

# Review of compliance

## Surrey and Sussex Healthcare NHS Trust East Surrey Hospital

<b>Region:</b>	South East
<b>Location address:</b>	East Surrey Hospital Canada Avenue Redhill Surrey RH1 5RH
<b>Type of service:</b>	Acute Services
<b>Date the review was completed:</b>	18 February 2011
<b>Overview of the service:</b>	<p>Surrey and Sussex Healthcare NHS Trust (SASH) serves a population of 400,000 people living in East Surrey, North, East and West Sussex and is the designated Hospital for Gatwick Airport and the M25. SASH is the only acute trust in Surrey with a helipad capable of accepting patients transported by air.</p> <p>East Surrey Hospital is a major acute hospital offering a 24 hours, seven day Emergency Department and is co-located with the</p>

	<p>Redwood Elective Surgery Centre. The hospital has 25 wards and a number of outpatient clinics. There is an onsite walk-in centre for minor injuries.</p>
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that East Surrey Hospital was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.**

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

## Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Assessing and monitoring the quality of service provision

## How we carried out this review

We received information of concern from Surrey and Sussex Healthcare NHS Trusts Chief Executive Officer. We responded to this concern and took action by reviewing all the information we hold about this provider, carried out an unannounced visit on the 16 and 17 February 2011, observed how people were being cared for, talked to people who use services, talked to staff and looked at records of people who use services.

## What people told us

Patients said that staff talked to them and explained the care or treatment they were about to provide and asked for their consent. Sometimes their consent to specific types of treatment would be asked for in writing by the doctors caring for them. They told us that they did not feel under pressure to give consent and felt that they had

been given sufficient information to make decisions and could change their mind if they needed to.

Patients told us they were very pleased with the service and with the staff but that sometimes treatment was slow or delayed. Some patients told us that there were delays in getting diagnostic tests done. They said that diagnostic tests were scheduled and then rescheduled for a different day, sometimes more than once. Patients told us they were not always provided with an explanation for these delays. They praised nursing staff and doctors as being very knowledgeable and usually responsive. Patients told us they had opportunities to ask questions and were given explanations that reassured them. They felt staff were very approachable and kind. They told us they valued the opinions of the nurses and doctors and felt confident that they understood their care and welfare needs. None of the patients knew what a care plan was however and so did not think they had seen or agreed to one. Patients told us they had opportunities to ask questions and were given explanations that reassured them. They felt staff were very approachable and kind. Some of the patients said they were not provided with information about how long they might be in hospital. They also said they had no knowledge of their discharge arrangements. Patients were positive about cleanliness and hand hygiene across both of the wards we visited. They felt the wards were kept clean and that the staff worked hard on this, especially in busy areas. A patient who had received treatment on Godstone ward on two separate occasions said they were accustomed to seeing the hospital matron come round to do her monitoring checks for cleanliness and safety of equipment, and were impressed with her thorough approach

People told us that they were happy with the way their medicines were being given to them in hospital. They told us that nurses and pharmacists had explained their medicines to them and they felt that they understood the changes that had been made during their stay. People being treated on the wards told us that they always had their pain relief when they needed it. We saw a pharmacist carefully explaining a new medicine to someone before they went home. We saw a nurse giving someone medicines, explaining to the person what they were doing and following a safe procedure. Someone told us that they were able to keep their inhalers with them so that they could use them when needed which was important to them. Some people had told us before we visited the hospital that there was a delay in them getting their medicines when they were ready to go home.

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

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

There are processes in place to ensure that people are able to give informed consent to their care and treatment, and processes to manage people who lack capacity that meet the requirements of the Mental Health Act 1983 and the Mental Capacity Act 2005. However, lack of training and audit means there is a risk that these processes may not be consistently applied across the trust.

Overall, we found that East Surrey Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

Although patients told us they were pleased with the service and the care they received, improvements are needed to the care planning process to ensure patients are actively involved in the assessment of their individual needs and choices. Care plans are not reviewed with the patients ongoing involvement and do not include timely information on discharge planning. Not all staff have received training in palliative care. There is a risk therefore that the quality of end of life care may be inconsistent. Risk assessments are not reviewed in a timely manner when incidents or accidents occur to secure the ongoing welfare and safety of patients.

Overall, we found that East Surrey Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

#### **Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

Staff follow safe procedures for the obtaining, handling, recording and administering of medicines

Overall, we found that East Surrey Hospital was meeting this essential standard.

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

The trust has systems and processes in place to monitor the quality of its service. Staff at all levels were seen to be fully engaged in identifying ways in which care may be improved, and are receptive to feedback. The current programme of regular key audits does not include audit of consent to examination or treatment processes and end of life care. Staff are not confident that their confidentiality will be protected when they may need to raise issues of concern regarding patient safety or security.

Overall, we found that East Surrey Hospital was meeting this essential standard, but, to maintain this, we have suggested that some improvements are made.

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

In summary, we found that East Surrey Hospital was compliant with the four essential standards of quality and safety that we reviewed.

For three of the essential standards, although assessed as compliant, we believe there is a risk that they will not maintain compliance with these outcomes. We have noted that we have minor concerns that they may not be able to sustain compliance in this area and we have set an improvement action upon the trust for these areas.

We have given the provider improvement actions to complete in regard to consent and treatment because staff have not received up to date training in the trusts policy

on consent to care and treatment and regular audits of consent are not taking place to ensure patients are able to give informed consent to their treatment and care.

In relation to the care and welfare of people who use services, we have given an improvement action because care plans need to show patients active involvement in the care planning process to identify their individual needs and choices. Care plans are not reviewed on an ongoing basis with the involvement of the patient and did not always include timely information on discharge planning.

Not all relevant staff have received training in palliative care and there is a risk that the quality of end of life care may be inconsistent as a result. The trust has no audit process for end of life care to ensure best practice is consistently maintained.

Patient risk assessments are not being reviewed in a timely manner when incidents or accidents occur to effectively secure the ongoing welfare and safety of patients and to ensure that all staff have the most up to date information and guidance about how to reduce patient risk.

In relation to the management of medicines the development and use of a policy to support people to self administer their medicines independently, where they are able and wish to do so, would support people to maintain their independence on discharge.

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made, and will take additional action if necessary.

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

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

**What people who use the service experienced and told us**  
Some patients on the wards we visited were highly dependent, they were either too ill or had complex needs which resulted in them being unable to respond independently to our questions. Those patients that were able to speak to us said that staff usually talked to them and explained the care or treatment they were about to provide and asked for their consent. Sometimes their consent to specific types of treatment would be requested in writing by the doctors caring for them. They told us that they did not feel under pressure to give consent and felt that they had been given sufficient information to make decisions and could change their mind if they needed to. One patient explained how her consent had been gained before starting a course of chemotherapy treatment. She said that her consultant had explained the risks and the possible side effects she might experience. Another patient spoke of needing a special type of x-ray. She said a doctor had explained the possible risks to her health because she had previously had a hip replacement, but she felt that the benefits far outweighed the possible risk. Another patient said that when he had been admitted to hospital and was unconscious his wife had made decisions in his best interests and continued to be involved in decisions about his care and treatment.

### **Other evidence**

We looked at two sets of patients' records and found copies of completed consent forms on file. One completed by a consultant who was treating a patient receiving chemotherapy, another had been completed when requesting an assessment by Social Services for a patient's continuing care.

We spoke to staff who told us that consent issues were covered in their induction and in training about medicines administration. They were not currently aware of any further training that was available to them in consent and were not aware of the trust's consent policy. They were also unaware of any consent audits taking place to check that staff are following the correct processes. They told us that if they were concerned about a patient's ability to consent to care or treatment they would inform their ward manager who would refer the case to the Independent Mental Capacity Advocates (IMCA) service. The referral would be documented in the patient's notes. All staff appeared to be familiar with the IMCA service and how they could be involved in patient care. Staff told us that if a patient refused treatment, they would consult the IMCA as well as the patient's consultant and next of kin. If the patient had capacity to make their own decisions, then staff felt they would have to follow their wishes.

A ward manager told us she had received some training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Some staff told us they had not yet received training or were waiting for update training in the Mental Capacity Act and also safeguarding training, which they believed covered issues of patient consent.

When the trust made application for registration in 2010 the commission was made aware that their current policy on consent to examination or treatment was not in line with new guidelines published by the Department of Health in 2009. The trust told us of their intention to revise their policy with the involvement of patients and stakeholders. Progress on this work was reported to their management board and recorded in a published document dated September 2010. The document recorded that in depth training on consent issues for medical staff was not yet in place and neither was the paper work to support them to assess people's mental capacity to make informed decisions. The trust has since informed the commission that their consent to treatment and care policy is complete and was agreed at board level in January 2011. The commission have been sent a copy. An appendix to the document sets out the trusts plans for staff training at all levels. As staff are responsible for ensuring patients rights are protected. We will ask the trust to provide us with a staff training plan and will monitor their progress with this work.

### **Our judgement**

There are processes in place to ensure that people are able to give informed consent to their care and treatment, and processes to manage people who lack capacity that meet the requirements of the Mental Health Act 1983 and the Mental Capacity Act 2005. However, lack of training and audit means there is a risk that these processes may not be consistently applied across the trust. Overall, we found that East Surrey Hospital was meeting this outcome but there are areas of concern

where improvements need to be made.

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

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

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

We visited Godstone and Abinger wards. Patients told us they were very pleased with the service and with the staff but that sometimes treatment was slow or delayed. Some patients told us that there were delays in getting diagnostic tests done. They said that diagnostic tests were scheduled and then rescheduled for a different day, sometimes more than once. Patients told us they were not always provided with an explanation for the delay.

They praised nursing staff and doctors as being very knowledgeable and usually responsive. Patients told us that they received their medicines on time and were provided with painkillers when they needed them. They said that the risks and benefits of their medicines were generally explained to them. They said they valued the opinions of the nurses and doctors and felt confident that if they had questions they could ask.

Patients said that staff explained their treatment and care to them. They felt involved and consulted in their care. None of the patients knew what a care plan was however and so did not think they had seen or agreed to one. Patients told us they had opportunities to ask questions and were given explanations that reassured them. They felt staff were very approachable and kind.

Patients were positive about cleanliness and hand hygiene across both of the wards we visited. They felt the wards were kept clean and that the staff worked hard on this, especially in busy areas. Patients also observed and commented that staff washed their hands a lot and wore gloves and aprons when required. A patient who had received treatment on Godstone ward on two separate occasions said they were accustomed to seeing the hospital matron come round to do her monitoring checks for cleanliness and safety of equipment, and were impressed with her thorough approach

Some of the patients said they were not provided with information about how long they might be in hospital. They also said they had no knowledge of their discharge arrangements.

### **Other evidence**

Staff told us about the admission process for new patients to Godstone ward. New patients have a brief orientation to the ward which includes showing them their bed and the location of toilets. It also includes putting together a nursing induction pack which includes information about the patient, their condition, next of kin, risk assessment, any pressure ulcers, nutritional assessment, oral assessment, mobility, etc. Staff told us that this admission induction is supposed to take place within 24 hours of the patient arriving on the ward but sometimes it is delayed depending on when the patient comes in. For example, the ward is very busy in the morning so if patient arrives in the morning; their induction to the ward might be delayed until much later.

Staff told us that each patient has a set of care plans and risk assessments and that they use these in providing treatment and care. However, some staff told us that they only consult some patients care plans every few days because they knew the patients so well. We looked at the patient's records. These did not show that care plans had been signed by the patient to show their involvement in the plan of care or their agreement to it.

Staff told us that healthcare assistants are responsible for taking and recording patient observations and that the hospital operates an early warning score system to identify patients who may be deteriorating. Scores are given for blood pressure, temperature, heart rate. If the score is sufficiently high or alternatively too low, the issue of concern is reported to a trained nurse and monitored by a clinician.

During our observations we saw staff speak quietly to a patient explaining what assistance they were going to provide and then draw the curtains to protect their privacy and dignity. The patient responded positively to this. The atmosphere on both wards was relaxed with people interacting with each other and with staff. Staff were observed to be kind and caring in their approach to people.

Godstone ward provides end of life care for haematology patients. The ward uses an accredited standard of end of life care called The Liverpool Care Pathway. Staff were not sure if or how this was audited. Staff said they had access to a specialist

palliative care link nurse who guides and directs them. The ward manager said she had had palliative care training, but this was some time ago. Few other staff spoken to had received training in palliative care including the four new staff that had been recently recruited. The ward manager said that part of her role required her to identify staff training needs however; she was not able to show us that a training plan had been completed in order to identify any staff training gaps.

The trust informed us at the time of their registration with the commission that they needed additional time to define the staffs' annual training priorities for the year 2010/11. Staff training is designed to improve patient safety and ensure there are sufficient staff with the right skills, qualifications and experience to meet the assessed needs of the patients who use the services at the hospital. The trust said this work is in progress. Timescale for this to be addressed will be March 2011. We will ask the trust to provide us with a copy of their staff training plan and will monitor their progress with this.

There is an incident reporting system in place in the hospital. Staff told us that if they witnessed an incident, such as a fall, they would assist the patient and ask a doctor to assess the patient. They said they would also complete an incident monitoring form and would submit it to their ward manager. They said that incident forms are often submitted after a patient has been discharged and that risk assessments are not usually reviewed or changed after an incident or as a result of an incident. Information that we hold tells us that in the 2009 NHS staff survey findings for the trust they were much worse than expected, when assessed against other similar size trusts for staff reporting errors, near misses or incidents; fairness or effectiveness of processes and staff being able to contribute to improvements at work.

Staff felt they could make improvements and raise concerns although improvements are sometimes de-prioritised in favour of more urgent issues. They said they usually felt well supported, but changes did not always happen.

### **Our judgement**

Although patients told us they were pleased with the service and the care they received, improvements are needed to the care planning process to ensure patients are actively involved in the assessment of their individual needs and choices. Care plans are not reviewed with the patients ongoing involvement and do not include timely information on discharge planning. Not all staff have received training in palliative care. There is a risk therefore that the quality of end of life care may be inconsistent. Risk assessments are not reviewed in a timely manner when incidents or accidents occur to secure the ongoing welfare and safety of patients.

Overall, we found that East Surey Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

# Outcome 9: Management of medicines

## What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

## What we found

### Our judgement

**There are minor concerns** with outcome 9: Management of medicines

### Our findings

**What people who use the service experienced and told us**  
People told us that they were happy with the way their medicines were being given to them in hospital. They told us that nurses and pharmacists had explained their medicines to them and they felt that they understood the changes that had been made during their stay. People being treated on the wards told us that they always had their pain relief when they needed it. We saw a pharmacist carefully explaining a new medicine to someone before they went home. We saw a nurse giving someone medicines, explaining to the person what they were doing and following a safe procedure. Someone told us that they were able to keep their inhalers with them so that they could use them when needed which was important to them. Some people had told us before we visited the hospital that there was a delay in them getting their medicines when they were ready to go home.

**Other evidence**  
Nurses told us how medicines are checked when someone is first admitted to the hospital and how they can make sure they have the necessary medicines available. We saw doctors and pharmacists working on the wards checking and reviewing prescriptions, a doctor was reviewing a prescription for someone who was refusing to take a particular medicine. Nurses are all trained in the safe handling of medicines on the ward before they start to work independently. Each administration was signed for or coded with reasons for non administration as appropriate, except

for some creams that had been applied by the Healthcare Assistants. We saw some records for these in the nursing notes. All the prescriptions that we saw were clear and had been checked and annotated by the pharmacist. Nurses and Pharmacists told us of the new system for discharge medicines which should make the supply of these medicines quicker, also the better information for patients that they are now able to supply with the medicines when people are discharged. We also spoke to nurses in the discharge lounge who confirmed that there was sometimes a delay in the delivery of medicines but they could see the benefits of the new systems. Apart from inhalers, no one we saw managed their own medicines, they were all administered by the nurses. They told us that there was no self medication policy in the Trust. Some people on the wards we visited would have been able to manage their medicines themselves and individual locked storage is available for all beds that we saw. All medicines were stored safely and appropriately and emergency medicines and equipment were available and checked daily.

There were no suitable safety signs displayed where oxygen cylinders were stored on the wards. This was discussed with the hospital during the review and appropriate action was agreed.

### **Our judgement**

Staff follow safe procedures for the obtaining, handling, recording and administering of medicines. The development and use of a policy to support people to self administer their medicines independently where they are able and wish to do so would support people to maintain their independence on discharge.

Overall, we found that East Surey Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

**What people who use the service experienced and told us**  
Most patients did not tell us anything specifically about this outcome, except for a patient who had received treatment on Godstone ward on two separate occasions. The patient said they were accustomed to seeing the hospital matron come around to do her monitoring checks for cleanliness and safety of equipment and were impressed with her thorough approach.

**Other evidence**  
The trust told us they have systems in place to assess and monitor the quality of the service to ensure that people receive appropriate care and treatment. Staff at all levels told us there are regular infection control audits. These also include weekly audits at ward level. Ward managers told us about audits of key areas such as infection control, cannulation audits to ensure staff use methods which reduce the likelihood of infection. Audits which cover environmental cleanliness, medicines, catheter care, hand hygiene and records audits. The ward manager for Abinger told us of the trust's participation in the national sentinel stroke audit. We were not able however to establish audits taking place in relation to consent processes to check that staff are following correct procedure. The trust uses an accredited standard of end of life care called The Liverpool Care Pathway; staff were not sure if or how this

was audited.

The National Cancer Patient Experience Survey was published in January 2010. For most questions the trust scored roughly the same as other trusts in the country. Outcomes in relation to how well they communicated with patients were however worse than expected. In response to the published results the trusts multi-disciplinary teams are currently attending an advanced training course designed to improve their communication skills, particularly staff that care for cancer patients. The Chief Executive for the trust has recorded on their web site his intention to make sure that this training is embedded and patients benefit.

Matrons undertake ad hoc records audits where they visit wards and review the quality of patient records. Feedback on the results of these audits are given to ward managers at monthly meetings and through the trust's quality standards meetings. The task force meetings take place every other Tuesday and mainly cover the results of infection control audits. Staff told us they have monthly ward meetings where they are told about concerns and areas for improvement.

Staff told us about Quality Standards meetings which are held every other week. They said that senior nurses, representatives from wards, and matrons meet as a group to focus on improving clinical practice. Patient records are sometimes reviewed as part of the discussion covering the MUST records, risk assessments, observations and how often they are done, whether scores are recorded accurately, medicines charts, etc. This group started approximately six months ago.

Ward managers told us they develop their clinical practice by attending mandatory 'update practice days'. They also attend monthly ward manager meetings to discuss any concerns in clinical practice, have training, and get updates. This includes presentations by specialist nurses. Complaints and ward incidences are also monitored and reviewed at this meeting.

Staff told us that they had reported several incidents in the last six months and that the incident reporting process was easy to use. However, the reporting of incidences does not always remain confidential. Some staff told us that they were reluctant to raise concerns about bad or questionable practice because there was no confidential way of doing this. They told us that when concerns are raised, details are often known on the ward, including details of who raised the concern. This response will be fed back to the trust. This may, in part explain why the 2009 NHS staff survey findings were much worse than expected for staff reporting errors, near misses or incidents; fairness or effectiveness of processes and staff being able to contribute to improvements at work.

Our observations showed that wards visited had a visitor bulletin board in the hallway for communicating audit results. Information on the boards referred to performance measures called 'Safety Cross'. The notice board for these results was empty on Godstone Ward. The notice board on Abinger Ward appeared to show the ward's current performance on infection control measures.

Ward managers told us that complaints come directly to them from the trust and they are responsible for investigating complaints which involve their wards. They told us that they received some information about trends in complaints and incidents on their wards at ward manager meetings. Areas with the most complaints include poor communication and discharge planning. They told us that staff did not have training in how to handle complaints although there is a conflict management training course for senior nurses. Other staff spoken with confirmed that they did not have training in how to handle complaints, but felt they could address minor complaints themselves or refer more serious complaints to their ward manager.

Patients are surveyed on discharge home and each month the trust publishes the results on their website. Staff told us that since January 2010 the trust has supplied 19 handheld monitoring devices and a further three kiosk devices to monitor patient feedback. The hand-held devices are known as 'tablets'. Most wards have them at reception areas all the time, some have to share devices and they have these on alternate months. There are currently six separate surveys running, but core questions are kept regarding same sex accommodation, sharing a toilet or bathroom with a patient of the opposite sex, privacy and dignity issues, hand hygiene, cleanliness of the hospital and would you choose this trust again for treatment?. The results continue to be downloaded each month and the ward managers and matrons for their areas draw up action plans from the results gathered.

### **Our judgement**

The trust has systems and processes in place to monitor the quality of its service. Staff at all levels were seen to be fully engaged in identifying ways in which care may be improved, and are receptive to feedback. Whilst there is a programme of audits, this does not include: consent to examination or treatment and end of life care. Staff are not confident that their confidentiality will be protected when they report incidents. On the basis of the evidence provided we found the service to be overall compliant with this outcome.

## Action

we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
<p>Accommodation for persons who require nursing or personal care.</p> <p>Diagnostic and screening procedures.</p> <p>Maternity and midwifery services.</p> <p>Surgical procedures.</p> <p>Termination of pregnancies.</p> <p>Treatment of disease, disorder or injury.</p>	18	2
	<p><b>Why we have concerns:</b></p> <p>There are processes in place to ensure that people are able to give informed consent to their care and treatment, and processes to manage people who lack capacity that meet the requirements of the Mental Health Act 1983 and the Mental Capacity Act 2005. However, lack of training and audit means there is a risk that these processes may not be consistently applied across the trust.</p> <p>Overall, we found that East Surrey Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</p>	
<p>Accommodation for persons who require nursing or personal care.</p> <p>Diagnostic and screening procedures.</p> <p>Maternity and midwifery services.</p> <p>Surgical procedures.</p>	9	4
	<p><b>Why we have concerns:</b></p> <p>Although patients told us they were pleased with the service and the care they received, improvements are needed to the care planning process to ensure patients are actively involved in the assessment of their individual needs and choices. Care plans are not reviewed with the patients ongoing involvement and do not include timely information on discharge planning. Not all relevant staff have received training in palliative care. There is a risk therefore that the quality of end of life care may be inconsistent. Risk</p>	

Termination of pregnancies.  Treatment of disease, disorder or injury.	<p>assessments are not always reviewed in a timely manner when incidents or accidents occur to secure the ongoing welfare and safety of patients.</p> <p>Overall, we found that East Surey Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</p>	
Accommodation for persons who require nursing or personal care.	<b>13</b>	<b>9</b>
Diagnostic and screening procedures.  Maternity and midwifery services.  Surgical procedures.  Termination of pregnancies.  Treatment of disease, disorder or injury.	<p><b>Why we have concerns:</b></p> <p>Staff follow safe procedures for the obtaining, handling, recording and administering of medicines.</p> <p>The development and use of a policy to support people to self administer their medicines independently where they are able and wish to do so would support people to maintain their independence on discharge.</p> <p>Overall, we found that East Surey Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

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

# What is a review of compliance?

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

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

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

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

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

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

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

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

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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