

Trust Board Report

Meeting Date:	26 March 2012
Title:	Care Quality Commission (CQC) Review of Compliance at RWHT February 2012
Executive Summary:	<p>The CQC undertook a review of compliance in January 2012 in order to check whether the Trust has made improvements to the previous inspection in March 2011.</p> <p>The report was received in February 2012 and the Trust has been re-registered without conditions but is required to produce an action plan within 28 days</p> <p>www.cqc.org.uk</p>
Action Requested:	The Trust Board to note the report.
Report of:	Chief Nursing Officer
Author: Contact Details:	Charlotte Hall, Deputy Chief Nursing Officer – Quality & Safety Tel: ext 5960 Email: charlotte.hall6@nhs.net
Resource Implications:	None
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	Compliance Committee
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the committee should have regard to the core principles contained in the constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

1

The CQC made an unannounced inspection at RWHT on 25 January 2012. They visited two wards;D8 and D20 and the PALs department.

During the visit they spoke to members of staff, the public and patients. They also looked at health records and observed care being given by nurses. Afterwards they contacted patients who had complained to the Trust and had been through the complaints process and also discussed the process of transferring patients to step down and nursing home beds with their nursing staff.

The CQC measured the Trust specifically on the following outcomes, they noted actions for sustainability as indicated. The Trust was, however, found to be compliant on all outcomes and therefore no conditions were attached to the organisation's registration status.

The full CQC report is available to the public on line and through the link above; they were pleased with the progress the organisation has made in particular around meeting nutritional needs and the personalisation agenda. They highlighted concerns around DNAR which the Trust was already aware of through recent audit.

Outcome 04: Care and welfare of people who use our services: A sustainability plan is required to continue to achieve this standard. The CQC saw inconsistency in practice of how DNAR forms were completed and the action plan will need to detail this issue.

Outcome 05: Meeting nutritional needs: No further action required although the Trust will continue to work on improvement.

Outcome 06: Cooperating with other providers: Some information between services is variable and work on this needs to be sustained.

Outcome 16: Assessing and monitoring the quality of service provision: Last year there were major concerns with this outcome. However CQC were reassured to see and hear of our improvements. In particular mortality and the resources used to look at how our patients are managed, the improved use of 'Vitalpac' to detect for deteriorating physiological signs and the use of all round indicators to determine levels of care particularly in the Best Practice Wards. Sustainability in this outcome was required.

Outcome 17: Complaints: Although some people are not always satisfied with the handling of complaints they feel actions are taken to make improvements. The Trust was complimented on the PALs outreach and new process for managing complaints.

2

An action plan is now being written and this will respond to the CQC's requirements around sustainability in specific areas. This will be approved through the Compliance Committee and submitted to the CQC within the time scale (2 April 2012). Progress will be monitored quarterly and *Performance Accelerator* will be used as a platform to evidence sustainability.

Review of compliance

The Royal Wolverhampton Hospitals NHS Trust
The Royal Wolverhampton Hospitals NHS Trust

Region:	West Midlands
Location address:	New Cross Hospital Wednesfield Road Wolverhampton West Midlands WV10 0QP
Type of service:	Acute services with overnight beds Community healthcare service Urgent care services Diagnostic and/or screening service
Date of Publication:	February 2012
Overview of the service:	New Cross Hospital is a large acute general hospital and is a location of The Royal Wolverhampton Hospitals NHS Trust. It provides emergency and maternity services, medical and surgical

	investigations and a full range of diagnostic facilities and medical treatments for physical illness or condition, injury or disease.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Royal Wolverhampton Hospitals NHS Trust was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 to check whether The Royal Wolverhampton Hospitals NHS Trust had made improvements in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 05 - Meeting nutritional needs
- Outcome 06 - Cooperating with other providers
- Outcome 16 - Assessing and monitoring the quality of service provision
- Outcome 17 - Complaints

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 25 January 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We undertook this review to check whether improvements had been made following our earlier inspections in March and May 2011. Whilst at the hospital, we visited two wards (D20 and D8) and the patient information centre.

Overall patients told us that they were receiving the care they needed. We were told that staff were kind, pleasant and caring. We sat on the wards and observed some of the practice. We saw that staff were busy but the atmosphere on both wards was relaxed with staff working efficiently to meet the different needs of people who had been admitted. We saw staff communicate with patients and their relatives in a sensitive way. One patient said "All are very polite and always explain what they are going to do". When asked if anything could be improved the patient replied, "can't think of anything - all is fine - I am very satisfied with the care I am getting".

We saw and heard about the systems in place to make sure that people were getting appropriate support with eating and drinking. We observed mealtimes on both wards which were protected which meant that patients had time to eat their meals without being

interrupted. Patients told us that the food was good quality and there was always plenty of choice. We saw patients were assisted to eat and drink and that referrals were made when assessments identified a need for more specialised input.

Patients and relatives told us that they had been involved in planning their discharge home. We heard examples from both wards about the new 'e discharge' forms which gave more information to the doctor or district nurse on discharge. We were told that information supplied to nursing homes who provide a step down facility was variable and "dependent on who completed the forms". Staff told us that when referrals were made, these tend to happen quickly. One patient told us how they had been referred to a specialist whilst in hospital and had already been seen.

The trust had systems in place to assure themselves of quality. Since our March 2011 review the trust has conducted thorough and extensive investigations into five mortality outliers. An outlier is generated from routine patient data and is generally a measure that lies outside an expected range of performance. We analysed this information with other data we had. These investigations found no evidence of poor care and no avoidable deaths, but identified a small proportion of cases where there were process or system errors. Examples of good practice were also identified. Similarly we knew that any actions and learning triggered by serious incidents or complaints were monitored and reported on regularly.

There continue to be changes in how complaints were being managed. We spoke with a random sample of people who had made a complaint recently. Whilst not everyone was satisfied with the handling of their complaint, they had been satisfied with the outcome and actions taken by the trust to learn from the incidents.

What we found about the standards we reviewed and how well The Royal Wolverhampton Hospitals NHS Trust was meeting them

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

Continued improvements mean that people get the care and support they need when they need it. Improvements in this area need to be sustained.

Outcome 05: Food and drink should meet people's individual dietary needs

People receive a choice of food which meets their expectations and preferences. People receive assistance from staff with their eating and drinking. Support and advice is provided from specialists when people need it.

Outcome 06: People should get safe and coordinated care when they move between different services

People generally receive safe, co-ordinated treatment and care however sometimes information between services is variable in quality. Work to improve this area needs to be sustained.

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 continues to make improvements in how they make services safe and learn from events and incidents. These improvements need to be sustained.

Outcome 17: People should have their complaints listened to and acted on properly

People feel able to complain and although not always satisfied with the handling of their complaint initially, feel actions are taken to make improvements.

Actions we have asked the service to take

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.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

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

We undertook a review on this outcome area initially in May 2011 where we found moderate concerns. We issued a compliance action and the trust provided us with an action plan about how they planned to make improvements. We saw an updated plan from the trust from December 2011.

During our visits to the two wards we spoke with a range of staff and spoke with patients and visitors. We observed how staff interacted with patients.

All of the staff we spoke with gave examples of how they tried to involve patients in the planning and delivery of their care. We saw examples of good interactions between patients and staff. Staff ensured eye contact was made with patients, spoke with them softly and dealt with patients' concerns about their welfare in a sensitive manner. We observed one staff member supporting a patient to mobilise. The staff member did not rush the patient and there was good communication between them.

We spoke with another person who told us that all the staff were very helpful. One patient pointed to one staff member and said, "Oh he is my friend" and pointed to another and continued, "he's also very kind. He helps me wash my back and then I do the rest for myself and get dressed because my independence is very important to me".

Other patients said, "I know I shouldn't say this but I have enjoyed being here, the staff are so kind and happy, nothing is an effort for them", "wonderful staff", "medical profession looks after me", "fantastic care" and "staff are very professional and a credit

to the hospital".

We saw that one of the wards had a computerised safety briefing. This was used to update a patient's health and status and then given to new staff coming on shift. This is sometimes known as a handover. One staff member said about handover, "people [staff] state what they have done and what they haven't done, so I know exactly what is done".

Whilst on the ward we looked at some of the patient records. We saw evidence that risk of falls and bed rails had been assessed. Staff explained that observations of patients were undertaken and inputted via a computerised system. This is called 'Vitalpac'. This meant that the staff member in charge could easily identify when observations were due or late. One of the staff we spoke with said the system was good.

We saw that the staff on both of the wards were very busy. Despite this, the atmosphere throughout our visit was calm and relaxed. One staff member told us that there was "never enough time" when we asked if they had enough time to care and support people. Another told us that they were busy but that they could get everything done that they needed to.

One patient told us that they felt reassured by the staff providing treatment and felt that staff were "efficient and competent". They also told us that they would have liked more information about their treatment.

We saw inconsistency in practice in how DNAR (do not attempt to resuscitate) forms were completed. We saw two forms which did not demonstrate that a proper assessment of the patient's capacity had taken place or that discussion had taken place with either the patient or their relatives. We fed this back to the senior team and requested more information about how they were going to continue to improve this area. At the point of issuing this report in draft form we were awaiting further information from the trust about their plans to review the use of DNAR (do not attempt resuscitation) forms.

Other evidence

The trust had several mortality "outliers" in 2011. An outlier is generated from routine patient data, which we analysed with other information we hold. An outlier is a measure that lies outside an expected range of performance and is identified using statistical techniques.

The trust had outliers in 2011 which mainly related to elderly patients with a complex range of diagnoses. The investigations that were done for outliers prior to our March 2011 review identified occasions when the quality of clinical care that people experienced was "sub-optimal" and was therefore not as it should have been. When we became aware of the outliers, we required the trust to investigate and report back to us.

Since our March 2011 review the trust has conducted thorough and extensive investigations into five outliers. These investigations found no evidence of poor care and no avoidable deaths, but identified a small proportion of cases where there were process or system errors. Examples of good practice were also identified. The trust

developed plans to improve their services, examples of these included providing more senior oversight in some areas, avoiding any delays in treatment and to develop links into community services to avoid unnecessary emergency admissions.

We checked other information we hold about this hospital. Our records show that a number of incidents have been reported to the local authority for investigation under their safeguarding procedures. Some of these related to the care people received whilst in hospital. However it was not possible for us to use this information as part of this review because we did not know the outcomes of these investigations. We requested updates from the local authority but at the point of writing this report, this had not been received.

Our judgement

Continued improvements mean that people get the care and support they need when they need it. Improvements in this area need to be sustained.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

This trust was part of a themed review covering dignity and nutrition by the Care Quality Commission. These inspections concentrated on hospitals and were undertaken in March 2011. From this review we identified minor concerns and issued an improvement action. We asked the trust to provide us with an action plan and they did this. Prior to this visit, we requested an updated action plan which showed the actions taken had been reviewed and had been assessed by the trust as completed.

We looked at the care records about some of the patients' nutritional needs because we wanted to make sure that people were getting the right sort of help if they needed assistance with eating or drinking.

On one ward, staff told us that they used stickers above the patient's bed to indicate that they needed assistance. We looked at the records for one patient which indicated that the person needed help. There was no sticker above the patient's bed and we asked why. We were told that they had "run out of stickers". Staff confirmed that information was handed over at each shift so although there were no stickers, staff knew what support the patients needed.

We saw a range of records such as food and fluid charts. We saw that staff had completed an assessment known as 'MUST' (Malnutrition Universal Screening Tool). Staff told us they routinely completed this type of screening when patients were admitted. They also tried to weigh patients on a frequent basis however it was acknowledged that this was not always possible given the physical and medical needs of the some of the patients admitted. We saw evidence that this was reviewed and for

one person a referral had been made to the dietician. We were told by staff that the dieticians responded very quickly to referrals.

We were told that meal times were protected to make sure that staff turned their attention to ensuring people got the support they needed with eating and drinking. We observed meal times on both wards. We heard that a bell was rung which reminded other staff that meal time was approaching. One staff member told us that protected mealtimes worked very well as it meant all staff were available to help out and made sure patients had enough to eat. We heard from staff on one ward that they had slightly amended their meal time which enabled the doctors to finish their ward rounds without disturbing patients during meals.

We saw that meal time was unhurried. Patients got their meals whilst they were still hot. We saw one staff member offered alternative food to a patient who said they were still hungry. This staff member brought them sandwiches promptly. One patient told us "the food is lovely, you always get a choice of three meals". Another said, "The food is very good, there is plenty of choice".

One visitor told us that their relative required a lot of support with eating and drinking and told us, "staff are fantastic offering food and drink".

The senior sister on one of the wards told us that as a result of a 'Listening into Action' meeting, a new system of regular rounds to check that patients had had a drink was about to be put into place on the afternoon shift. They had also ordered yellow jugs which would be given to those patients thought to be at risk of dehydration. This would be easier for staff to identify which patients required additional support.

Other evidence

We had no other information at the time of this visit.

Our judgement

People receive a choice of food which meets their expectations and preferences. People receive assistance from staff with their eating and drinking. Support and advice is provided from specialists when people need it.

Outcome 06: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us

We undertook a review on this outcome area initially in May 2011 where we found minor concerns. We issued a compliance action and the trust provided us with an action plan about how they planned to make improvements. We saw an updated plan from the trust from December 2011.

Staff told us that because of the needs of people who were admitted, they began to plan for discharge as soon as patients were admitted. They did this so that all relevant teams such as physiotherapy, occupational therapy and social workers could be involved from an early stage.

Staff on both wards told us that the hospital had introduced 'e discharge forms'. Different staff complete different sections of the form about the needs of the patient. We were told that this form was then faxed or emailed to the doctor, district nurses or social worker on discharge. We were told that this had improved communication because it had made the "flow of information about the patient" much easier and meant that important information did not get lost during transfer.

We spoke with a visitor who was at the hospital to attend a discharge planning meeting with their relative. This person told us that they were happy with the arrangements being put into place to support their relative once home. The visitor told us that they did not feel that their relative's discharge was being rushed and that this would only happen when all the structures were in place for the right support at home.

We spoke with a patient who was originally admitted from EAU (Emergency Admissions Unit). The patient was transferred to a surgical ward for an operation and then onto the ward where we saw them for medical and rehabilitation services. This patient told us that staff had explained about the transfers and why they were happening. They said that social workers and physiotherapists had been involved in planning their discharge. The person told us that equipment had been secured and whilst they stayed with their relative to recuperate, a physiotherapist would visit them. They said that the social worker was also arranging to have an extra hand rail fitted outside their house which would help with getting out.

The majority of the staff told us that they received good information from the wards where patients were transferred. We were told that one of the wards operated a 'meet and greet' when patients were transferring between wards. The trust had plans to roll out this initiative across more wards.

We saw evidence in notes that patients had been referred to the dietician, speech and language therapist, social workers where coordinating discharge plans. Staff said that handover time and referral time for some professionals is very quick and they often visited on the same day as the referrals were made. One person told us how they had been referred to another consultant and had been seen by them stating "it was very quick".

Other evidence

As part of this review we spoke with two nursing homes in the local area who accepted patients from this hospital through a 'step down' contract. Step down is when a person needs some further rehabilitation, is not quite ready to go home but has been assessed as medically fit for discharge from hospital. Both registered managers told us they had good relationships with the trust. They told us that information on the assessment form was variable and very much dependent on who had completed it. One manager described the information content on the 'e discharge' form as "far more comprehensive". One manager told us how sometimes they felt pressured to admit people quickly but would not do this until they had undertaken an assessment of the patient's needs.

We looked at other information we hold about this provider. We looked at the NHS staff survey for 2010/2011. One of the key findings for effective team working was assessed as worse than average when compared with other trusts. However the number of staff who felt satisfied with the quality of work and patient care they were able to deliver was better than average when compared to other trusts.

Our judgement

People generally receive safe, co-ordinated treatment and care however sometimes information between services is variable in quality. Work to improve this area needs to be sustained.

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

We undertook a responsive review in May 2011 which highlighted minor concerns. We asked for an action plan from them, which they provided.

Prior to this visit we requested an updated action plan. This plan told us the trust had reviewed this and considered their actions were complete.

Our last review in May 2011 told us that the trust had a three year plan to ensure the experiences of people using its service were at the centre of everything it does and provided a timescale for the implementation of the plan.

Whilst on the wards for this visit, the staff told us that the matron was approachable and supportive. We heard that senior officers from the trust regularly walk around the wards and speak with people. One senior sister told us how she liked to be 'visible' to the patients and visitors and ensured that she was always around at visiting times.

On one ward we were told that a patient satisfaction survey was carried out once a week for a sample of patients. Results of these were feedback to the ward sister and matron.

On another ward, staff told us that they had regular meetings with doctors and other healthcare professionals to discuss how they could make improvements. They called this a 'Listening into Action' meeting. We reported earlier in this report about outcomes from these meetings such as the use of colour coded jugs to identify patients at risk of

dehydration.

We heard from staff that they gave patients a questionnaire which they could complete upon discharge. The questionnaire gave patients the opportunity to comment on the service they had received. We had discussions with the 'patient experience lead' who told us about their plans to make their patient information services such as PALS (Patient Advice and Liaison Services) more visible on the wards.

On one ward, we were told that staff from PALS regularly visited with patients to ask about their experience. Staff said this worked well because patients felt able to talk with staff from PALS because they were 'more removed' from the ward staff.

We were also told that wards were subject to regular review and audits. Staff confirmed this when spoken with. They said that the current model of care on one ward was due to be reviewed in February 2012. They felt involved in the process.

Other evidence

Since our last inspection, we have continued to meet regularly with senior officials from the trust. We have discussed their plans for the future, and looked at and discussed their progress with action plans. We already knew from these meetings that any action plans were subject to regular review by the Quality and Safety Committee. These plans were not closed until this committee were assured that all actions had been properly completed. Similarly we know that any actions and learning triggered by serious incidents or complaints were monitored and reported on regularly.

The trust has continued to monitor the number of deaths that occur closely. This is referred to as 'mortality'. They have gathered information and regularly report to a review committee. Resources and expertise have been allocated to analyse information and to put systems in place where trends or any issues of concern have been identified. These systems were commended by NHS West Midlands and staff from the trust have been identified to lead on work in this area across the West Midlands region.

Our judgement

The trust continues to make improvements in how they make services safe and learn from events and incidents. These improvements need to be sustained.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

We undertook a responsive review at this trust in May 2011. At this time we judged that there were minor concerns in how complaints were being managed. We issued a compliance action and the trust submitted an improvement plan to us. We have since seen an updated action plan which they forwarded to us in December 2011.

One staff member told us that if anyone expressed concerns about their care this would be referred to the nurse in charge or ward sister. They would let the patient know about PALS (Patient Advice and Liaison Services) but would first try to deal with the issue locally to get the issues resolved.

One of the patients we spoke with on one of the wards said nobody had explained the complaints procedure to them but they felt they could speak with a staff member if they needed to. Another told us that they knew how to complain to the ward sister. They said that "someone comes round asks how I am".

We went to visit the PALS office whilst in the hospital. We saw an easy to read complaints leaflet which told people how they could complain. We also saw a range of other information on display to include safeguarding and abuse. Whilst walking through corridors we saw complaints leaflets and posters on display.

We spoke with the Complaints Manager at the trust who told us that they were changing the way complaints would be managed in the future. A new complaints manager was due to start work who would also have an investigatory role. This, they

felt, would offer improved consistency in how complaints were responded to. They told us that they wanted PALS to be more visible on the wards because not all patients felt that they could complain or raise concerns whilst in hospital. By being more visible, they felt that complaints be could handled in a more timely way with a better outcome for the patient. Work remains ongoing in this area.

Information about complaints is submitted monthly to the Quality and Safety Committee and a regular report is also prepared for the trust's board members.

As part of this review we spoke with a number of people over the telephone who had complained to the trust about a relative's care or their own experience. Everyone we spoke with told us that they had been satisfied with the outcome of their original complaint, although not everyone was happy with how the complaint had been processed. Although dissatisfied with the original response, one person told us how following a meeting and reassurance from senior staff at the trust they felt they had "really made a difference". They saw some of the promised improvements in care recently when their relative was re-admitted to hospital. Another person told us how they had wrote to the trust to thank them for their response and to say a particular thank you to the person who supported them through the process.

Other evidence

We asked the trust for further information about complaints from October 2011 to December 2011. This showed us that the trust had met their target for responding to people within 25 working days. We saw monthly improvements rising from 90% to 96% during the three months. It also showed that the trust had re-opened 5 complaints following their investigation from October to December 2011. The complaints manager told us that where possible they would always revisit complaints to ensure a satisfactory resolution for people.

When we looked at other information we hold on this provider, we had been made aware that the Parliamentary Health Service Ombudsman had been involved in investigating complaints the trust had been unable to resolve.

We reviewed information for one case. As a result of these investigations from the Ombudsman the trust put in place actions to reduce the risk of things happening again. We have had meetings with the trust and discussed plans and improvements with them. We saw an example of an action plan created by the trust. A copy of this plan was also provided to the complainant to show what actions had been taken to minimise risks of recurrence. This was reviewed by the Ombudsman who closed the complaint because of the detail provided in the plan and also evidence of the learning which took place.

Our judgement

People feel able to complain and although not always satisfied with the handling of their complaint initially, feel actions are taken to make improvements.

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
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Continued improvements mean that people get the care and support they need when they need it. Improvements in this area need to be sustained.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Continued improvements mean that people get the care and support they need when they need it. Improvements in this area need to be sustained.	
Diagnostic and screening procedures	Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 06: Cooperating with other providers
	Why we have concerns: People generally receive safe, coordinated treatment and care however sometimes information between services is variable in quality. Work to improve this area needs to be sustained.	
Treatment of disease, disorder or injury	Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 06: Cooperating with other providers
	Why we have concerns:	

	People generally receive safe, coordinated treatment and care however sometimes information between services is variable in quality. Work to improve this area needs to be sustained.	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns:</p> <p>The trust continues to make improvements in how they make services safe and learn from events and incidents. These improvements need to be sustained.</p>	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns:</p> <p>The trust continues to make improvements in how they make services safe and learn from events and incidents. These improvements need to be sustained.</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 to us within 28 days of the date that the final review of compliance report is sent to them.

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 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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