handover information at the Conquest Hospital rather than needs being clearly reflected in documentation. Staff shortages mean that staff unfamiliar to the ward are frequently delivering direct care to

patients with inadequate information to inform personalised care delivery. This is less of an issue with those patients who can advocate for themselves but is a high risk to those not able to.

Patient discharge planning was not always clear within clinical notes and the discharge plan within the integrated care plan was not routinely completed.

Patients once admitted to the wards may be moved between wards at the Conquest Hospital. Staff reported that this leads to delays whilst Consultants locate their patients and contributes to delays in treatment, care and discharge arrangements and also contributes to extended lengths of stay.

Staff who were spoken to were unaware of current guidance in relation to protection of vulnerable people or of the contents of the trust's policy. Some staff did mention 'child protection' and some mentioned specifics around domestic violence.

Examples observed during the inspection include:

#### Maternity services

During our visit to the maternity unit at the Conquest Hospital, 17 February 2011, our inspectors identified that the unit was experiencing a critical situation as a result of insufficient staffing numbers available on the shift. The unit was very busy and the midwife in charge stated that she did not have the experience to be in charge of the unit. A senior midwife who had come in to the unit expressly to provide supervision to junior midwives had to take over charge of the unit. Staff interviewed on the unit stated that the unit was 'unsafe' at that time. This situation was immediately reported to the Medical Director by the Commission's inspectors.

When interviewed at the Trust headquarters on 17 February, the Clinical Director and Consultant Obstetrician and Gynaecologist stated that 'women who are in labour will be transferred or directed from the unit at the Conquest to the other unit at Eastbourne or vice versa in situations where there are staff problems. This has been happening since I came into post in 2007. The service has been 'stretched' and this is impacting on safety'. This interview was conducted immediately after the unsafe staffing situation at the Conquest Hospital had been identified and brought to his attention. He said that he was 'very pleased that CQC are here today to witness what often happens in the unit.'

When interviewed on 17th February at Headquarters, a midwife supervisor reported that although the divert system was put into place to help manage risk, there are times when the staff have not got the time to 'pick up the phone and ask for support'. She reported that 'this doesn't happen all of the time but things go wrong very quickly.'

Staff stated that they have used the incident reporting system to identify staffing levels but that this has not been addressed. Staff are told that the issue is on the trust risk register but felt that nothing changed as a result.

#### Accident and Emergency department

The documentation completed by the nursing staff in A&E were not always dated and timed and were not completed to a standard that would ensure relevant

information was passed on as necessary to staff involved in people's care. Staff were able to discuss the patients at length but were not transferring this to the individual care documents. The hand over chart was incomplete in the six bedded unit and contained minimal information, staff had to refer to the white board in the Medical Assessment Unit (MAU) to identify the A&E patients.

The input from other health professionals was prompt e.g. Hospital Intervention Team, social services, physiotherapy and occupational therapists and their documentation was clear, dated and timed. Integrated care plans were seen in use for orthopaedic pathways, commenced by the attending orthopaedic surgeon.

Patients received prompt and appropriate first line treatment in response to their presenting needs. However those patients who stayed on the department for longer periods of time did not have their ongoing needs assessed to ensure a plan of care was implemented to meet all their health and welfare needs.

One frail patient in A&E had no assessment of needs completed, despite having a history of falls and being physically frail. There was no evidence of a body map or risk assessment for skin integrity and prevention of tissue damage. This patient was receiving intravenous fluids, which had been switched off as it was no longer patent and the staff caring for her had not been informed. There was no fluid balance chart in place and no records of her urinary output.

One patient has been diagnosed with a fractured hip and was being prepared for surgery. He had been on the trolley for 7.5 hours and there was no documentation to evidence that his skin integrity was being monitored for prevention of tissue damage.

## Wards

Each patient has a folder at the foot of their bed on the wards containing care notes that require completion on a daily basis by unqualified staff and this information would also be viewed daily by any visiting professionals. The patient medication administration record was also stored there. In addition to these care records clinical notes were maintained in individual folders located near to the nurse station. These folders should contain details of the assessment, diagnosis, treatment, plan of care and discharge plan to be delivered to each individual. All professionals including doctors, nurses, physiotherapists and occupational therapists contribute to these records. Entries were generally noted to be signed and dated but not always legible.

Repositioning charts seen were completed inconsistently with a number of entries some days and others none or only a few. There was no guidance for staff to inform them of the frequency of repositioning for each patient. There were mixed responses from staff when they were asked why there is such an inconsistency with one suggesting this was more a case of staff not having time to complete these documents rather than tasks being left undone and another commenting that the reason for inconsistency is that some staff cannot be bothered to complete these.

One patient spoken with on the ward stated that they had not eaten or had any drink all day. The patient was lying on their bed in discomfort. A drink that had been given to the patient was left untouched and had been left out of reach. This drink was moved closer to the patient who advised that they would not be able to drink it as they felt too ill. Care notes at the foot of the bed consisted of the observation charts and bowel charts only. However there was no fluid or food chart to record the



patient's intake or reflect upon their changing needs as their condition deteriorated.

The records of one terminally ill patient were reviewed at the Conquest hospital. The risk assessments were found to be blank. The plan of care was not individualised and was inadequate, failing to provide sufficient detail to allow appropriate care to be planned or delivered.

During interview, a staff member on the wards at the Conquest hospital commented that she felt the impact of staffing issues meant that they "can't give patient care properly" and they "don't have time to do 1:1 care, and where patients who need to be fed have to wait until last to get everyone else fed first"

An uneaten meal was observed being removed from the room of a confused patient. A qualified staff member was heard to comment "he has not eaten again", a review of bed side notes and clinical notes indicated the nursing assessment part of the integrated care plan had not been completed in respect of pressure sores, nutrition or falls, and no fluid or food intake charts had been started within the patient bed notes. The same patient was recorded as being assessed for two weeks physiotherapy support; this had been stopped after the first week and there was no indication within clinical notes as to why this decision had been taken.

On the same ward another patient who had been admitted to the hospital a few weeks prior to the inspection with hypothermia complained of being cold. An extra blanket was provided when staff were advised. By lunchtime they were still expressing that they were cold. No hot drink had been recorded to have been provided. A window had been left open and this was subsequently closed. Food and fluid charts were in place but had not been recorded on the previous three days. A record in the clinical notes recorded that the patient has lost weight and has been referred for dietary advice. Nutritional screening showed the patient to be at high risk but there was no risk assessment in place for this. The patient had complex needs but staff were unaware that specialist input from the community was available to provide support for the patient.

Records viewed for people with limited capacity showed no evidence of consent being sought for the use of bed rails and whilst some staff spoke of the need for best interests meetings in regard to treatment decisions these had not been held to approve the use of bed rails in the records viewed. Some records stated the decisions reached but not how they had been reached.

A patient who was awaiting transport to go home confirmed they had discussed their discharge with staff, however the discharge plan within the clinical notes was not completed and there was no clear discharge plan evident within the written notes to ensure the patient had appropriate support to return home.

### **Our judgement**

Comprehensive assessments of need were not always carried out and appropriately recorded for those patients tracked. Staff could not demonstrate through their nursing records that individual welfare and safety needs were met.

The Conquest Hospital is not compliant in respect of the essential standards of

quality and safety relating to this outcome, giving rise to major concerns.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

### Our judgement

**There are major concerns** with outcome 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
We did not discuss this outcome with people using the service.

**Other evidence**  
The Trust declared compliant against this outcome in their Provider Compliance Assessment received in December 2010 with minor exceptions. The trust stated that their Safeguarding Vulnerable Adults policy is in place but under review following learning from a Serious Care Review. The Trust also acknowledged that a policy for holding/restraint within paediatrics is required and was only available in draft at the time of the assessment.

In relation to safeguarding children the Trust had structures in place to minimise and prevent abuse. Key policies and procedures could be accessed by staff via the provider’s intranet. Most staff in key areas had been provided with training in the safeguarding of children.

In relation to adult safeguarding, structures, processes and actions had been put into place to minimise and prevent abuse occurring in the hospital. Staff had access to a safeguarding vulnerable adult’s policy (although it was currently under review) via the intranet.

Whilst the trust stated that it had an adult safeguarding training programme in place the majority of front line staff interviewed stated that they had not been provided with this training. The majority of front line staff interviewed had not been provided with training on the Mental Capacity Act or Deprivation of Liberty.

On interview, at headquarters, with the Learning and Development Lead, it was stated that “the trust has struggled to get monitoring together for safeguarding vulnerable adults and child protection”. Although some data was provided upon request it was not possible to see the percentage of staff who had been trained. On being asked how safeguarding training is reported to the Trust Board she stated that ‘reports can be produced but these are not done regularly, information can be produced on an irregular basis but this is not often requested by the Board’.

Staff reported that where concerns are reported these are recorded on incident forms but there is no mechanism for them to receive feedback as to what action, if any has been taken to address the concern.

Staff interviews and a review of supporting documentation has confirmed significant shortages of staffing across the hospital at all levels. Staff unfamiliar with units and the routines of patients are reliant on verbal handovers rather than clear personalised care plans to inform care delivery.

In the Accident and Emergency department the inspectors heard and observed care and treatment decisions being imposed rather than explained and appropriate consent being sought.

Pathway tracking identified a lack of risk assessments for the use of bed rails, which is a form of restraint. There was no evidence recorded in patient notes of staff seeking written or verbal consent for the use of bed rails.

Low numbers of staff have undertaken safeguarding of vulnerable adults training, Deprivation of Liberty or Mental Health Act training. Staff also lacked an understanding of locally established safeguarding arrangements in place via East Sussex Social Services Department. There was poor documentation on the ward, lack of detailed individualised care planning including risk assessments and appropriate preventive measures to ensure the safety of the individual.

### **Our judgement**

On this evidence CQC were concerned that staff may not understand adult safeguarding processes and may not recognised signs of abuse and how to raise them with the right person and in a timely fashion. The culture of care and the delivery of treatment in A&E and the wards lacks a personalised approach.

The Conquest Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

# Outcome 8: Cleanliness and infection control

## What the outcome says

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

## What we found

### Our judgement

**There are moderate concerns** with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
People thought that the maternity department was generally clean and they did not have any concerns. Some comments were made that the toilets were not particularly clean at the end of the day. Users of the services stated that staff were regularly seen to wash their hands.

One ward patient advised that a cleaner had cleaned the bay that morning and that whilst they had cleaned all areas they had used only one cloth to clean the entire bay. They were not happy with this and were worried about picking up an infection by cross contamination. On the same bay there was a patient who was experiencing sickness and diarrhoea.

Other patients spoken with stated that overall they found the cleanliness to be good. Comments included: "High standard, cleaner will daily include all the loos and bathrooms" "Staff are always hand washing between patients"

**Other evidence**  
The trust declared compliance with this outcome in its provider Compliance Assessment in January 2011 with minor areas for planned and monitored improvement taking place. However the trust rated itself amber against criterion 2 describing a partial compliance with National Cleaning Standards with a need for

additional resources being identified. The trust also acknowledged a backlog in the maintenance programme. Environmental audits undertaken by the Infection Control Team, Clinical Matrons and Estates staff of ward areas showed urgent action required to improve compliance. A detailed action plan was provided with evidence of an implementation programme in place.

On interview the Infection Control (IC) lead stated that “infection control has become a separate department in their own right and has its own governance meetings.” The team reports fortnightly to the Clinical Board including details of reduction rates and compliance. Infection control training is mandatory and is included in the induction programme. Performance against training is “running at 80-85%. The IC lead stated that training needs to be above 90% and that more e-learning is being built in. In particular there are ‘problems with ‘out of hours’ staff. The IC lead stated that there had been a ‘massive reduction’ in Clostridium Difficile rates which have been maintained. She reported that there are sufficient resources in the IC team but that there “is a lack of analytical support at the moment with an informal agreement for analysis when necessary”.

A copy of a ward audit report carried out by the senior Infection control Nurse Specialist and the Clinical Matron dated October 2010 was supplied. This yielded an overall compliance rating of 69% with 5 areas rated as red where urgent actions were required to be taken. These included an environmental audit (30%), education audit (70%), MRSA audit (60%), decontamination audit (50%) and a hand hygiene audit (70%). A detailed action plan was attached with time frames for completion and lines of responsibility. However, there was no evidence of implementation.

Infection control training is provided for staff on an annual basis and all staff spoken with had attended this training. All staff reported that when deep cleaning of an area or unit is requested, this is arranged and carried out within two hours of the request. Staff stated that policies on infection control are available online.

None of the staff met with were clear about who held the role of Director of Infection Prevention and Control but all staff knew their local infection control link person. Staff stated that the link person informs them of any infection control updates via memo. On interview with an infection control link nurse it was stated that they are not given protected time or additional training to discharge the responsibilities of their role. They are expected to carry out ward audits and attend regular meetings but this is usually in their own time.

A plentiful supply of gloves and aprons were strategically placed throughout the areas visited, and staff were observed to be using them appropriately.

Examples observed during the inspection include:

#### Maternity services

Staff in the maternity unit said that there is mandatory training for hand washing and regular hand hygiene audits are completed to ensure staff are following infection control policies. Staff attend regular meetings with the infection control link person. An Infection control board is in place for updates. Monthly infection control and cleaning audits take place. It was observed that the ward was clean and there was

evidence that the curtain rails had been cleaned.

Foul linen goes into 'Orange' bags for incineration. Staff are responsible for making decisions to wash or burn linen.

Some staff told us that the maternity unit is well supported by the housekeeping team, while others said if there were more cleaning staff who worked in a more flexible way this would relieve pressure on the midwives, e.g. emptying of bins when they are full rather than just at set times.

#### Accident and Emergency department

Generally the A&E areas and equipment within the department were found to be clean and there was a designated cleaning team working in the department. There is a clean linen storage cupboard and linen is only removed when required and not left out in the department. However during the visit it was noted that all dirty linen regardless of the soiling was put into white plastic bags and stored when full on an open cage trolley. The nurses confirmed that this was the procedure followed, and that there is no separation of linen even when contaminated with body fluids or waste. Staff did however confirm that linen that is used in barrier nursing would be dealt with differently. There was no procedure or guidelines available for staff to ensure that they all followed the same practice.

Staff were seen to be wearing gloves and aprons appropriately and there was a good supply available of each. There was adequate hand washing areas and staff were seen to be washing their hands before and after completing any care or treatment.

Curtains in the Accident and Emergency department, resuscitation unit and in the bay were found to be a mixture of paper and material. There is a system used by the dedicated housekeeper that evidenced six weekly change and all curtains are dated. It was advised that the material curtains are only used when they run out of the disposable paper ones.

There is one sluice area that is shared by A&E and the MAU and this was found to be cluttered and disorganised. Commode pots had been left in the sink and there was an unpleasant odour.

There is a staff member that takes the lead on infection control in A&E and two link nurses support her. It was advised that they attend the infection control meetings held within the hospital.

#### Wards

Wards visited were observed to be generally clean but cluttered through lack of adequate storage space, some items were observed to be on the floor compromising optimum cleaning taking place.

Each ward has a designated house keeper and staff advised that when the housekeeper is on duty cleanliness is very good. Staff said that each ward is meant to have a second cleaner on duty but that this rarely happens. A number of staff expressed concern that cleanliness when the housekeeper is not on duty is not carried out to the same standard.

It was observed that some side rooms had notices requiring visitors to speak with nursing staff before entering as an infection control preventative measure, a number of these had doors propped open throughout the site visit.

In another ward in the shower room there was a detailed policy on cleaning evident. In one ward a cupboard containing chemicals for use with the sluice had the key left in it and this was accessible to patients.

**Our judgement**

While many areas of the hospital appear clean and well cared for, there are a range of concerns identified around the hospital's handling of wider hygiene and infection control issues.

The Conquest Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns.



# Outcome 13: Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

**There were major concerns** with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
People were satisfied with the care that they received while a patient in the Accident and Emergency department. They felt that the staff were attentive and responded to their needs in a timely manner.

There were mixed comments from ward patients. Comments regarding ward staff included 'kind, helpful and so caring and patient'. "excellent care but they look tired and exhausted" "The girls are so young but so caring" Some people stated that they thought there were enough staff on duty on each shift, others commented ""no not enough staff they are rushing around all the time, they are very busy" "Sometimes I feel staff could do with more help some days there a plenty of staff some days there are not and they are working by themselves". "Understaffing at times particularly at night". One person said that staff' respond to call bells quickly, others said "not immediately but no longer than five minutes, another person said that they try to ensure that they call well in advance of needing staff so that they can allow for response time.

**Other evidence**  
The Trust declared compliance against this outcome in January 2011 in their Provider Compliance Assessment.

The Trust has provided the commission with information that shows there are staff shortages across the Trust. Data provided by the Trust showed that in January 2011 there were 113.76 whole time equivalent qualified nursing and midwife vacancies representing 7.43% of the workforce. There were 219.03 whole time equivalent unqualified nursing and midwifery care assistant vacancies representing 16.48% of the workforce. There is a 4.83% sickness rate. Approximately 3.21% of nursing and midwifery staff are on maternity leave. Use of agency staff is strictly limited due to high costs so that there is a high dependency on bank staff to fill planned and unplanned absences with approximately one quarter of bank shifts requested consistently not filled in the last 6 months.

Between April and December 2010 the average number of days per month when there was a critical shortage of staff in maternity services necessitating urgent closure of the unit to new admission was seven.

The Trust has struggled to have sufficient middle grade doctors in post to deliver a safe service. A paper dated (January 2011) "**Women's Health – Medical Staffing Issues Briefing**" identified concerns around the shortfall of permanent middle grade staff at both the Conquest and Eastbourne hospitals. In addition to Consultant shortage it is stated that:

"The overall situation in maternity is further exacerbated by an acknowledged under established Midwifery workforce which presents its own risks and which has already resulted in the adoption of special 'business continuity' measures and remains vulnerable to doing so again despite contingency planning"

The paper concludes: "There are real clinical concerns about the safety of the current maternity service: all Obstetric and Gynaecology consultants believe that a minimum of 8 middle grade doctors are required to maintain the current service configuration and provide a safe service on each site. If the Trust is unable to fund the extra agency locum expenditure to maintain the middle grade rota, then the Consultants believe that the service is no longer safe and we should plan to close one site temporarily whilst work on the Clinical Strategy progresses."

A **Clinical Board report** authored by the Divisional Director of Women & Children's Services (dated 14 February 2011) cited as evidence supporting decreasing safety:

"Locum recruitment challenging – cannot always obtain known locums; Sickness of current middle grades is a major issue; running Anti Natal Clinics single handed or with only 1 Registrar potentially increasing complaints/risk; Labour ward being run with a career Senior House Officer and a Consultant – incidence increasing; Increasing number of Serious Untoward Incidents noted; Consultant's attendance out of hours increasing due to inexperienced locums which has a known on effect on service delivery."

**Minutes of Clinical Board** meeting (18 February 2011) under paragraph 4: in

response to the above cited Divisional Director of Women & Children's Services report (dated 14 February 2011), the Clinical Board resolved "that from April 2011 onwards it would not be possible to provide a safe, sustainable Obstetrics and Gynaecological service with middle grade posts being covered by locums."

The Chief Executive confirmed at that meeting that he would take this decision forward "in order that a plan could be formulated to move forward that minimized disruption to the service and the community."

On interview the Divisional Director of Women & Children's Services commented that where staffing problems arose women in labour should be diverted. He said that the service had been 'stretched' and that this was impacting on safety. There were risks and concerns over locums and in addition there were short and long term sickness and vacancy problems. He stated that the current configuration was 'not safe' in terms of risk.

Midwifery staff reported staffing levels were inadequate at times, particularly of those staff with experience, to offer the service they should. They confirmed the use of the incident reporting system to identify poor staffing levels but these have not been addressed. Staff felt that they were 'fire fighting' and reactive rather than proactive because of the systems in place. All staff interviewed stated that if there was one thing they could change it would be to address the issue of short staffing.

There were not enough experienced staff working in the maternity department at the time of our visit and staffing levels were inadequate. Agency staff are not used and overtime is not longer paid. Bank staff are used to cover any sickness or planned absence but not all shifts could be covered. Midwives are brought in from the community to assist but this measure can leave coverage in the community inadequate as a result.

Incident forms are completed regularly in relation to staffing levels and despite being put on the Trust's risk register staff reported that no actions have resulted. All staff interviewed stated that they were regularly unable to give the care they would like and could only give the 'basics'. There was an overall concern about safe midwife staffing levels.

Staff stated that they did not feel valued by the Trust although they felt supported by midwifery colleagues. Staff felt unable to provide the service they should be able to offer due to ongoing shortages. All staff stated that if there was one thing they could change it would be to address the issue of short staffing.

During an interview with the Medical Director, it was stated that staffing in A&E is a 'key issue' for the Trust. He reported that there are vacancies for middle grade doctors, and the Trust has been working with locums, which is an unsatisfactory approach in the long term. There are only 3.5 Consultants when it was reported that there should be around 5 each at Eastbourne and the Conquest hospitals. Consultant recruitment is difficult and though there is consultant cover this is more onerous than this should be and the Trust is reliant on locums. His view was that this was a 'safe' system but not sustainable into the medium and long term. His view was that despite the level of investment and focus on the department to make necessary improvements, the staffing of A&E remained a concern for the Board. An interview with the Recruitment Manager and the Deputy Director of Human

Resources reported that there has been recruitment effort to fill the consultant vacancies which had largely been unsuccessful.

An interview with the Chief Nurse confirmed there are some delays in recruitment in A&E and that there is more to be done in terms of recruitment. There is a more stable workforce in the short term.

The A&E department was fully staffed on the day of the site visit, but the night shift was two trained nurses short and they were awaiting confirmation of agency cover. There are two full time trained nurse vacancies at present and they have yet to recruit to these posts.

All staff spoken with on the wards stated that staffing levels were inadequate and that this impacted on the delivery of good patient care. They stated that when they have a full compliment of staff, a staff member generally is moved to cover another part of the hospital where there is a shortage. These moves are not reflected in the staffing rota for the ward. A staff member commented that this can be difficult for the staff member sent to another ward as they are not always provided with handover information. Wards that may be short of staff do not have use of agency staff and ward staff do not work overtime. Bank staff are used to cover any sickness but not all shifts can be covered.

On interview with a physiotherapist it was stated that there are insufficient allied health professionals in post across the trust including both physiotherapists and speech therapists which impacted on the quality of rehabilitation time able to be given to patients on the wards. This contributed to lengths of stay and the level of ability that some patients were able to achieve before being discharged into the community.

### **Our judgement**

There are long and short term staff shortages across the Trust and at all levels including Consultants, middle grade doctors, qualified and unqualified nursing and midwifery staff. There is heavy reliance on locums and bank staff.

The Conquest Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

# Outcome 14: Supporting workers

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

**There are major concerns** with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
We did not discuss this outcome with people using the service.

**Other evidence**  
The Trust declared compliance against this outcome in their Provider Compliance Assessment of January 2011 with the exception of two elements. There were areas highlighted as requiring further improvements around supervision, appraisals, training compliance assessments and monitoring.

The CQC Quality and Risk profile included data items from the CQC NHS staff survey. These showed two key high risk areas rated at red. The Trust also scored in the lowest 20% compared to other trusts in the country against key finding 36: Staff recommendation of the trust as a place to work or receive treatment. The trust scored worse than average when compared to other trusts for key finding 34: staff job satisfaction and key finding 40: percentage of staff experiencing discrimination at work in the last 12 months.

It was found that the development of staff had not been supported through a regular system of appraisal. Consultant appraisals should be undertaken on an annual basis in line with the expectations of their professional body. The percentage of outstanding appraisals vary according to consultant groups and clinical directorates

from 9% for Obstetrician and Gynaecologists to 52.5% of anaesthetists and 68% of surgical consultants.

Each staff member should be given an annual appraisal of their performance and have a personal development plan. However Trust performance on completing appraisals has dropped in the last quarter from 85% to 77%. Appraisal and professional supervision should be provided annually to midwives but this was reported by staff not always to be met.

There was no evidence of a formal process in place for ongoing supervision or mechanisms for recording it for qualified or unqualified front line nursing staff. Not all staff on interview were sure what was meant by supervision.

Staff said they did not feel that the trust supported or valued them. There is a process in place of mentoring new staff but this is often compromised by staffing levels.

Staff on the wards described a detailed induction to the hospital, which involves new staff completing one week of formal induction off ward when they complete their mandatory training and then working two weeks on a ward supernumerary to the shift. Staff that move permanently from one ward to another within the hospital also have to spend two weeks in a supernumerary role. Each new staff member has a mentor during their induction period. On completion, the mentor has responsibility to sign agreement that they are satisfied that the new staff member is competent to work on shift unsupervised at tasks relevant to their role.

Staff on the wards in Conquest hospital stated that they are responsible for maintaining their own training needs profile. However sometimes staff are selected to attend training in a particular area to meet ward needs. Courses are regularly advertised on notice boards and if they see a course they would like to attend they speak with the Sister on their ward for her consideration. Staff stated that a wide range of courses are available to staff. Staff reported that training can be cancelled at short notice due to staff shortages on the ward.

Staff on the wards visited stated that newsletters had been introduced to keep staff informed of changes as attendance at staff meetings was low. Staff are encouraged to comment on the newsletters. A staff member stated that attendance at the staff meetings was meant to be compulsory and that they were advised that they would be given time in lieu for attendance. However due to staff shortages this often prevented staff taking the time owed so only staff on duty tended to be present at the meetings.

Staff interviewed in A&E, maternity and on the wards reported low morale over a considerable period of time. They put this down variously to staff shortages, lack of support and consultation and not feeling valued by senior staff. They felt that nothing ever changes and that senior management neither listen nor take appropriate remedial action.

**Our judgement**

There are inadequate arrangements in place to support staff with annual appraisals and supervision. Staff are not always able to meet the requirements laid down by their respective professional bodies. Not all staff have met their mandatory training needs. Staff report low morale and not feeling valued by the Trust.

The Conquest Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

**There are major concerns** with outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We did not discuss this outcome with people using the service.

##### Other evidence

The Trust declared compliance with this outcome in their Provider Compliance Assessment in January 2011 and cited a range of evidence to demonstrate that all relevant aspects had been met.

The Care Quality Commission's quality risk profile suggested that there was no high level of concern and no recent change to the risk of non compliance. The Trust has appropriate clinical governance structures and defined functions in place. The trust stated that it has a robust Risk Management Strategy which acts as a framework for the way risks to the Trust are managed and is supported by a range of relevant policies.

In the last year to January 2011, 50% of all notifiable incidents reported to the National Patient Safety Agency and shared with CQC were submitted more than 53



days after the incident occurred against a national average for all organisations of 34 days. 50% of all death and severe harm notifiable incidents reported to the NPSA and shared with CQC were submitted more than 41 days after the incident against a national average of 33 days.

The Dr Foster website has raised a concern with mortality rates with a score of 109.54 against a national average of 100. East Sussex Hospitals NHS Trust has taken steps to understand this result and a review was commissioned which found no evidence of clinical error to account for this result.

Over the last year the top five themes for complaints have been clinical care (273), attitude (75), communication (49), appointments (46) and discharge (29). There have been 32 complaints considered by the Parliamentary and Health Service Ombudsman during the year 2009-2010. Of these 13 have been refused, 10 have been referred back to the trust for local resolution and nine are outstanding and waiting a decision. As a result of comments received the trust state they have improved the patient flow into the hospital and improved single sex accommodation.

On interview, the Chief Executive Officer (CEO) stated that he had commissioned Due Diligence and did a baseline assessment of reputation with key local stakeholders including social services and the County Council. He stated that there were a 'set of very difficult relationships' with other local partners. A lot of work is being put in to create a better relationship so that the hospitals are not seen as 'islands' and have more of a community relationship.

The CEO stated that there is to be a governance review commencing in April 2011 and that the specification for that review had just been finalised.

The Chief Nurse in her interview stated that there are some governance structures that need to change more broadly. Although material is appropriately reviewed by the board, at times too much detail will go to the Trust Board and at others not enough. This may compromise the appropriate degree of scrutiny.

The Medical Director noted that not all consultants are fully engaged with clinical governance.

Patient and public involvement is high on the agenda for the Trust. The Public Involvement Strategy is still in development and there has been a strengthening of their relationship with the Local Involvement Network (LINKs)

It was reported that there are up to three 'bed meetings' per day in order to improve flow of patients from the A&E onto the wards, but these were not seen to be especially effective.

The Trust has systems and processes in place for assessing, auditing and monitoring the quality of service. Middle and senior managers including the matrons are a regular presence on the wards to monitor the delivery of care and treatment of

patients. However these have been found to be ineffective in some areas.

Risks highlighted by staff such as acute staff shortages are entered onto the risk register but are not then acted upon in a timely fashion.

Communication between management and front line staff is reported to be poor.

**Our judgement**

As a result of the issues identified both across the Trust and specifically within the Conquest hospital we were significantly concerned about the effectiveness and efficiency of monitoring and audit arrangements, as well as their usefulness in monitoring and changing the quality of the services being provided.

The Conquest Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

# 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**  
Only one of nine people spoken with on the wards said that they had looked at their individual care notes. Two people said that they didn't think they were allowed to look at them. A number asked what was included in the folders. When asked if staff involved them when recording their notes everyone said no.

**Other evidence**  
The Trust declared compliance against this outcome in their Provider Compliance Assessment in January 2011 with the exception of a single element. Secure storage of records needs further improvement as well as more effective monitoring systems to examine the level of compliance in respect of missing case notes and electronic tracking.

The Audit Commission provided intelligence audits for this outcome and found that the case notes at the Trust are in an extremely poor condition, often with loose reports spilling out of the folders and no clear chronological order. This presents a significant risk to patient safety as well as impacting on the quality of coding.

Patient records on maternity not held by the patient and kept in the department are secure. On Special Care Baby Unit medical and nursing records are kept separate in locked trolley/cabinets. Midwives and users of the service were involved in record development.

Trained staff stated that apart from training given as part of their initial nurse training that they have not received formal training in relation to record keeping and information governance. Two staff member stated that when the new integrated pathway records were introduced some input was given to trained staff to ensure that they were clear about how to complete the documentation.

Integrated pathway records are held in the clinical notes and are written by all professionals involved in patients care. These notes were generally found to include detailed information about diagnosis and treatment provided and were in most cases signed and dated but were sometimes illegible; the records are not easy to navigate and not always chronological. Nursing assessment information for each patient located within the integrated care plan were found to be uncompleted or partially completed in a number of the files viewed and when completed they provided limited information. Where appropriate, risk assessments were sometimes drawn up although this was not consistent. It was noted, however, that there was no risk assessment documentation in relation to the use of bed rails. One of the patients seen was due to be discharged on the day of inspection but no discharge planner had been completed. Another patient was going on a home visit but no evidence of this was recorded in the discharge planner.

Unqualified staff have responsibility for completing care records that are stored at the foot of each patient's bed. Staff advised that each folder should contain observation charts, medication charts, bowel charts and where necessary food and fluid charts and repositioning charts. Risk assessment information is included in these folders. This leaves patients vulnerable particularly where there are bank staff working who are not familiar with the needs of the patients. There were significant inconsistencies in the substance and standards of such records. Unqualified staff were not encouraged to read nursing and medical care records. They reported that they had not been provided with record keeping and information governance training.

Health care assistants are not permitted to write in the clinical notes to record what care they have delivered for patients e.g. personal hygiene tasks. These have to be reported to qualified staff' who then record this information in the clinical notes. There is heavy reliance on word of mouth handover rather than in the written record. A staff member advised that accident reports are not always completed by the person witnessing the accident if they are an unqualified staff member. A member of staff commented that they found the notes at the end of the bed to be "useless".

Clinical notes are stored on trolleys near to the nurses' bay. Some of the trolleys seen had a lockable lid but staff advised that the lids are not routinely locked. A computer in the main ward corridor was observed to be left unattended on two separate occasions with the names of patients and their results clearly visible

compromising patient confidentiality.

**Our judgement**

Patient records were not stored securely at all times. The quality, legibility and consistency of records were variable. It is not clear that all staff have been provided with record keeping and information governance training.

The Conquest Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns.

## Action

we have asked the provider to take

### Compliance actions

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

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 18	Outcome 2: Consent to care and treatment
Assessment or medical treatment of persons detained under the Mental Health Act 1983	<p><b>How the regulation is not being met:</b> Not all junior doctors are sufficiently trained or prepared to be able to obtain informed consent from patients. Low numbers of staff have been trained in safeguarding vulnerable adults, Deprivation of Liberty and Mental Capacity Act training. It was heard and observed that care and treatment decisions were routinely imposed rather than informed consent being sought.</p>	
Surgical procedures		
Diagnostic or screening procedures		
Maternity and midwifery services		
Termination of pregnancies		
Treatment of disease, disorder or injury	Regulation 11	Outcome 7: Safeguarding people who use services from abuse
Assessment or medical treatment of persons detained under the Mental Health Act 1983	<p><b>How the regulation is not being met:</b> On this evidence CQC were concerned that staff may not understand adult safeguarding processes and may not recognised signs of abuse and how to raise them with the right person and in a timely fashion. The culture of care and the delivery of treatment in A&amp;E and the wards lacks a personalised approach.</p>	
Surgical procedures		
Diagnostic or screening procedures		
Maternity and midwifery services		
Termination of pregnancies		
Treatment of disease, disorder or injury	Regulation 12	Outcome 8: Cleanliness and infection control

<p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Diagnostic or screening procedures</p> <p>Maternity and midwifery services</p> <p>Termination of pregnancies</p>		
<p>Treatment of disease, disorder or injury</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Diagnostic or screening procedures</p> <p>Maternity and midwifery services</p> <p>Termination of pregnancies</p>	Regulation 22	Outcome 13: Staffing
<p>Treatment of disease, disorder or injury</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Diagnostic or screening procedures</p> <p>Maternity and midwifery services</p> <p>Termination of pregnancies</p>	Regulation 23	Outcome 14: Supporting workers
<p>Treatment of disease, disorder or injury</p> <p>Assessment or medical treatment of persons</p>	Regulation 10	Outcome 16: Assessing and monitoring the quality of service provision
<p><b>How the regulation is not being met:</b></p> <p>IC leads are not given protected time or additional training to discharge the responsibilities of the role. There are conflicting arrangements in place to safely manage foul linen. Insufficient cleaning staff in post.</p>		
<p><b>How the regulation is not being met:</b></p> <p>There are long and term staff shortages across the Trust and at all levels including Consultants, middle grade doctors, qualified and unqualified nursing and midwifery staff. There is heavy reliance on locums and bank staff. There is clear evidence that this is impacting negatively on the quality and safety of the service in all areas.</p>		
<p><b>How the regulation is not being met:</b></p> <p>There are inadequate arrangements in place to support staff with annual appraisals and supervision. Staff are not always able to meet the requirements laid down by their respective professional bodies. Not all staff have met their mandatory training needs. Staff report low morale and not feeling valued by the Trust.</p>		

<p>detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Diagnostic or screening procedures</p> <p>Maternity and midwifery services</p> <p>Termination of pregnancies</p>	<p><b>How the regulation is not being met:</b> As a result of the issues identified we were significantly concerned about the effectiveness and efficiency of monitoring and audit arrangements and the ability to accurately assess and monitor the quality of the services being provided.</p>	
<p>Treatment of disease, disorder or injury</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Diagnostic or screening procedures</p> <p>Maternity and midwifery services</p> <p>Termination of pregnancies</p>	<p>Regulation 20</p>	<p>Outcome 21: Records</p>
	<p><b>How the regulation is not being met:</b> Patient records were not stored securely at all times. The quality, legibility and consistency of records were variable. Low levels of staff have been provided with record keeping and information governance training.</p>	

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 14days of this report being received.

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

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



# What is a review of compliance?

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

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

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

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

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

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

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

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Adult 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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