

Review of compliance

Sandwell and West Birmingham Hospitals NHS
Trust
Sandwell General Hospital

Region:	West Midlands
Location address:	Lyndon West Bromwich West Midlands B71 4HJ
Type of service:	Acute services with overnight beds
Date of Publication:	July 2012
Overview of the service:	Sandwell General Hospital is part of Sandwell and West Birmingham Hospitals NHS Trust. It is a busy acute hospital with 470 beds.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

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

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

Why we carried out this review

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

Outcome 01 - Respecting and involving people who use services

Outcome 04 - Care and welfare of people who use services

Outcome 14 - Supporting staff

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 10 July 2012, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We had received information that people were not always treated with respect and dignity. People had told us that they were not always kept informed about what was happening and that staff were not always helpful.

We visited wards Priory 4 and Lyndon 4. No one knew we would be visiting that day. We spoke with six members of staff and five people who were receiving care and treatment. A number of people on these wards had dementia care needs and were not able to tell us about their experiences. We spent some time observing their care and interactions from the staff. We were unable to speak to relatives as visiting hours had not commenced at the time of our visit.

We saw that staff treated people with respect and dignity. One person said "They pull the curtains around, they only have to see a sight crack in them and they are there to pull them together, there is no indecency here, nothing like that".

People told us that they knew who was looking after them. They told us that they knew what was happening with their care and that staff answered their questions. People told us that they made their own decisions and we saw staff offering people choices.

All of the people we spoke with told us that they were satisfied with the care and treatment they had received. One person said "The care has been excellent, I could not fault it, it's

not their specialty on here but they found out and answered all my questions".

Staff received a range of training so that they had up to date knowledge and skills in order to support people's individual needs.

Staff were motivated and wanted to tell us what they did well and how they had improved since our last visit. They also told us about things they wanted to improve further.

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

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

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

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

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

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

The provider was meeting this standard. People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People who use the service were given appropriate information and support regarding their care and treatment. We saw at the entrance to the wards that there were a range of leaflets available to people if they chose to read them. The leaflets included information about sore skin, infections, personal care, stopping smoking and other topics relevant to people. Some information was available in alternative languages so that they would be accessible to people. There was a box for 'patient satisfaction surveys' so that people could complete these if they chose to. Outside of the wards we saw information that told people the outcomes of audits and surveys and what action had been taken to improve the services in response to these surveys.

We had received information that suggested that people were not always treated with respect and dignity. We did not find evidence of this during our visit.

People's diversity, values and human rights were respected. Throughout the visit we saw staff treated people with respect and maintained their dignity. We saw that some people were dressed in their own clothes and staff told us that they encouraged this where possible. We saw staff assist one person to the toilet and they held their gown while they walked with them to promote their dignity. We saw that curtains were drawn when people were receiving care and one person said "They pull the curtains around,

they only have to see a sight crack in them and they are there to pull them together, there is no indecency here, nothing like that". We saw staff knock on toilet doors before entering and we saw them offer people choices, for example about what clothes they wanted to wear.

We saw that staff had built up good rapports with people and that they told people what was happening and explained what they were going to do. One person said "Every question I have asked the nurse, I have had answers and it was explained so I could understand". Another person said "Everything I have asked for I have had". This meant that people received information and the things that they wanted and needed.

Since our last inspection, there have been some changes to the management structure on the wards. A matron now has responsibility for two wards and this means that they are able to work on the wards alongside the nursing and care staff. A senior nurse walk around has been introduced on the wards that we visited, in the afternoon, everyday. This meant that staff speak to each person and their relatives about their care and treatment. This gives people the opportunity to ask any questions or raise any concerns. The feedback regarding this from staff was positive. One person said "They introduce themselves when they come on duty and tell you what is happening, I know who is looking after me today". This should improve the communication between staff and people receiving care.

Other evidence

Sandwell and Birmingham Local Involvement Network Group (LINKs) told us that they had visited Wards Newton 3 and Lyndon and Newton 2 during April 2012. They told us that sometimes patients of the opposite sex had to walk past other patients to access the toilet and bathing facilities. They told us they had no concerns on Newton 3 and people were given the help and support they needed.

Our judgement

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

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We spoke with four staff about people's care needs and they were able to tell us how they supported people, for example to have drinks, to maintain their continence and how they assisted people who may also have dementia care needs. Some people with dementia had a nurse allocated to them for the whole time so that they received constant supervision and one to one care.

All of the people we spoke with told us that they were satisfied with their care. One person said "They help me have a bath or a shower when I want, they tell me what is going on all the time and I don't need to ask". Another person said "When I came in I was in pain, they were marvellous, they turned me over and they were very gentle with me". People told us that they made their own decisions and one person said "It's left up to me, I get up as much as possible, they leave me until last to go to bed and that's what I like".

We saw that drinks were in people's reach. We saw one person ask for a cup of tea. Staff said they would get them one but just needed to see another person first. We saw that the staff returned with a cup of tea for the person. Another person told us that they could not see very well and staff had given them a red cup which they could see more easily and this allowed them to be independent. One person was reading a newspaper and told us that staff had got this for them that morning. This meant that people can be independent and continue to do things that they like.

We saw new 'daily care records' documentation had been introduced which detailed each day the care that people had received. It included diet and fluid intake and an events log which detailed any changes or events. There was also a section for relatives and visitors so that staff could record when they had spoken to people.

We had received information that staff did not tell relatives what was happening, for example if someone had a fall. Two weekly meetings are held so that staff can review any complaints received and look at how they could improve people's experiences. We saw that on one ward reporting of falls had been reviewed and changes had been made to ensure that people were notified of any changes as soon as possible.

We had been told that doctors were not always available to speak to relatives out of hours. We asked about systems that were in place for people to speak to doctors outside usual hours. Staff told us that a doctor was always available to speak to people, however they may only be able to give limited information due to not being the person's own doctor. Staff explained that people may have to wait to speak to a doctor out of hours but they would explain this to people. Staff advised that they could offer to make an appointment with the person's own doctor during the week so that relatives could come in and discuss care. A nurse practitioner is also available to meet with people out of hours.

Alongside the senior nurse walk around in the afternoon where a nurse speaks to each patient and their relatives, a 'board round' has been introduced each morning. This is when the multidisciplinary team discusses what is happening with each person on the ward, so that staff know what is happening. This should mean that information is shared with the person and their relatives more quickly.

Other evidence

We did not have any other evidence.

Our judgement

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

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us that the staff were friendly and we observed good interactions when we visited. One person said "I have never heard the staff being rude to anyone, it's like a circus in here with lots of chat and a good laugh".

Staff told us that they had received mandatory training in areas such as moving and handling, nutrition, tissue viability (skin sores) and customer care. Staff confirmed that they had received dementia training and on one ward further dementia training awareness had been arranged so that their knowledge was updated. Staff told us that they had identified they wanted training in challenging behaviour and a request for this had been made by the senior sister. The matron confirmed that this was being arranged. This means that training is reviewed so that staff receive training that is relevant to them to assist people with their individual needs. Staff spoken with demonstrated a good understanding about how to assist people with privacy and dignity and how to assist people with dementia care needs.

One person we spoke with told us that they had observed staff during the night manage a person with dementia. They told us that the staff had been very reassuring to the person and assisted them despite the person asking the same things repeatedly.

One person told us that they had received surgery and this was not normally managed on this particular ward. They were very complimentary about the care they had received and said "The care has been excellent, I could not fault it, it's not their speciality on here but they found out and answered all my questions".

Staff spoken with confirmed they received an annual appraisal. This means that staff are able to discuss their performance and what they want to achieve and learn. Senior staff told us that they talked with staff during ward meetings but if there was a particular problem then the person would be spoken to on an individual basis. Staff confirmed that their senior staff was approachable and that they could go to them with any concerns.

All of the staff we spoke with were enthusiastic and wanted to tell us about the changes that had been made to improve the care that people received.

Other evidence

We did not have any other evidence.

Our judgement

The provider was meeting this standard. People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

What is a review of compliance?

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

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

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

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

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

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

Information for the reader

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Author	Care Quality Commission
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