



Headquarters
Newholme Hospital
Baslow Road
Bakewell
Derbyshire
DE45 1AD

Tel: 01629 812 525
Fax: 01629 817 890

www.dchs.nhs.uk

21 August 2013

Graham Spencer
Improvement and Scrutiny Officer
Democratic Services
Derbyshire County Council
County Hall
Matlock
DE4 3AG

Dear Graham

Derbyshire Community Health Services NHS Trust (DCHS)

Thank you for the Improvement & Scrutiny Committee's invitation to discuss the recent Care Quality Commission (CQC) report into our inpatient service provision at Walton Hospital, Chesterfield. The Committee is also aware that this has had a material impact on our application to become an NHS Foundation Trust and that Monitor has deferred its decision about our application for up to twelve months. This letter sets out the process of that review and decision making and DCHS' response to any issues raised. We will be keen to discuss this in greater detail at the Committee meeting in September.

Ahead of the meeting, I have enclosed a copy of the draft reports and other papers for the Committee's review and also provide some further commentary in this letter to explain how the process works and what DCHS is doing in response to the CQC reports.

The Board has considered the decision by Monitor in context and remains confident that DCHS provides high quality care across the breadth and depth of our services. However the Board is not complacent and we have taken actions and continue to improve services, quickly learning and sharing the lessons across the wider Trust. The concerns raised especially regarding Derwent Ward at Walton provide a more specific challenge. The Executive Team and Board have confidence that the actions being taken will be effective. The Trust remains committed to maintaining its unconditional CQC registration.

Chief Executive Tracy Allen

Acting Chair Tony Okotie



DCHS Quality and Governance

Our Trust continues to strengthen its performance and the ambition to provide high quality services, remain financially viable and well governed working closely with its membership, governors and partner organisations. The Committee may not be aware of DCHS' approach to quality governance and the rigorous and systematic approach we take to identifying and managing service level risks. DCHS has spent considerable time not only developing our governance processes and developing our Board capability to review quality and understand where there may be risks to providing high quality services, but also embedding this into our organisational culture through the 'DCHS Way'. With such a large and complex organisation it is critical that we strike the balance between providing patient care which is well governed, without implementing too much or too little process on our staff. You will see below that at the end of a rigorous assessment of DCHS, Monitor has highlighted that we are well governed, however on the back of the recent CQC reports our Board will take the opportunity to reflect on how we can improve our processes and strengthen the way in which we take assurance from information we receive.

CQC Review History

DCHS has an unconditional registration with the CQC. As part of our registration and to ensure external validation of our compliance against the CQC's standards we are, along with all other registered healthcare providers, subject to inspections. These inspections may be announced or unannounced. DCHS has already established a strong track record of positive review by the CQC and swift action on the small number of occasions this has been required. Reviews have included our Learning Disability Services, based at Ash Green in Chesterfield, our Health Visiting service, our District Nursing Service, our Minor Injury Unit at Buxton and our Termination of Pregnancy service in Leicestershire.

The CQC visited Derwent Ward, Walton Hospital on 28/29 January 2013 for an unannounced, routine inspection. The visit found the following outcomes against the listed standards which were reviewed:

Respecting and involving people who use services	Action needed
Care and welfare of people who use services	Met this standard
Cooperating with other providers	Met this standard
Supporting workers	Met this standard
Assessing and monitoring the quality of service provision	Met this standard

The full CQC report is attached to this letter. DCHS was given until 24 April 2013 to provide the CQC with its considered action plan for the standard against which the CQC raised moderate concerns. This would be ahead of further visit by the CQC to check progress and naturally DCHS complied with this duty.

Essentially, DCHS' action plan consisted of the following measures being taken to ensure compliance against the identified standard and included actions to review or improve:



- Staffing levels
- Waiting for assistance
- Patient independence
- Communication with patients of their carers
- Seeking patients' views

The CQC was invited back to review Walton Hospital in July 2013 specifically to review progress under the "Respecting and involving people who use services" standard. The CQC, through its usual inspection processes of speaking with staff, patients and review clinical and other records recorded the following outcomes:

Respecting and involving people who use services	Action needed
Records	Action needed

Overall, since their previous visit the CQC noted improvements in the way patients' independence was promoted and against other actions noted from the first report. However there remain moderate concerns that patients' independence is not always promoted, their dignity is not always supported and that patients do not always receive information in a way that is accessible to them. In addition, the CQC noted an additional concern about record keeping.

Monitor deferred decision

Through its considerable and rigorous assessment process, Monitor has informed DCHS that we have fully met two of their three assessment criteria in being 'well governed' and 'financially viable'. They have, however, deferred their overall decision for up to twelve months as a result of the CQC reports into care at Walton Hospital. Monitor assessors have informed DCHS that once we are able to demonstrate compliance in the two areas highlighted by the CQC they would welcome our application back before their approvals Board.

Whilst not formally presented to Monitor's approval Board, a draft of the second CQC report was available to Monitor to help inform its decision.

Next steps

To seek this further assurance, the following headline actions are being implemented. We can provide further details and an update on progress when we visit the committee in September:

- Implementing an internal, clinical turnaround team led by a senior Matron to work with staff at Walton Hospital to ensure our level of patient care is consistent across the Trust. The specific focus of this team will be to review practice and processes around privacy and dignity, documentation and clinical leadership.
- We will be undertaking an addition series of CQC-style spot checks across all our inpatient facilities which complement our existing safety review programme and will be completed by the end of September 2013. We will continue to motor the key indicators of quality ensuring any risks are escalated effectively.
- We have already made a number of environmental changes on the ward to help improve the privacy and dignity of our patients.



Following these actions, we are hopeful of inviting the CQC back to Walton Hospital towards the end of this year where we expect to provide them with assurance of compliance against these defined standards.

Committee Presentation

We will of course present a very brief outline of the process at the Committee meeting on 2 September, but will focus most of our time upon the actions and learning we have taken on the back of these reports. We hope to provide the Committee with full assurance that these are isolated challenges at one of our many facilities and services and do not reflect a wider challenge for DCHS.

Our presentation team will be Dr Ben Lobo (Medical Director), Jo Hunter (Deputy Chief Nurse) and me. If you have any questions or queries in the meantime, please don't hesitate to contact my office.

Yours sincerely,

Tracy Allen

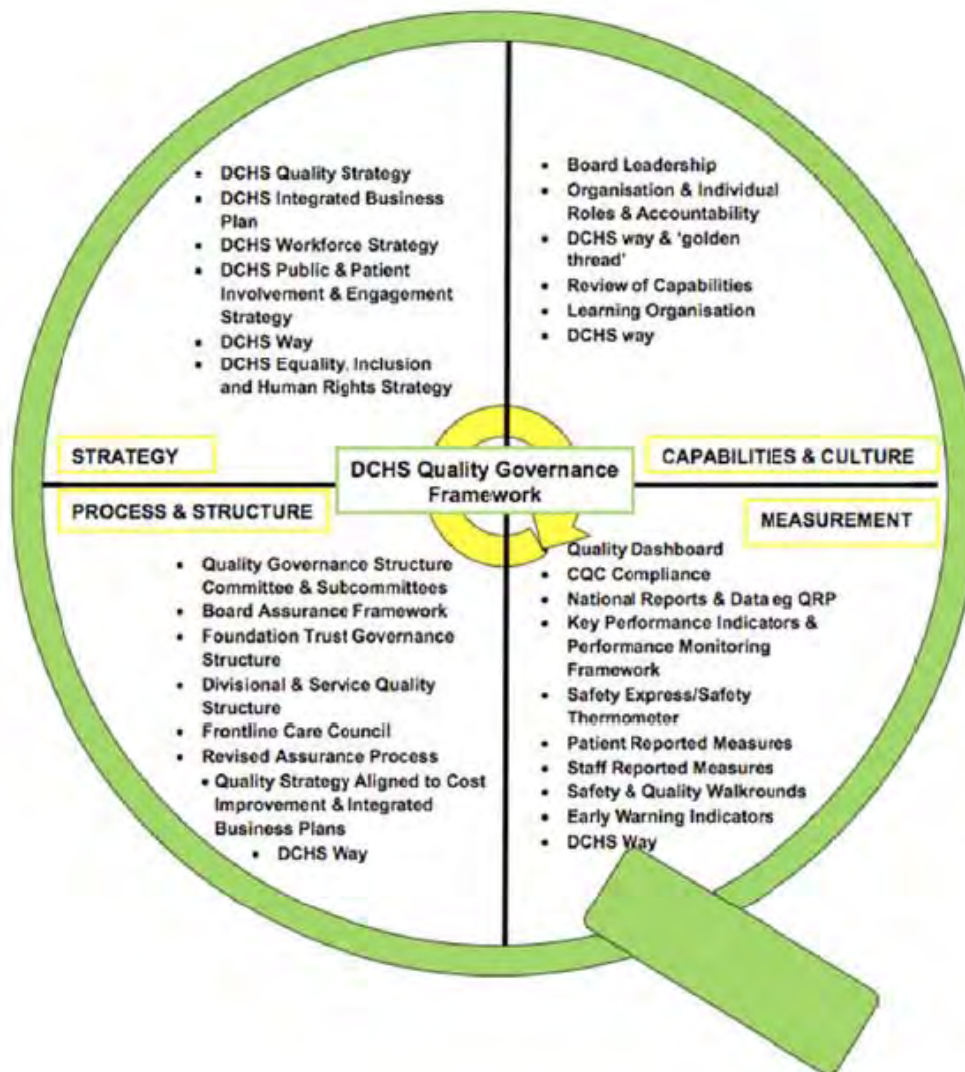
Chief Executive

Tracy.allen@dchs.nhs.uk

Direct Line: 01629 817892

Enc:

- Care Quality Commission Inspection Report, Walton Hospital, 28/29 January 2013
- Derbyshire Community Health Services NHS Trust Action Plan, 19 April 2013
- Care Quality Commission Inspection Report, Walton Hospital, 15 July 2013




the DCCH WAY

Derbyshire Community Health Services 

Our Vision
"To be the best provider of local healthcare and be a great place to work"

Our Values

- To get the basics right
- To act with compassion and respect
- To make a difference
- To value and develop teamwork
- To value everyone's contribution: 'everyone matters'

Working the DCCH Way

What we can all expect from DCCH:

- Share and support us in understanding our vision, values and priorities
- Be clear as to what is expected of us and what our part is to play in the organisation
- Support us to deliver our job in the best way
- Manage and support us to maximise our performance
- Communicate with us in a timely, open and honest way
- Listen to us and involve us in decision making
- Respect and value diversity

What DCCH can expect from all of us:

- Put patients at the heart of what we are doing, promoting their health at every opportunity
- Go the extra mile for patients, carers, colleagues and the good of the organisation
- Continuously improve our performance and our services
- Eliminate waste and ensure we work as efficiently and flexibly as possible
- Live the DCCH values and behaviours
- Fulfil the requirements of our professional standards
- Take responsibility for promoting the reputation and image of DCCH at every opportunity

The poster includes a row of seven small photographs at the bottom showing various healthcare professionals in different settings, from a reception desk to a clinical ward.

The DCCH Way



Inspection Report

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

Walton Hospital

Whitecotes Lane, Chesterfield, S40 3HW

Date of Inspections: 29 January 2013
28 January 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✗	Action needed
Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Derbyshire Community Health Services NHS Trust
Overview of the service	Walton Hospital is a local community hospital operated by Derbyshire Community Healthcare NHS Trust. The hospital provides care for older people, including with mental health needs, who may require assessment or rehabilitation. There are also a number of urgent care beds.
Type of services	<p>Ambulance service</p> <p>Community healthcare service</p> <p>Doctors consultation service</p> <p>Dental service</p> <p>Long term conditions services</p> <p>Community based services for people with mental health needs</p> <p>Hospital services for people with mental health needs, learning disabilities and problems with substance misuse</p> <p>Rehabilitation services</p>
Regulated activities	<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 January 2013 and 29 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us. We reviewed information sent to us by local groups of people in the community or voluntary sector and talked with commissioners of services.

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

What people told us and what we found

We visited Derwent Ward unannounced, over two days. We spoke with 15 out of the 30 older patients admitted for either assessment or rehabilitation, eight of their representatives and twelve clinical, care and therapy staff. Patients told us about their care and experiences on the ward, how they were involved in making choices about their care and how staff treated them.

Patients told us they experienced overall care and treatment that met their needs and rights. However, their dignity, choice and independence, was not always promoted. They had mixed views about how they were informed, particularly regarding their discharge arrangements. No one could recall being asked for their views and experiences about the care they received. One person said, "I think it would be useful to find out how people feel about their stay in hospital, it might help others here in the future."

All said staff, were usually respectful towards them, which we observed, but that sometimes staff could be abrupt with them. Patients and their representatives all commented favourably on the cleanliness of the ward and the meals provided.

We saw that staff carried out assessments to determine whether there were any risks to patients and took action to reduce risks. The assessments included their health related conditions. For example, where there was a risk of falls. We also found staff mostly received appropriate professional development, training and appraisal.

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

What we have told the provider to do

We have asked the provider to send us a report by 24 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.


Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services  Action needed

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

Our judgement

The provider was not meeting this standard.

Patients' choice, dignity and independence needs were not consistently promoted. Patients were not always provided with the information they needed about their care and treatment.

Patient experiences were not always taken into account in the way the service was provided and delivered in relation to their care.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At our visit patients gave positive examples of being helped to make choices and to be independent where possible. Their comments included, "Staff always listen to what you want to do and shut the curtains so you can keep your dignity as much as possible." "They let me walk a bit with my walking frame, but they always make sure I am holding it right." We observed staff were mostly respectful and sensitive to patients' needs.

We found that patients were not always treated with dignity and respect. Many felt that staffing levels sometimes impacted on the care they received, compromising their dignity and independence. Some told us they often had to wait too long for assistance and that some staff were occasionally abrupt with them. One patient told us, "Some of the nurses get annoyed, they are so rushed off their feet." Another described a specific incident, which resulted in their dignity being significantly compromised due to the length of time they had to wait for assistance. Patient views reflected information shared with us by Derbyshire Local Involvement Network (LINKs), who received a small number of comments from patients over the last year raising these concerns.

At tea time we saw that staff addressed one patient by different names, openly debating their preferred name. No preferred name was recorded in their care record and one of their written care plans referred to them by two different names. Patients told us they were offered a choice and variety of meal from the menus. However, we saw that not everyone was offered choice in a way that they could understand and that recognised their communication needs.

We saw two patients' independence was compromised due to the arrangements for storing

large items of equipment on the ward, which obstructed their pathways and also access to hand washing facilities. We saw there were suitable signs to assist patients in their orientation to the ward and that separate male and female bedrooms, bathing and toilet facilities were provided.

Most patients gave us examples about how they were supported to make informed decisions about their care and treatment. All spoke positively about how the doctors talked with them about the options and risks associated with their medical care and treatment. One patient said, "The doctor spent a lot of time talking through things with me. They were very good." Patients, or their representatives generally felt nursing staff often discussed their care arrangements with them. However, one relative representing a patient with dementia, said they found it difficult to get information about their relative's treatment, including at times not being able to find staff to talk to about this.

We found inconsistencies in the arrangements to keep patients informed about their transfer or discharge home; some patients told us they did not have enough information. One expressed frustration that the process was slow and another said, "I feel like I'm in the dark."

We saw a wide range of literature and information was displayed for patients in a wall mounted holding frame; many of these could be made available in different formats, such as large print or other languages. Their purpose was to assist and inform patients about matters relating to their ongoing health, safety and welfare in both the hospital and community setting. Examples included for infection control, health promotion and conditions, recognising and reporting abuse and how to complain. However, all patients told us they did not know how to make a complaint or to report abuse.

We looked at some of those, specifically designed to inform patients about risks to their safety and related health conditions and to understand their care and treatment. For example, falls and pressure ulcers. From our discussions with patients and looking at care records, we found these were not always given or explained to each person in accordance with the Trust's policy.

None of the patients or relatives we spoke with could recall staff asking them for their views about the care they received; several thought it would be a good idea to do so. One patient said, "I think it would be useful to find out how people feel about their stay in hospital, it might help others here in the future." We found that the Trust's formal system used to seek patients' views had not been promoted for some months. The Trust's reports of inpatients' experiences, collated for the period April to December, reflected this for Derwent Ward. This meant that patients were not being encouraged to express their views and about their care and treatment.

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and mostly protected their rights.

Reasons for our judgement

At our visit patients expressed overall satisfaction with their care and treatment and confirmed that staff generally knew and understood their needs. One person said, "they (staff), usually listen and try to help you. They are excellent." Patient views reflected information shared with us by Derbyshire Local Involvement Network (LINKs), who received mostly positive comments from patients and their representatives in the last year.

We found that patients' care and treatment was delivered in a way that was intended to ensure their safety and welfare and to deal with foreseeable emergencies. Patients told us that staff generally understood and discussed their needs with them. We looked at six patient recorded needs assessments and written care plans. They were person centred and mostly reflective of national guidance and good practice standards. They largely accounted for patients' needs and for any identified risks to their individual safety, health and welfare.

Some patients expressed particular satisfaction as to how medical staff talked through their treatment with them. Two patients were particularly pleased with the way the physiotherapists were consulting with them and working on programmes that were helping with their progress. One of them told us, "The physiotherapist works with me on what I can do and listens to what I am saying about what I want to do. They are very good."

Through discussions with staff about medical arrangements for the ward, we found there were suitable arrangements in place for out of hours cover. We also found there were recognised procedures for patients' referrals to other outside health and social care providers as required.

During the course of our visit we saw many examples of staff supporting patients in a safe and sensitive manner. These included assisting them with eating and drinking and with their mobility. All of the patients we spoke with felt that meals provided were nutritious and confirmed that portions were sufficient. Two, who had been in-patients previously on the ward, told us they thought the meals had, "Improved a great deal." All said they had plenty to drink throughout the day, with fresh water at their bedside at all times. One person said, "The food is very good and you can always have plenty."

Patients and visitors told us the ward was always clean and fresh, which we also found. We saw that suitable hand washing equipment and information was provided, to assist and inform them about the importance of hand hygiene. We also observed isolation precautions and arrangements in progress that were sufficient to prevent and minimise the spread of infection.

We saw that arrangements were in place for the reporting, recording and monitoring of incidents, errors and near misses and to deal with emergencies. For example, where one patient's condition changed, we saw that staff responded and acted in an appropriate and timely manner, necessary for their health and welfare. Staff told us about suitable procedures to alert and inform staff of national safety and risk alert notices and service continuity plans to be followed in the event of an emergency.

Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services**Our judgement**

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co operation with others.

Reasons for our judgement

At our visit we saw a wide range of patient information was displayed about outside services and agencies that may assist patients following their discharge or transfer to another provider.

We looked at the Trust's admission, discharge and transfer policy for community hospitals dated July 2012. This provided clear criteria for the admission, discharge and transfer of patients, including in an emergency. Through discussions with staff and examining patients' records and related policy documents, we found clear referral pathways in the event of a patient's admission, discharge or transfer. Clinicians' roles and responsibilities and those of the Trust were outlined and understood. This included for record keeping and liaison and information sharing with relevant services, individuals or agencies, to enable patients' care and treatment needs to be met. Two staff also told us where changes may be made to the admission criteria, such as in response to major emergencies or for reasons relating to infection control measures.

We looked at three patients' discharge records and saw that a meeting had been held and home visits arranged for one of them. The latter said they were included in the meeting and plans. For the two others, we found arrangements were made to ensure they received the necessary health and social care support following their discharge. These arrangements reflected their assessed needs and the Trust's stated policy. This included the re-establishment of support for one patient's personal care at home and visits from the district nurse there, for their wound care. We also found that patients' consent was consistently obtained for the purposes of referral and information sharing.

During the course of our visit we observed suitable arrangements being made for the emergency transfer of one patient to another hospital, because of changes in their medical condition. This included the sharing of appropriate information for the co-ordination of emergency procedures and transfer of the patient, in line with the Trust's policy and procedures. The patient's nearest relatives acting on their behalf were also involved and informed throughout the process.

We found the Trust worked well in cooperation with others, so as to protect patients'

health, safety and welfare, where other providers were involved in their care and treatment and when they moved between services. The Care Quality Commission's analysis of discharge arrangements during May 2012 identified ongoing concerns relating to patients' length of stay in beds and delayed discharges. During our review of this service we received assurances from the trust about how they were targeting this to reduce delays in discharge. At our visit we found this was work in progress. Arrangements were in place for the formal monitoring and review of discharge planning arrangements. These included agreed procedures for staff to follow, aimed at reducing the likelihood of unnecessary delays in patient discharge. Staff knew and understood these arrangements.

Supporting workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Staff mostly received appropriate professional development, training and appraisal.

Reasons for our judgement

The 2012 NHS staff survey, published January 2013, rated the trust as average or better than average, when compared against similar type trusts in a number of areas. These mostly included, staff experiencing job satisfaction, ability to deliver quality work, care and effective team working. Improvements were made from the 2012 staff survey for staff having well structured appraisals in the preceding 12 months.

However, the survey showed that in some areas, staff experiences were worse than the previous year. These included work related stress, support from their immediate line manager, not being provided with health and safety training and experiencing increased violence and aggression at work from patients, visitors and other staff.

At our visit, all grades of staff we spoke with said they mostly received the training they needed and annual appraisals. They described a rolling programme of core training and ongoing updates and we saw that staff rotas identified time for staff to attend some areas of training. We also found that staff could access appropriate professional development. Registered nursing staff told us there were regular opportunities to attend extended role training and to achieve further qualifications. For example, where they were expected to perform to a more advanced level, they described training reflective of their role and job description.

We looked at the staff record of appraisal and training for the ward, which reflected what staff had told us about these arrangements. The record also showed that staff had undertaken essential training for their health and safety in the preceding 12 months and identified when this was next due. We looked at feedback from the East Midlands Strategic Health Authority Patient Safety meeting of May 2012 for safeguarding. This told us that effective performance monitoring and compliance was maintained by the Trust in relation to safeguarding training.

The provider should note that most staff said they had not received relevant training on the implications of the Mental Capacity Act 2005 and also in dealing with violence and aggression. Patients' care planning records that we looked at contained a standardised area for staff to record patients' capacity to understand and consent to their care plans. These were not always completed and we found through discussions with two staff responsible for recording these, that they were not clear about how to determine mental

capacity.

Two staff said that access to IT equipment was limited and it sometimes proved difficult for them to undertake e learning training modules during their shift. The manager told us that laptops were obtained and awaiting the appropriate set up to enable staff access. We found through discussions with some staff, management and a lead training co-ordinator for the trust, that there was focus to increase e learning for staff, as opposed to face to face training. Our discussions with the latter told us this was work in progress.

Some staff had recently been issued with revised job descriptions following a formal consultation process and assignment to revised posts. They advised us they were not working to these as they were waiting for the necessary training to equip them to do so. A training needs analysis was conducted as part of this process of changing roles. Although some staff were clearly still coming to terms with their imminent role changes, they said they felt reasonably well supported in this.

Most nursing and therapy staff we spoke with told us about the recent ward and staffing changes, which meant they had to revise their previous system used for the delivery of patients' daily care on the ward. However, all felt well supported by ward based, direct line management and expressed a sense of ownership and involvement in the development of the care delivery system.

We saw there were formal arrangements in place for staff to access senior management for support and advice out of hours. This included the use of bank staff in the event of unplanned staff absence. Staff confirmed that regular staff meetings were held and we saw that such a meeting was planned and held on the second day of our visit.

The matron and advanced nurse practitioner told us they received regular supervision sessions and described their arrangements in the support of nursing staff. We were also advised that arrangements for the appraisal of medical staff were under review. A representative of the latter told us they felt very well supported and clinically supervised. All staff confirmed suitable arrangements for the regular checking of their professional registration status.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of services that patients received and to manage risks to their health, safety and welfare.

Reasons for our judgement

We found the Trust had systems and arrangements for monitoring its own performance against key targets, including national ones. During the year up to April 2012, the trust met many of its national and regional improvement targets as defined in the NHS Safety Thermometer. For example, patient experience, care planning, preventing readmissions to acute hospital services, reduction of catheter acquired infections and in assessing and preventing venous thromboembolism (blood clots). However, it was identified that more work was required in some areas, including patient falls and pressure ulcers.

The Trust's action plan, September 2012, advised of improvements made, which included consistent monitoring of all patients' care against four key safety issues, known as the 'four harms.' These were for pressure ulcers, urine infections and catheters, falls and venous thromboembolism, which were recorded and reported monthly by the Trust. The Trust was previously identified as an outlier for falls which meant there were a higher number of patient falls, compared against the average for similar type providers.

NHS Trusts are required to report significant patient incidents to the National Reporting Learning System (NRLS). The most recent reports from the NRLS showed the Trust mostly reported incidents in a timely way, compared against the national average. At our visit we looked at some of the ward procedures for the reporting of matters relating to patient care and safety, which staff knew and understood. These included emergency and complaints procedures, environmental and equipment repairs and staff sickness and absence. We found that decisions about patients' care, safety and treatment were made by the appropriate staff at the appropriate level.

We looked at the Trust's arrangements for managing risks. Staff told us about recent changes and improvements made on the ward as a result of findings from audits, monitoring systems and the analysis of adverse incidents. They included fire procedures, the appointment of an expert falls lead person, dementia screening and assessment, discharge planning and planned environmental repairs and renewal. We found there were no 'never' events reported by the Trust in the last measured period between May 2011 and December 2012. These are events that place a patient at unnecessary harm or risk that should never happen. This is a positive indicator of proactive risk management by the

Trust.

Records of ward based audits and risk assessments that we looked at, were mostly sufficient in accounting for outcomes and actions taken to make improvements where needed. These included environmental and health and safety risk assessments, complaints and patient incidents. However the provider should note that the recorded patient incidents, mainly for slips, trips and falls, did not account for the actual staffing arrangements in place at the time of which they occurred. This might mean that appropriate changes were not implemented.

We looked at the Trust's report of visits to inpatient areas, conducted by their board members during 2011 and 2012, known as 'walk arounds.' Common themes identified from those visits included concerns that staff skill mix was not correct for patients receiving care. The Trust's patient experience report of April to December 2012, told us about their consultations with patients across all their inpatient wards, via a system known as the Net Promoter. Patients' feedback from these consistently referred to a perceived shortage of staff affecting the quality of care they received, and sometimes staff response times.

Most staff we spoke with told us about a revised system of working they had recently trialled. They said this was aimed at improving their system for patient care delivery and staff workload, which was found to be necessary, because of the recent ward, patient type and staffing changes. We saw that a planned staff meeting was held during the second day of our visit, to review the effectiveness of the trialled system and to determine how further improvements could be made.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010
	Respecting and involving people who use services How the regulation was not being met: The registered person had not made suitable arrangements to ensure patients' dignity, privacy and independence were consistently promoted. Regulation 17 (1)(a). For patients to be provided with appropriate information about their their care. Regulation 17(2)(b) and for patients to be consistently encouraged to express their views in relation to their care and treatment, Regulation 17(2)(c)(ii)

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 by 24 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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


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


How we define our judgements

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

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

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us at:
Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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Report on actions you plan to take to meet CQC essential standards

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	RY8
Our reference	INS1-565315556
Location name	Walton Hospital
Provider name	Derbyshire Community Health Services NHS Trust

Regulated Activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010
	Respecting and involving people who use services
	<p>How the regulation was not being met:</p> <p><i>The registered person had not made suitable arrangements to ensure patients' dignity, privacy and independence were consistently promoted. Regulation 17 (1)(a). For patients to be provided with appropriate information about their care. Regulation 17(2)(b) and for patients to be consistently encouraged to express their views in relation to their care and treatment, Regulation 17(2)(c)(ii)</i></p>
<p>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</p>	
<p>The following actions will be undertaken to achieve full compliance.</p> <p>Action 1 Staffing Levels - Patients reported that sometimes they felt that the staffing levels impacted upon the care that they receive, compromising their dignity and independence.</p> <ul style="list-style-type: none"> a) Ward Manager and Matron to consistently ensure appropriate staffing levels are maintained giving account to the baseline established via the Hurst Review, bed occupancy, patient dependency and acuity. Matron to undertake regular checks of the off duty and to discuss staffing levels with the ward team – in place b) Matron, Ward Manager, Sister and Nurse in Charge to increase the frequency of seeking feedback from patients and their visitors by introducing daily conversations with patients about their care experience. Results of the 'Friends and Family' test to be discussed at ward meetings and actions taken and recorded – Fully in-place 29/4/13 c) Matron to ensure ward team are aware of and consistently apply the processes for effective escalation to senior cover both in and out of hours, weekends and bank holidays as per DCHS on call procedures – in place d) Matron to continue to ensure that the Ward Manager and Ward Sister manage absence consistently in line with DCHS Your Attendance Matters Policy – in place e) Matron to ensure that the Ward Manager and Ward Sister complete timely recruitment processes when team members indicate that they are planning to leave the organisation and escalate any issues which are outside their control – in place f) General Manager to ensure that where there are delays in the recruitment process due to issues outside the wards control these are managed effectively with Organisational Effectiveness Department to ensure staffing levels are maintained – in place <p>Action 2 Waiting For Assistance - patients reported that staff were occasionally abrupt with them during patient care. Inspectors witnessed patients being addressed by different names and staff openly debating their preferred name. Inspectors witnessed issues with personalised communication regarding choice of meal.</p>	

- a) General Manager and Matron to share ward feedback from the CQC with the ward team highlighting the importance of privacy, dignity and respect for patients - **completed**
- b) General Manager, Matron and Ward Manager to ensure that the culture of the ward is consistent with the values of the 'DCHS Way' and hold individuals to account where performance or behaviours are not in line with the expectations of the DCHS values. – **In place**
- c) Matron to ensure that patient rounding (the practice of regular checks / conversations being made with patients to ensure all personal needs are being met) is fully embedded at ward level. This is to include working with the ward team to ensure that the quality of the conversation and recording is appropriate and leads to effective patient outcomes and education – **in place**
- d) Ward Manager to ensure that on admission staff discuss patient preferences and record the preferred name on the 'bed head board' and electronic handover sheet – **in place**
- e) The documentation is currently under review and includes the patient preferred name, this revised documentation will be trailed in 3 sites during April 13 – **in progress**
- f) Organisational welcome and information pack for wards is currently under review by the ICBS Directorate. Once finalised the Matron to ensure that the ward welcome pack is discussed with each patient and that the general information available on the ward boards and leaflet rack is up to date. Compliments and Complaints information to be discussed at each ward meeting and any actions taken and recorded – **in progress**
- g) Clinical staff to ensure that patients are offered a variety of meal choices and for those whom require additional communication support that the nutritional tool kit is utilised – **in place**

Action 3 Patient's Independence – Inspectors reported that the independence of two patients was compromised due to the arrangements for storing large items of equipment on the ward which obstructed their pathway and access to hand washing equipment.

- a) Ward Manger to ensure that all items are appropriately stored out of patient areas – **in place**
- b) Where this is not achievable for hoists and rotunda's which are stored in the bathrooms due to the constraints of the design and age of the building, that staff consider the needs of those patients whom are independent and their access to the sink areas – **in place**

Action 4 Communication with Patients and their Relatives or Carers Regarding treatment and discharge - A relative reported difficulties in discussing a patient's treatment including the visibility of staff. Patients expressed concern at the amount of information available to them regarding discharge and receiving this information in a timely manner.

- a) Matron to ensure that the ward has a formal plan to ensure that where appropriate (with consent); relatives are able to seek timely information regarding the care of their relative. Visiting hours have been reviewed to support this - **changes in these will be**

implemented from the 29th April

- b) Matron, Advanced Nurse Practitioner, Ward Manager, Sister and Named Nurses to ensure that there is proactive communication with relatives for patients who are unable to discuss their care themselves rather than the relative having to seek information – **in progress**
- c) Ward Manager to ensure that the staff consistently involve patients and / or their relatives/carers in discharge planning and provide regular updates regarding progress – **in place**

Action 5 –Seeking Patient’s Views Patients reported their views not being actively sought by the ward team

- a) Matron and Ward Manager, Sister and Nurse in Charge to seek daily feedback from patients and their visitors. Results of the ‘Friends and Family’ test to be discussed at ward meetings and any actions taken and recorded. Matron to ensure that the ward welcome pack includes all relevant information regarding making complaints and providing feedback. Compliments and Complaints information to be discussed at each ward meeting and any actions taken and recorded – **in progress**
- b) Ward Manager to ensure that the clinical team provide and discuss with patients and their relatives / carers, the applicable safety and clinical care information leaflets – **in place**

Who is responsible for the action?

Edwina Layton General manager
Claire Griffiths Matron
Sue Trickett Ward

Manager

**How are you going to ensure that improvements have been made and are sustainable?
What measures are you going to put in place?**

Action 1 Staffing Levels

- a) Matron will provide the General Manager with regular feedback on staffing levels within the ward
- b) Themes from daily feedback from patients to be regularly discussed by Matron, Ward Manager / Sister as a standard agenda item in 1:1s and team meetings. Feedback from patients via the ‘Friends and Family’ test results and monitoring of any actions required. Quality Directorate to ensure there are effective systems in place to identify wards who provide nil returns and to escalate within the Operational Directorate where nil returns are received.
- c) Matron to discuss any escalation to senior cover required with the Ward Manager / Sister to ensure all appropriate action has been taken
- d) Ward Manager to record actions taken under Your Attendance Matters Policy along with appropriate sickness / absence monitoring via ESR. Issue to be discussed with Matron at 1 to 1s and recorded
- e) Ward Manager to report any concerns regarding delays in recruitment processes to Matron at regular 1-1s and Matron to escalate appropriately to General Manager

Action 2 Waiting For Assistance

- a) Documented evidence of meeting discussions regarding privacy and dignity and the ward culture with the ward team, attendance and subsequent meetings / conversations with those not present
- b) General Manager, Matron and Ward Manager to ensure that the culture of the ward is consistent with the values of the 'DCHS Way' and hold individuals to account where performance or behaviours are not in line with the expectations of the DCHS values
- c) Baseline audit of rounding tool has been undertaken in March 13 and feedback/training will be provided in April 13. Subsequent monthly audits of 'patient rounding' documentation to be undertaken following training for 3 months with formal reporting into the Service Governance Structure and the Safety Group. Quality and Safety Walkrounds are in place and report to Safety Group and Quality Service Committee
- d) Patient's preferred name to be highlighted above the patient's bed and on the hand over sheet. Matron to undertake regular walk rounds of the ward and undertaking spot checks of name preferences.
- e) Quality Directorate to ensure that the next revision of patient documentation includes a section for preferred as well as given name
- f) Documented evidence of Compliments and Complaints information discussed at each ward meeting and any actions taken
- g) Matron to undertake monitoring 'spot checks'

Action 3 Patient's Independence

- a) PACE, PLACE and Quality and Safety Walkround results
- b) Health and Safety audits to be carried out monthly by the Matron for 3 months with a report to Service Governance meeting

Action 4 Communication with Patients and their Relatives or Carers Regarding Treatment and Discharge

- a) Review of the effectiveness of the changes to the visiting times on the ward from both the clinical perspective via ward meetings and feedback from patients and visiting via the friends and family test and daily conversation undertaken by the Senior Nursing team and Nurse in charge
- b) As detailed above
- c) Documented evidence of meeting discussions regarding providing patients and or their relatives with appropriate and proactive information regarding their care or discharge planning to the ward team, attendance and subsequent meetings / conversations with those not present. Evidence of Jonah Discharge Planning for all patients is in place. Record Keeping Audits will provide reports that the information relating to discharge is

documented in the discharge section of the notes to enable staff to share information

Action 5 –Seeking Patient's Views

- a) Feedback trends sought from patients by Matron, Ward Manager, Sister and Nurse in charge discussed at ward meetings and at 1:1s. Documented evidence of feedback from patients via the 'Friends and Family' test results and monitoring of any actions required. Documented evidence of Compliments and Complaints information discussed at each ward meeting and any actions taken.
- b) Evidenced via documentation reviews, Daily feedback conversations with patients by the Senior team and rounding tool documentation

Assurance and evidence of compliance will be assessed at the Trust Quality Services Committee June 13.

Wider learning across all services will be discussed and disseminated at the ICBS Governance group.

Who is responsible?

Edwina Layton General manager
Claire Griffiths Matron
Sue Tricket Ward Manager

What resources (if any) are needed to implement the change(s) and are these resources available?

No additional resources are required

Date actions will be completed:

June 6th 2013

How will not meeting this regulation until this date affect people who use the service(s)?

Potential impact upon safety, patient experience and loss of confidence in the service provided.

Completed by (please print name(s) in full)

Edwina Layton

Position(s)

General Manger - Chesterfield and North East

Date

19th April 2013



Inspection Report

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

Walton Hospital

Whitecotes Lane, Chesterfield, S40 3HW

Date of Inspection: 15 July 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services

✗ Action needed

Records

✗ Action needed

Details about this location

Registered Provider	Derbyshire Community Health Services NHS Trust
Overview of the service	Walton Hospital is a local community hospital operated by Derbyshire Community Healthcare NHS Trust. The hospital provides care for older people, including with mental health needs, who may require assessment or rehabilitation. There are also a number of urgent care beds.
Type of services	<p>Ambulance service</p> <p>Community healthcare service</p> <p>Doctors consultation service</p> <p>Dental service</p> <p>Long term conditions services</p> <p>Community based services for people with mental health needs</p> <p>Hospital services for people with mental health needs, learning disabilities and problems with substance misuse</p> <p>Rehabilitation services</p>
Regulated activities	<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

Contents

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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Walton Hospital had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by other authorities and reviewed information sent to us by local groups of people in the community or voluntary sector.

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

What people told us and what we found

At our previous inspection of Derwent Ward in January 2013 we found that patients' choice, dignity and independence were not consistently promoted. We also found that patients were not always provided with the information they needed about their care and treatment or asked for their views.

During this visit we spoke with 14 out of the 22 patients on the ward, five of their relatives and seven members of staff. Patients told us about their care and experiences on the ward and that they were involved in making choices about their care. Patients told us that most staff were kind and caring and encouraged them to be independent. One patient said, "They (the staff) want you to get better so they have to make you do things for yourself. I think that's good."

However we found that patients dignity was not always promoted. Patients and relatives told us that call bells were not always answered in a timely manner. Patients were not always being asked for their views, such as whether they had a preference of receiving care from male or female staff or whether they had a preferred name.

Since our last inspection we found improvements in information for patients. However, relatives told us it was difficult to find the right staff to talk to during visiting hours and that they wanted more information about their relatives care.

We looked at the care records for four patients and found that the nursing records were not always complete and up to date. It is important that records are accurate to ensure patients' care or treatment is safe and appropriate.

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

What we have told the provider to do

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✕ Action needed

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

Our judgement

The provider was not meeting this standard.

People using the service were provided with some information about their care and treatment but this was not always in a way they could access. People's independence was promoted, but at times their dignity was compromised. People using the service were not adequately supported to express their views in relation to their care.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At our previous inspection of Derwent Ward at Walton Hospital in January 2013 we found that patients' choice, dignity and independence were not consistently promoted. We also found that patients were not always provided with the information they needed about their care and treatment or asked for their views about the service.

During this inspection we spoke with 14 of the 22 patients on the ward, five of their relatives and seven members of staff. We also made observations of the environment in which patients were receiving care or treatment.

We found a number of improvements in the way that patients' independence was promoted; however we found patients were not always treated with dignity and respect. We found that large pieces of equipment, which had previously been stored in corridors and bathrooms, were now kept in a separate room. This meant that patients were able to move more easily around the ward and access facilities. Patients told us they felt staff encouraged them to be as independent as possible, particularly therapy staff. They said, "They (the staff) want you to get better so they have to make you do things for yourself. I think that's good" and, "The physios are brilliant. They've got me walking again and I never thought I could do that."

Patients told us most staff were kind and caring. One patient said, "They're lovely staff – they do all they can for you, even though they're very busy all the time." Another said "I can't fault them – they do a fantastic job." However, several patients reported that a small minority of staff members were not so kind and polite.

We found that patients were not always treated with dignity and respect. As at our last

inspection, some patients and relatives told us call bells were not always answered in a timely manner. Four people told us that this had caused indignity in not getting to the toilet on time. The Ward Manager told us the electronic call bell system was faulty and this was being addressed. In the meantime there were hand bells for patients to use if their call bell was faulty or if they did not have access to a call bell, such as in the day room. Four patients told us however, that they did not like to use the hand bells, particularly at night, as they felt they disturbed other patients. In addition, none of the patients we spoke with could recall being offered the choice of personal care from male or female staff. We also found that patients' views about their preferred name were not being obtained or used consistently.

We saw that patients were given choices about their meals and where to spend time during the day. Most of the patients were in the day room during our visit and took part in a quiz and a game, which they seemed to enjoy. We saw that several ladies had used the services of the hospital hairdresser.

People who used the service generally understood the care and treatment choices available to them. We found that improvements had been made to the information for patients; however relatives raised concerns about finding out information from staff. A welcome pack had been introduced which was given to all patients on their admission to the ward. It contained information about the ward and a number of leaflets on topics such as infection control, discharge planning and how to make compliments, comments or complaints. Patients we spoke with recalled receiving the welcome pack but not everyone had looked at the information. One patient said, "They gave me a lot of booklets to look at when I first came in, but there were too many to read, so I didn't read them."

Many of the relatives we spoke with told us they wanted more information about how their relative was doing and the possible length of stay. Patients and relatives told us that they sometimes received conflicting information from staff.

Visiting hours on the ward had been changed to make it easier for relatives to speak with staff when they visited. However all of the relatives we spoke with said they found it difficult to find the right staff to talk to; they told us they always had to seek out staff to talk to, and wished staff would approach them instead. One relative said "You queue up at the nurses' station and wait your turn and then you're usually told the person you need to speak with is on their break. It's really frustrating when you can't get to know what's going on."

Improvements had been made in the way that patients were encouraged to express their views about their care and treatment. The Trust's formal system to seek patients' views at the time of their discharge was now used more frequently. The activities co-ordinator encouraged and supported patients to complete the feedback card. The format of the feedback card had also been changed to help capture people's views in a more detailed way. The results of the feedback for Derwent Ward were generally very positive, with the majority of people saying they would promote the ward to family and friends and that staff were helpful, friendly and caring. A compliment book was also available at reception and it included positive comments from patients and relatives about their care.

Senior staff working with Derwent Ward had spent time talking with patients about their experiences, care and treatment. The Ward Manager and Matron had also arranged drop in sessions on the ward on a weekly basis where they were available to speak with patients or relatives and these were advertised on a poster in the reception area of the

ward. However we found that most patients and relatives were unaware of these opportunities to speak with senior staff. We also found that none of the patients or relatives we spoke with knew how to raise concerns or make a complaint. One patient told us they had asked to see the matron to make a complaint but the matron had not been to see them and they did not know how to take this further.

Records

✕ Action needed

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

Our judgement

The provider was not meeting this standard.

Patients' medical notes contained appropriate information in relation to their care. However patients were not being protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate nursing records were not always maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Although we did not look at all aspects of this standard, during our inspection we found that patients' personal records were not always accurate or fit for purpose. It is important that patients' records are up to date and contain an accurate record of their treatment, in order to protect patients from the risks of unsafe or inappropriate care or treatment which could arise from a lack of proper information being available.

There were 22 patients on the ward at the time of our inspection; we looked at the nursing and medical records for four patients, selected at random. We found that the nursing records were not always complete and up to date. Charts used to monitor the amount of fluids patients were receiving intravenously (where fluids were given directly into a patient's vein) and for the management of wounds were not always completed correctly or often enough. Patients' medical records contained details of their current admission to the ward, including assessments which had been completed on their arrival.

A rounding tool had been introduced by the Trust which involved staff members checking on patients at set periods of time, usually every two hours. We noted that entries were frequently being made by staff in patients' progress notes but the chart used to record completion of the rounding was inconsistently completed. An audit of the rounding tool had been completed in April 2013 and the results showed that Derwent Ward scored the lowest of the ten wards included in the audit. A further audit had been scheduled to be completed in July 2013 but that had been cancelled and re-arranged for August 2013. No further audit or formal monitoring of the tool had been completed since April 2013.

Documents which were to be completed at the time of a patient's admission to the ward were incomplete or blank in three of the four records we looked at. In one of the records we reviewed it was difficult to establish the course of the patient's treatment as details of their most recent admission to the ward had not been documented clearly. We also found that information about the plans in place for patients discharge was not always documented in their records.

These findings were supported by a clinical records audit that had been completed in May 2013. This highlighted concerns about some aspects of the record keeping on Derwent Ward. It showed that documents to be completed on patients' admission to the ward were not always completed and that information being discussed with patients and carers was inconsistently recorded. We were advised by the Ward Manager that the Trust had acknowledged the concerns about record keeping and were in the process of piloting new care plans at two other hospital locations. They advised that Walton Hospital, including Derwent Ward, was due to receive the new care plans in September 2013.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services
	How the regulation was not being met: The provider had not made suitable arrangements to ensure that patients' dignity was consistently promoted. Regulation 17 (1)(a). Patients were not always provided with appropriate information and support about their care. Regulation 17(2)(b). Patients were not consistently encouraged to express their views and preferences in relation to their care and treatment, Regulation 17(2)(c)(ii)
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: Patient's nursing records were not being maintained or completed consistently and did not always contain appropriate information in relation to the care and treatment being provided. Regulation 20 (1)(a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

This section is primarily information for the provider

(Regulated Activities) Regulations 2010.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

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

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

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

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

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


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


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


How we define our judgements

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

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

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us at:
Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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