Report to: Public Trust Board  
Date of Meeting: 27 March 2013  

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<td>Board Sponsor:</td>
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1. **Purpose of Report (Including link to objectives)**

The purpose of this report is to update Trust Board on the findings from the Care Quality Commission (CQC) unannounced inspection to the RUH in February 2013.

2. **Summary of Key Issues for Discussion**

- The CQC made an unannounced visit to the RUH between 4 February 2013 and 6 February 2013.
- The inspection visit was prompted by concerns that had been raised with the CQC about the manner in which some patients had been discharged without adequate information and support. This had occurred whilst the Trust was in ‘black escalation’.
- The CQC focused their inspection on the Day Surgery Unit (DSU) and Older People’s wards. The CQC also looked at pharmacy arrangements for providing medication for people to take home on discharge.
- The review found that the Trust was non-compliant for the four essential standards of quality and safety that were reviewed:
  - Outcome 1: Respecting and involving people who use services
  - Outcome 4: Care and welfare of people who use services
  - Outcome 6: Cooperating with other providers
  - Outcome 21: Records
- For outcome 1 it was judged that this has a minor impact on people who use the service. The non-compliance for outcomes 4, 6 and 21 were judged to have a moderate impact on people who use the service.
- The Trust is required to submit a report to the CQC by 22 March detailing how and by when changes will be made to ensure that the Trust is compliant with the essential standards.
- The CQC is likely to carry out a further inspection of the Trust on completion of the action plan to check that the necessary changes have been implemented.

3. **Recommendations (Note, Approve, Discuss etc)**

The Trust Board is asked to note this report.

4. **Care Quality Commission Outcomes (which apply)**

The inspection focused on the Trust’s compliance with the outcomes as described above.
5. **Legal / Regulatory Implications (NHSLA / ALE etc)**
As a result of being assessed as non-compliant with four of the essential standards, the Trust is required to submit a report to the CQC detailing how and by when changes will be made to ensure that the Trust is compliant with the essential standards. The CQC is likely to carry out a further inspection on completion of these changes to check that the Trust is compliant with the essential standards.

6. **NHS Constitution**
The CQC essential standards reflect the principles of the NHS Constitution.

7. **Risk (Threats or opportunities link to risk on register etc)**
The report highlights a number of areas for improvement which will be addressed through an action plan, to be monitored by Quality Board.

8. **Resources Implications (Financial / staffing)**
The costs of compliance with the CQC Essential standards of quality and safety are embedded within operational delivery costs.

9. **Equality and Diversity**
Equality and Diversity legislation is an integral component to registration.

10. **Communication**
The inspection report has been published by the CQC on their website.

11. **References to previous reports**
The Trust Board receive regular reports on CQC compliance including other inspection reports.

12. **Freedom of Information**
This report is not exempt from publication.
CQC Inspection Report and Action Plan

1 Overview

1.1 The Care Quality Commission (CQC) made an unannounced visit to the RUH between 4 February 2013 and 6 February 2013.

1.2 The inspection visit was prompted by concerns that had been raised with the CQC about the manner in which some patients had been discharged without adequate information and support. This had occurred whilst the Trust was in ‘black escalation’.

1.3 The CQC focused their inspection on two discrete areas of care at the hospital. These were the Day Surgery Unit (DSU) and the older people’s wards. The CQC also looked at pharmacy arrangements for providing medication for people to take home on discharge.

1.4 The review focused on four of the essential standards of quality and safety:

- Outcome 1: Respecting and involving people who use services
- Outcome 4: Care and welfare of people who use services
- Outcome 6: Cooperating with other providers
- Outcome 21: Records

1.5 The CQC stated that all staff they met with showed a professional and caring attitude towards their patients.

2 The CQC Judgement

2.1 The review found that the RUH was not compliant with the four essential standards that were assessed and that compliance action is needed to meet the regulations.

2.2 Outcome 1 was judged to have a minor impact on people who use the service. Outcomes 4, 6 and 21 were judged to have a moderate impact on people who use the service.

2.3 The CQC define minor impact as “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”.

2.4 The CQC define moderate impact as “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”.
3  **Outcome 1: Respecting and involving people who use services**

3.1 The CQC found that “Inpatients accommodated on the Day Surgery Unit at the time of the inspection visit were not having their privacy and dignity maintained.

3.2 It was judged that this has a *minor* impact on people who use the service”.

3.3 Overall feedback about the care environment on DSU was negative with patients describing the unit as being “cramped” and “too hot”.

3.4 Staff and patients also commented that there were inadequate bathing facilities. It was noted that there was one mixed sex shower for 22 patients.

3.5 The CQC noted that people’s privacy and dignity were respected on the older people’s wards.

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

4.1 The CQC found that “patients being cared for and treated on the day surgery unit (DSU) were not having their care needs adequately assessed, planned and delivered. The care and treatment arrangements on the unit were not organised around the range of care needs of the patients accommodated there”.

4.2 It was judged that this has a *moderate* impact on people who use the service.

4.3 Concerns raised in DSU included:

- No comfort rounds were carried out
- Risks assessments for pressure ulcers were not completed in line with NICE guidance
- Staff had no access to turn charts
- Care plans for the prevention of pressure ulceration were not in place
- Risk assessments / care plan for falls were not completed
- Mobility assessments and communication assessments were not completed

4.4 The CQC also noted that appropriate assessments or care planning were not being completed for older patients on the older people’s wards and DSU where patients were scoring less than eight with the abbreviated mental test (AMT).

5  **Outcome 6: Cooperating with other providers**

5.1 The CQC found that “patients discharged from the hospital cannot be confident that the hospital will communicate necessary information about their care and treatment to ensure continuity of care and minimise risks arising from the transfer of care”.

5.2 It was judged that this has a *moderate* impact on people who use the service.
5.3 The review found that nursing and care information to external providers was not consistently documented in the discharge planning form (for example, continence status, mobility aids and support with medications).

5.4 The CQC also noted that patients were not always discharged with their required medication.

6 **Outcome 21: Records**

6.1 The CQC found that “people were not protected from the risks of unsafe or inappropriate care and treatment by means of accurate and up to date records”.

6.2 It was judged that this has a moderate impact on people who use the service.

6.3 The review found that record keeping was not consistently completed. This included records of patients’ fluid intake and output and completion of discharge documentation. This meant that the correct information and support resources for the patients’ ongoing care were not always in place on discharge.

7 **Next steps**

7.1 Following the inspection a review of the clinical notes of patients was carried out for patients that were on DSU at the time of the inspection. This review found that care was being appropriately provided for the majority of patients. A review was also carried of patients that were discharged during the ‘black escalation’ weekend that had prompted the CQC visit. This found that discharges were safe and patients were medically fit for discharge. Discharge plans had been followed.

7.2 As the Trust was not compliant with the four standards that were assessed, a report must be submitted to the CQC by 22 March, using the template provided (Appendix B) and detailing how and by when changes will be made to ensure that the Trust is compliant with the essential standards.

7.3 To support the information contained within this report, a more detailed action plan has also been developed (Appendix C) which specifies completion dates for individual actions and who is responsible for ensuring these actions are implemented. The action plan was approved by Quality Board on 20 March.

7.4 Quality Board will monitor completion of the actions contained within the action plan. The Trust is required to inform the CQC when the action plan is complete.

7.5 On completion of the action plan, the CQC is likely to carry out a further inspection to check that the necessary changes have been implemented.

8 **Recommendations**

8.1 Trust Board is requested to note the findings from the CQC unannounced visit to the RUH in February 2013.