

<b>TRUST BOARD PUBLIC</b>	<b>Date:</b> 25 <sup>th</sup> April 2013	
	<b>Agenda Item:</b> 2.2	
<b>REPORT TITLE:</b>	An Update: CQC Unannounced Inspection 26 and 27 February 2013	
<b>EXECUTIVE SPONSOR:</b>	Susan Aitkenhead, Chief Nurse	
<b>REPORT AUTHOR:</b>	Susan Aitkenhead, Chief Nurse	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)	At the Nursing Executive Group on 16 April 2013 – will go to MBQR May 2013	
<b>Purpose of the Report and Action Required:</b> (√)		
	<b>Approval</b>	
	<b>Discussion</b>	
	<b>Information/Assurance</b>	(√)
<b>Summary: (Key Issues)</b>		
<p>A routine unannounced inspection was undertaken by the Care Quality Commission on the 26 and 27 February 2013 to check that essential standards of quality and safety were being met.</p> <p>This report provides an update on the findings.</p>		
<b>Relationship to Trust Corporate Objectives &amp; Assurance Framework:</b>		
Central to all objectives and the assurance framework.		
<b>Corporate Impact Assessment:</b>		
<b>Legal and regulatory implications</b>	Yes – but assured	
<b>Financial implications</b>	Yes – but assured	
<b>Patient Experience/Engagement</b>	Yes – but assured although internal monitoring remains in place continuously	
<b>Risk &amp; Performance Management</b>	Yes – but assured	
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	Yes – but assured	
<b>Attachments:</b>		
NIL		

**TRUST BOARD REPORT – APRIL 2013**  
**CQC UNANNOUNCED INSPECTION - 26 / 27 FEBRUARY 2013**

**1 BACKGROUND**

- 1.1 A routine unannounced inspection was undertaken by the Care Quality Commission on the 26 and 27 February 2013 to check that essential standards of quality and safety were being met.
- 1.2 They looked at the personal care or treatment records of people who use our service, and as stated within their report, observed how people were being cared for and talked with people who use the service. They talked with carers and family members, talked with staff, reviewed information that we had been asked to send to them. They also informed us that they met with local groups of people in the community and voluntary sector.
- 1.3 They identified that they were supported on this inspection by what is termed ‘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.

**2 OUR TERMS OF REGULATED ACTIVITY**

- 2.1 As a registered provider we are known to them as Surrey and Sussex Healthcare NHS Trust with a service of being:  
  
‘The major acute hospital for East Surrey and North-East West Sussex, providing a wide-range of services to the local community. The hospital has a full 24 hour/seven day emergency department. There are 31 wards including a labour ward, Intensive Care Unit and Neonatal intensive care. The hospital currently serves a population of over 420,000 people’.
- 2.2 Our type of service is described as ‘Acute services with overnight beds’.
- 2.3 Our regulated activities are:
  - 2.3.1 Accommodation for persons who require nursing or personal care
  - 2.3.2 Diagnostic and screening procedures
  - 2.3.3 Maternity and midwifery services
  - 2.3.4 Surgical procedures
  - 2.3.5 Termination of pregnancies
  - 2.3.6 Treatment of disease, disorder or injury

**3 FINDINGS OF THE REPORT**

- 3.1 The report has identified that we met all the inspected standards that they assessed on their visit:

- 3.1.1 Respecting and involving people who use these services: ***met this standard***
- 3.1.2 Consent to care and treatment: ***met this standard***
- 3.1.3 Care and welfare of people who use services: ***met this standard***
- 3.1.4 Meeting nutritional needs: ***met this standard***
- 3.1.5 Safeguarding people who use services from abuse: ***met this standard***
- 3.1.6 Cleanliness and infection control: ***met this standard***
- 3.1.7 Management of medicines: ***met this standard***
- 3.1.8 Staffing: ***met this standard***
- 3.1.9 Assessing and monitoring the quality of service provision: ***met this standard***

#### **4 NEXT STEPS**

- 4.1 The CQC have given us until the 25<sup>th</sup> April to read the report and comment on any factual inaccuracies.
- 4.2 The Chief Nurse spoke with our local CQC Compliance Officer on the 12<sup>th</sup> April to update on our current capacity challenges and associated pressures, some linked to the recent launch of the 111 'helpline'. This was as the report alluded to our aim and previous timeline of closing our escalation beds, which was documented within the report. The Compliance Officer has noted this and it will also be highlighted in our response.

#### **5 ACTION PLANS**

- 5.1 Although the report was very positive, there are some areas that can be improved and the following areas are highlighted within the report:
  - Increasing the training and the depth of training on the Mental Health Act and Deprivation of Liberty Safeguards – some staff have requested more in-depth training on how they directly impact on their roles;
  - Escalation areas and associated planning;
  - The completion of personalised care plans;
  - Discharge planning;
  - Recording of minimum and maximum temperatures of the drug fridge;
  - Implementation of the self-administration of medicines;
  - Staffing;
  - Datix – two staff flagged up as being unaware of it.
- 5.2 The Nursing Executive Group are progressing this work currently and a further update will be brought to the Board with the associated detail.

#### **SUMMARY**

- 6.1 The report includes many very positive comments – they particularly state that 'The A and E department at East Surrey Hospital currently receives approximately one hundred blue light ambulances a day and is therefore one of the busiest A and E units in the South East'.

- 6.1.1 There follows many positive patient statements and also that the CQC 'observed staff treating patients with respect' and that 'comfort rounds had been implemented to ensure that the basic needs of people were being met and not overlooked whilst they waited for assessment and treatment'. The CQC noted that staff were 'documenting wellbeing checks whilst patients were waiting in the A and E department'.
- 6.2 I am sure the Board would want to thank the staff for their hard work, particularly with the ongoing pressures that still continue, even though we are well in to April. We must however, not be complacent and the CQC can inspect at any time and there will be a continued focus on driving safety and quality.