

Review of compliance

The Newcastle-upon-Tyne Hospitals NHS
Foundation Trust
Freeman Hospital

Region:	North East
Location address:	Freeman Road High Heaton Newcastle-upon-Tyne Tyne and Wear NE7 7DN
Type of service:	Acute services with overnight beds Community healthcare service Doctors consultation service Urgent care services
Date of Publication:	July 2012
Overview of the service:	The Freeman Hospital is an NHS hospital where the following regulated activities: treatment of disease, disorder or injury; surgical procedures; services

	in slimming clinics; management of supply of blood and blood derived products; diagnostic and screening procedures are provided.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

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

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 23 May 2012, carried out a visit on 24 May 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

What people told us

We spent time on three ward areas, two medical wards (one general and one for older people) and a surgical ward specialising in adult cardio thoracic surgery.

Overall we spoke with 22 patients and 15 staff of varying designations and we also observed care being delivered.

Patients told us they felt involved in their care and treatment and they felt respected by the staff. Their comments included, "The nurses and doctors always fully explain"; "Staff always ask and speak about what and why they are doing a procedure i.e. blood tests"; and, "My privacy is respected at all times".

Patients were complimentary about the care and treatment they received. Their comments included, "I get excellent care"; "The care and attention is second to none"; and, "I have been very well looked after".

Other patients told us that their needs were met and reported that they were well treated. Their comments included, "All the staff provide my care and meet my needs"; and, "The staff are very patient and very good. I've had no problems with them".

When we asked patients about their safety they all reported that staff were kind and caring. Their comments included, "I definitely feel safe here"; and, "I have no concerns

about staff attitude".

Three patients on the same ward felt able to express some concern over the attitude of one staff member and we were able to pass this on to the ward sister.

Patients on all three wards told us that they felt the staff knew how to care for them and understood what their individual needs were. Their comments included, "Staff are brilliant"; "I find the staff are very helpful, nothing is too much trouble"; and, "The staff always care for you. They have a lot to do and not much time to do it."

What we found about the standards we reviewed and how well Freeman Hospital was meeting them

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

People's privacy, dignity and independence were respected.
People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.
The provider was meeting this standard.

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

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

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

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
The provider was meeting this standard.

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

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

The provider had an effective system to regularly assess and monitor the quality of service that people receive.
The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We found that the diversity, values and human rights of patients on each of the wards which we visited were respected. We found that all wards provided single sex accommodation and that single cubicles were appropriately allocated for use by patients who required additional privacy and support.

We observed that all designations of staff engaged with patients and acknowledged their requests and concerns. For example, they offered options at lunchtime and asked whether they wanted to use equipment. Patients said they were able to speak with ward sisters who were available at visiting times to talk with them and their families. They also provided positive feedback about the ways doctors addressed them and spoke with them at the bedside.

Some patients told us about how they felt involved in their care and treatment. They said they were aware of their care and treatment plan and the nurses and doctors kept them informed of plans for treatment and discharge from hospital.

Their comments included, "Staff are lovely"; "The nurses and doctors always fully explain"; "Staff always ask and speak about what and why they are doing a procedure i.e. blood tests"; and, "They have communicated with me before I came in and again

every morning".

Another patient said, "I was given all the information before I came in, then again when I first came in – they even gave me a telephone number to ring at any time. You could not get better treatment privately".

Patients spoken to said they were respected by staff. They also said their dignity was maintained. Their comments and feedback included, "My privacy is respected at all times"; "Staff usually come straight away if I call them"; "I'm asked if I want to bathe or shower"; and, "I can talk confidentially to staff".

We watched part of the morning routine on ward 9. We noticed, although the ward was busy, the atmosphere was calm and relaxed and staff carried out their duties in a quiet, unhurried manner. We saw staff were respectful with patients as they worked with them. For example, two nurses used a hoist to move a patient and they worked in a calm and dignified manner whilst they reassured the patient and explained what they were doing as they carried out the task.

Privacy screens were used around bedsides while medical examinations took place. We noted that conversations between the patients and medical staff took place in a subdued tone so the rest of the ward could not hear confidential and private information.

We saw two members of staff escort one patient to a book section in a patient day room. The staff interacted positively and showed great patience whilst dealing with the patient. Another staff member responded assertively, calmly and appropriately when a patient spoke abruptly to them.

We saw call bells answered quickly, followed by discussion to identify the needs of the individual patient and then an appropriate response.

At all times patients were comfortably positioned and staff made sure they were suitably covered to preserve their dignity.

Other evidence

A range of posters and leaflets were displayed that provided patients and their carers with details about the Trust, internal and external groups/associations, and various health literature. There was also recorded evidence in patient's notes that showed that staff had explained health conditions to people. This meant that patients had access to relevant information about their care and treatment and how to obtain further support.

Ward sisters told us nursing staff were designated to work with patients in particular areas and be accountable for their care. We were told there were established systems for ward staff to liaise with other health and social care professionals on a regular basis to co-ordinate patient's treatment and plan discharges. This meant that people received continuity and a multi-disciplinary approach to their care.

The staff explained how patients were respected and encouraged to be involved in their treatment and recovery. They described how patients were kept informed of what was planned for each day as their recovery progressed.

We saw that care documentation instructed staff to consult with patients and their carers. The records we examined demonstrated some evidence of this, however people's involvement in discharge planning was not routinely evident.

Our judgement

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

The patients spoken to on ward 9 were complimentary about the care and treatment they received. Their comments included, "I get excellent care"; "The care and attention is second to none"; "The care is exceptional I have no complaints"; and, "I have been very well looked after".

Other patients told us that their needs were met and reported that they were well treated. Again their comments included, "All the staff provide my care and meet my needs"; and, "The staff are very patient and very good. I've had no problems with them".

Other evidence

We did not review staffing levels at this inspection. However, we received feedback from nurses on the cardio thoracic ward about night staffing levels. This related to occasions when patients were sometimes agitated and disorientated when recovering from sedation and the effects of major surgery. This meant that other patients may not receive timely attention and care as needed. For example, night time medication rounds had been delayed and patients who were scheduled for surgery had experienced delays in getting settled for the night.

We were able to discuss this with the senior nursing team, who carry out night visits to the wards, and who undertook to further investigate and address this matter.

We saw that care documentation in use was designed to be completed upon admission

and updated during the patient's stay, including if they transferred to other wards/departments, through to discharge. They all incorporated guidance to staff on using the Essence of Care Framework to help identify patient's needs. Most of the wards also used core care plans for planning patient's care and treatment. The provider may find it useful to note these were rarely personalised and we found better evidence of care delivery within records of ongoing communication and nursing observations. This meant that the written evidence of how individual care was planned and delivered was not always available.

Admission documents incorporated a range of assessments that identified risks to patient's safety and welfare.

We looked at the nursing care records for four patients we had spoken with on ward 9. The records included medical assessments that were completed when the patient was admitted to hospital. Also social assessments, which gave details about a person's practical abilities and a record of their living situation so preparations could be started for discharge arrangements.

Daily assessments were carried out to assess the patient's progress. Discharge arrangements were from the date of admission to help plan and prepare for the patient leaving hospital. This meant that the patient's discharge was not held up when they were ready to leave.

We asked staff and the sister in charge of the ward about the arrangements when it was suspected a person may lack mental capacity to consent to treatment. They told us that a mental capacity assessment would be carried out by the doctor and where possible next of kin would be involved in the decision making process to give consent to treatment.

We saw that care plans were in place. However, the provider may find it useful to note that there was no care plan in place for one patient who was confused and records showed us at times they became stressed. This meant there was no recorded advice for staff on how to reassure this patient when they became agitated.

The sister on ward 13 told us they were the pilot ward for following the National Institute for Clinical Excellence (NICE) clinical guidelines for depression. As a result depression screening was carried out weekly with patients to check on their mental health wellbeing.

The sister in charge explained the procedure if it was thought that a patient lacked capacity. We were shown a standardised care plan which contained details about confusion and agitation to which patients individual and personal details would be added to make it specific to their needs.

Ward 13 was also a pilot for an initiative about dementia care called "Forget me not" which involved collecting information from relatives or perhaps from care home staff about patients who had confusion. This meant staff would have more information to provide person centred care to people who could not give the information themselves.

A member of staff described a team system approach to care delivery where staff were allocated to look after the same patients in order to achieve continuity of care.

Our judgement

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

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

Seven patients were spoken to on ward 9 who all reported that staff were kind and caring. Their comments included, "I definitely feel safe here"; "The staff are kind and patient"; and, "I have no concerns about staff attitude".

We spoke with a total of thirteen patients on wards 13 and 30 who told us they were "treated very well"; "spoken to in the right way"; and, that they had "no concerns".

However, three patients on ward 13 told us about their concerns over one member of staff and gave examples of how this person had not been professional or helpful during conversations. We relayed this information to the ward sister who took prompt action to investigate the matter and provide assurances to the people involved.

Other evidence

Ward staff described effective contact and support from psychiatric liaison, safeguarding and security personnel in the event of concerns about patients mental health, vulnerability and safety. They also said they knew how to report concerns where they thought people were not protected from harm, either in their own homes or within the hospital environment.

Staff had received training on mental health legislation to help them understand and uphold the rights of vulnerable people. However, we found that some of the ward staff did not have a clear understanding of when an assessment should be carried out to determine a patient's mental capacity to give consent to treatment.

We were told by the sister on ward 9 that a deprivation of liberty assessment had been applied for under the Mental Capacity Act 2005 for a patient who needed to remain on the ward to ensure their safety. However, the provider may find it useful to note there was no record of this in the nursing records although the doctor's medical records contained information about this patient's lack of capacity and the involvement of the family. This meant all staff involved with this patient may not be aware of this information.

The sister on ward 30 described the procedures and the people who would be involved in the safeguarding department in order to obtain consent to treatment or a deprivation of liberty assessment. She knew the Trust was currently highlighting safeguarding issues in order to raise staff awareness overall.

We saw statistical information held by the dedicated safeguarding team, who were based at the Royal Victoria Infirmary. This showed year on year increased levels of contact from staff for advice and to report safeguarding concerns. The team was also exploring how to make sure further potential safeguarding issues from within incident reporting and complaints systems were captured.

Our judgement

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

Patients on all three wards told us that they felt the staff knew how to care for them and understood what their individual needs were. Their comments included, "Staff are brilliant"; "I find the staff are very helpful nothing is too much trouble"; and, "The staff always care for you. They have a lot to do and not much time to do it".

Other evidence

We spent time with the head of education and training whose department provided education for all staff designations including the doctors. The onsite training facilities included a new simulation area and surgical training unit.

We heard about many new initiatives including the extensive new 'e learning package' and forthcoming changes to further develop the staff appraisal system.

We saw detail of a comprehensive multi-professional induction programme and saw how essential mandatory training programmes were effectively delivered to over 11,000 staff.

Staff had responsibility for their own training records which they could access and maintain online. A new initiative called "Training manager online" had just gone live which would enable managers to take the lead and have quick access to the training status and development of their own staff.

A staff nurse on ward 9 told us they had completed their mandatory training and that this was up to date. She described how this had been 'done online via the Internet' with

time allowed at work to complete it. This nurse was also the infection control lead for the ward and attended meetings to get information about infection control which they then passed back to the ward.

The sister on ward 13 also referred to 'online mandatory' training which included training topics such as safeguarding, diabetes, tissue viability and nutrition. She said that staff had not received training in dementia care although the ward was piloting other initiatives to ensure patients with dementia received appropriate care.

The sister on ward 30 described a system of review to check if staff had completed and understood the training sessions which they had completed.

The staff told us that they received annual appraisals and described how these included discussion around their training needs and future personal development. They also described positive experiences of support through meetings with peers and managers.

However, the provider may find it useful to note that we did establish that none of the staff who we met with had received regular one to one supervision sessions throughout the year in order to discuss any training or work related issues.

We were able to discuss the current position regarding clinical supervision and one to one supervision sessions for all designations of staff with the senior management team. They were aware of variations across the clinical areas and had identified that "whilst there were some areas of excellent practice ...many areas had nothing formal in place". Early plans to move this situation forward were in place. We received assurances that this area of formal support for staff would be implemented within the next three months.

Our judgement

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

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We observed that there was little evidence of any results of audits of quality or patient satisfaction available or displayed at ward level for people's information.

Other evidence

Ward sisters said they discussed trends and themes about quality at regular meetings and described how these had led to changes in every day practice. For example, issues about nutrition and hydration had resulted in the introduction of improved systems to identify and assist patients who required support with eating and drinking.

The sister on ward 13 said there were systems in place to ensure there was up to date communication about patients. There were daily ward rounds with doctors and nursing staff to discuss patient's progress. There were verbal and written handovers at the end of each shift. This meant there were communication systems that kept staff apprised of patients ongoing care and welfare.

We spoke to senior management about the tools used across the hospital to monitor the quality of the service which was provided. Each ward used a clinical assurance tool on a monthly basis to assess the quality of the service it provided.

Accidents and incidents reported in the hospital were documented using an online system. Staff were required to select the category of the incident and the category selected determined which groups within the hospital had visibility of the incident. We were told this meant that any trends within accident reporting could be analysed by the

relevant group. For example, any pressure damage which was reported was reviewed by the tissue viability group and any reports of patients who had fallen were reviewed by the falls team.

We were told about an overarching analysis of incidents and accidents which included areas such as the timeframe in which the incident was reported, and what level of investigation had been carried out, to ensure that incidents were dealt with according to the Trust's policy.

We referred to our Quality Risk Profile where we hold all our information about the hospital. We also looked at the information we held from external surveys and reports from other agencies. The majority of information we held about incidents, concerns or from patient surveys was the same as, or better than, other similar trusts. Where we had individual negative comments we looked at the issues as part of this inspection.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

What is a review of compliance?

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

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

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

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

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

Information for the reader

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