

Review of compliance

Airedale NHS Foundation Trust Castleberg Hospital

Region:	Yorkshire & Humberside
Location address:	Giggleswick Settle North Yorkshire BD24 0BN
Type of service:	Rehabilitation services
Date of Publication:	October 2012
Overview of the service:	Castleberg Hospital in Giggleswick provides nursing care for ten people who require active rehabilitation, symptom control and end of life care as well as intermediate care.

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

Our current overall judgement

Castleberg Hospital was not meeting one or more essential standards. Action is needed.

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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 7 August 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.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

What people told us

People told us what it was like to be a patient in Castleberg Hospital. They described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people in hospitals were treated with dignity and respect and whether their nutritional needs were met.

The inspection team was led by a Care Quality Commission (CQC) inspector joined by a practising professional and an Expert by Experience, who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection process we spoke with four of the five inpatients at the hospital and one relative. We also spoke with members of the Trust management team overseeing Castleberg Hospital. A range of staff members were spoken with on the ward throughout the inspection. We did this to gain the views of patients who received care and treatment, visited the hospital or worked there.

Patients we spoke with were positive about the care and treatment they were receiving. Patients told us they mostly liked the food in hospital and told us there was a choice of meals available to them. Comments included, "There are always options with regard to the food here, they always provide a packed lunch when I have to visit the other hospital for tests" and "I am happy with the set meal times".

Patients told us they liked the staff, they told us they felt staff respected their privacy and dignity. Comments included, "Beautiful people are these carers", "I have absolutely no complaints about the staff here and the staff are always respectful and polite", "On the whole the staff are caring and I am happy with the time they have available to spend with me". "This place is brilliant, only a few beds, always a staff nurse or sister around".

Patients told us that they felt safe at the hospital but were not always sure who they would report issues to if they didn't feel safe.

Patients we spoke with were not aware of what their care plans entailed and one patient told us that their religious needs had not been addressed and or provided for.

One patient told us that the staff at the hospital was recording their meals but they were not aware of why the hospital did this.

What we found about the standards we reviewed and how well Castleberg 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 not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. Suitable arrangements had not been made to ensure patients had participated in making decisions relating to their care and treatment by means of involving people in their care planning.

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

The provider was meeting this standard. People were supported to be able to eat and drink sufficient amounts to meet their needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. Accurate records and care plans had not been maintained to ensure that service users are protected from the

risks of unsafe or inappropriate care.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

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.

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 non-compliant with Outcome 01: Respecting and involving people who use services. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

One patient spoken with was positive about the care and treatment they had received however they were not aware of their care plans and why records were being completed throughout the day in relation to the food intake being recorded.

Another patient commented they had, "Been here two weeks and the staff are always respectful and polite".

Two patients told us there was nothing going on at the hospital apart from watching television describing, "it is limited what you can do here, you go through the motions but watching telly is the sum total of life". And "I have never heard the words 'care plan', what is that?"

One patient told us that the television was turned on very loudly in their bedroom area and they had no remote to turn the television down or over.

One patient told us their religion was important to them and they would like to keep going to church but no one had asked them about their religious needs.

Other evidence

Is patients' privacy and dignity respected?

We observed that all of the staff were pleasant, caring and respectful toward the patients' at Castleberg Hospital during our visit. Staff provided explanations to individual patients' to inform them what care or treatment they were to provide to them as well asking them how they wanted assisting.

The hospital unit provided separate male and female bedroom areas, providing access to individual male and female toilet and bathing areas off the units. We observed curtains being used around individual bed areas when personal and nursing care was being provided. Staff confirmed that the curtains around the bed areas were used to provide privacy and dignity within the hospital environment. We saw evidence that a two bedded area was available and used when necessary for patients. This area provided additional privacy for patients at this time.

The unit manager told us new staff completed a six month preceptorship to ensure staff have the necessary skills to be able to deliver nursing and personal care required at the hospital. Staff told us that they had received training in relation to privacy and dignity and this had allowed them to enhance the care provided. They gave examples which included; always asking the person how they wanted any personal care needs attended to and they always explained what they were going to do with the individual but always encouraged the individual to do it for themselves where they were able to. This meant that patients' privacy and dignity was maintained when personal and nursing care was provided.

Staff spoken with told us there was no lockable cupboard available for patients but a safe was available if patients wanted to secure their personal belongings.

Are patients involved in making decisions about their care?

We observed staff speaking to patients by their preferred name for example Mr or Mrs X or by their first name. We observed lunches being served in the dining room and saw that patients were spoken to in a calm and respectful manner. We saw that patients were assisted into an appropriate position for eating and provided with lipped plates and anti slip mats to assist them eating their meal.

One patient was asked if they wanted to go into the dining room to eat their lunch and they chose not too. The individual was assisted by the physiotherapist to sit more comfortably in their chair to help them eat their meal more easily. Staff provided support to people when they were eating and drinking. They spoke attentively and sat closely to them asking appropriate questions and provided choices of how they wanted their hot drinks preparing.

We saw that patients were encouraged to be as independent as possible and that assistance was given for tasks that patients could not carry out themselves. For example, we saw staff accompanying people to the dining room and provided assistance to individuals that had mobility needs. This included using equipment such as walking frames and a wheelchair. Patients were encouraged to eat meals in the ward dining room however individual preferences to eat by the bedside were supported.

The staff spoken with confirmed they always encouraged patients to maintain their independence as this was important to ensure that the best possible outcome was achieved for each person to return home or move on into suitable care facilities. Staff described how they knew most of the patients personally because of the nature of the local community and how this supported them in identifying the personal needs of individuals.

Weekly Multi Disciplinary Team (MDT) Meetings were held where a variety of clinical staff attended and discussed the nursing and care needs of patients. We were told that patients did not normally contribute to these meetings but instead had the opportunity to verbalise their preferences as part of the case reviews which were held as and when required. This was confirmed by staff who spoke of a recent case review, which took account of the patient's preferences about their care and treatment. We found that patient daily records did record patient care and treatment preferences an example of this was where patient X decided they did not want to have a shower.

The records we looked at confirmed that there was no evidence of involvement in the care planning process and patients we spoke to confirmed they were not aware of what their care plan entailed.

The nurse in charge told us that patients were involved in making decisions about their care and treatment and told us they explained to patients' on admission and throughout their stay about their care at the hospital and plans for the future.

The unit manager explained that significant treatment decisions such as do not attempt cardio pulmonary resuscitation (DNACPR) were discussed as appropriate with patients. Records we looked at confirmed that DNACPR decisions followed national guidance.

Staff interviewed told us that religious, cultural and diverse needs would always be provided for at the hospital. Staff told us that a Catholic priest visited regularly providing Holy Communion and Jehovah's Witnesses had attended the hospital to support individuals. The nurse in charge told us that the assessment on admission would identify any specific needs.

We saw that patients signed consent forms for their care and treatment. This included consent for passing on information to their relatives or a nominated person.

Our judgement

The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. Suitable arrangements had not been made to ensure patients had participated in making decisions relating to their care and treatment by means of involving people in their care planning.

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

Patients were supported to be able to eat and drink sufficient amounts to meet their needs and people were provided with a choice of suitable and nutritious food and drink. Patients spoken with told us they thought they had enough food to meet their needs.

One patient told us that, they had really enjoyed their meal and another person told us they had put on weight since coming to the hospital, but they were not sure why records were being completed, that recorded each meal they ate.

Other patients' comments included, "I have not been left hungry and I have never been left thirsty" and "I am brought regular brews", "the odd meal here and there is not acceptable but I would never complain" and "I have been weighed three times since I have been here" and the "food is ok".

Another patient told us, "there are always options with regard to the food here; they always provide a packed lunch when I have to visit the other hospital for tests" and "I am happy with the set meal times".

Other evidence

Are patients given a choice of suitable food and drink to meet nutritional needs?

The food provided was prepared on a daily basis by a cook. A good variety of food and drinks were provided. The trust provided weekly menu choices and the staff spoken with told us that people chose their meals the day before.

There was a good variety of food available and there was a good balance of nutrients in the meals provided. They provided a choice of three hot meals at lunchtime and two at dinnertime as well as a choice of sweets. A choice of sandwiches and salads were also provided as an option. Fresh vegetables were limited and the hot savoury meals served during the day were pre frozen and reheated. Patients' at the hospital were provided with a packed lunch if they were out during the day.

Patients were able to choose what they wanted at breakfast time and a choice of cereals, toast and juice was provided. Records confirmed people had been asked on a daily basis for their choice of meal. We observed that hot and cold drinks and snacks were served throughout the day. All patients had access to replenished cold water jugs throughout the day. This meant patients had access to fluids, however we noted patients were not able to help themselves to snacks but these were readily available on request. Staff told us that where patients had missed their meals or were admitted outside mealtimes, they had access to a supply of snacks and basic foods.

The nurse in charge told us there were no patients on the ward during our visit that had any specific dietary issues and this was confirmed by the cook. We looked at records of patient meal choices and these identified if any patients were diabetic, needed pureed food or had any specific dietary requirements including healthy eating then these would be identified and provided.

One staff member spoken with was able to confirm signs to look out for when individuals were at risk of poor nutrition or dehydration. Records looked at confirmed that patients were weighed regularly and this was documented.

Are patients' religious or cultural backgrounds respected?

The nurse in charge confirmed to the inspection team that currently they did not have any patients' that required food or drink specifically to meet their individual religious or cultural needs. They told us that if there was a religious or cultural need identified during the referral and pre assessment then food and drink would be provided to meet their needs.

Are patients supported to eat and drink sufficient amounts to meet their needs?

There was a protective mealtime in place where visitors were encouraged not to attend. This allowed all staff to focus on mealtimes providing assistance and encouragement where required. The nurse in charge confirmed that visitors were not encouraged to visit during mealtimes but if a family member or carer had concerns then this would be discussed. They told us that arrangements would be made for the family member or carer to visit at mealtimes where necessary.

Staff told us they used a formal Malnutrition Universal Screening Tool (MUST) to establish any nutritional risks. Nursing staff told us that before patients' were admitted to the hospital a referral form was sought and this identified a MUST score for the patient.

We looked at three patient records and the MUST assessments had been completed. The provider may find it useful to note that one of the three records we looked at did not have a nutritional care plan or food intake plan in place to evidence that malnutrition was being appropriately managed for a patient that had been identified as being at risk.

Records looked at could not tell us if referrals had been made to the dietitian for one individual, even though their daily notes we looked at recommended this.

We observed patients at the hospital being assisted when necessary with their food in a caring and respectful manner. The cook told us that when pureed or soft food was needed for patients' then the meal was pureed separately and kept as separate portions on their plate so that the food looked more appetising and distinguishable providing recognition of different colours of food on their plates.

Staff we spoke to told us that if an individual patient was not eating their meals then they would ask the patient if they wanted another choice of meal. Staff told us they would pass this information onto the staff that covered the afternoon and evening shift.

Our judgement

The provider was meeting this standard. People were supported to be able to eat and drink sufficient amounts to meet their needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

All the patients' spoken with told us they felt safe in the hospital environment. Comments included, "I have always felt safe here but I wouldn't know who to tell if I wasn't" and "no worries about safety", "I am aware of who is in charge", "the nursing is brilliant but we had to really complain before we could really speak with the doctor". People confirmed staff always responded promptly to the buzzer.

Two patients' told us there was not much to do apart from just watching television.

Other evidence

Are steps taken to prevent abuse?

We found the provider had a safeguarding policy and procedure that was available to all staff on their intranet. Essential training was delivered annually to all staff within the trust which included safeguarding. Staff had access to an expert practitioner who was able to advise about care of vulnerable adults/safeguarding issues.

One member of staff said, "I would report any issues to the manager". And gave examples of what they may report these included somebody speaking to individuals in an appropriate manner, handling and moving patients inappropriately, neglecting patient by not assisting them to eat.

Staff we spoke with told us by understanding a patient's needs and talking to patients would help them to identify any areas they may have concerns about in respect of risk

and protecting patients from harm.

Do patients know how to raise concerns?

The staff nurse told us they had made an appropriate referral and raised a safeguarding alert. Records confirmed this had taken place and this had resulted in a best interest and mental capacity assessment.

A complaints process was displayed in the entrance to the hospital as well as information about Patient Advice and Liaison Service (PALS). The staff nurse confirmed that all patients', when discharged were provided with a PALS information leaflet. This meant patients were provided with information so they could independently contact the PALS if they had any concerns, comments or complements about the hospital.

We saw information about how to report concerns was available for staff. The three members of staff we spoke to were clear about what could be defined as abuse and had no hesitation in reporting any abuse or concerns to the manager. We were told by staff that the unit manager operates an open door policy and encourages staff to raise concerns in relation to quality of care and safety.

We found the provider had a safeguarding policy and procedure and were aware of the whistle blowing policy.

Are Deprivation of Liberty Safeguards used appropriately?

Staff spoken with understood the principles of the Mental Capacity Act (2005) and the importance of assessing a person's capacity to make decisions. Senior staff we spoke with told us that no-one was currently deprived of their liberty and they were aware of the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training around the Mental Capacity Act and DoLS.

Our judgement

The provider was meeting this standard. People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

One patient we spoke to told us "Beautiful people are these carers" and "I have absolutely no complaints about the staff here".

Another patient and their family member commented, "Been here two weeks and the staff are always respectful and polite", "on the whole the staff are caring and I am happy with the time they have available to spend with me". "This place is brilliant, only a few beds, always a staff nurse or sister around".

Other evidence

Are there sufficient numbers of staff?

We found there was enough staff to support patients that were staying at Castleberg Hospital. There was one registered nurse in charge and two healthcare support workers providing care and support to five patients during our visit. There was one qualified nurse and a healthcare support worker during the afternoon and the night. The nurse in charge told us that clinical judgement and patient need would indicate the number of staff required. Key indicators would identify increased staffing levels; these included increased patient needs, mobility assistance, palliative care, patients with high personal and nursing care needs including incontinence issues, and assistance at mealtimes.

There was a dedicated cook employed to prepare the meals for the patients at the hospital. Our observation of the lunch period was that patients were not rushed and patients' that needed prompting to eat were provided with the support from sufficient

staff available. Our observations throughout the day were that people's needs were attended to promptly.

Do staff have the appropriate skills, knowledge and experience?

We found that staff knew people well and were proactive in encouraging individual people to eat and drink. Nutritional assessments had been completed in all of the records we looked at and these were completed by the qualified nursing staff.

Staff we spoke to told us that they would speak with relatives about patient preferences if patients were unable to individually express themselves. Staff told us they were aware of the processes in place to identify specific dietary needs.

Staff told us they understood the needs of the patients they were caring for because they regularly referred to people's care plans and each staff member was provided with a daily patient update sheet.

Our judgement

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

Most patients' we spoke with told us they did not know what a care plan was. One person told us they were aware that the staff were making recordings about what they ate, but they were not able to tell us why.

Other evidence

Are accurate records of appropriate information kept?

We observed patients' records and how the trust completed and maintained patient records specifically relating to dignity and nutrition. We did this by looking at three patient records, talking with people and talking with staff.

All three of the patient records we looked at had assessed and documented patient nutritional needs and had used a formal Malnutrition Universal Screening Tool (MUST) to establish any nutritional risks. One of the three records we looked at had identified an initial nutritional risk but did not include a nutritional care plan or food intake plan. This meant that personal records had not been reviewed and updated to protect this individual from the risk of inappropriate care and malnutrition. Staff told us that this patient had been referred to the dietitian but no records could be found to confirm this had taken place. Although other records we looked at clearly indicated that referrals had been made to a social worker, occupational therapist, physiotherapist and chiropodists.

We saw evidence that there were many different places and ways that information was stored and recorded within the hospital. Staff interviewed said there were no systems in place to monitor and audit record keeping within Castleberg hospital. One pre admission form we looked at had not been fully completed and missed out important information in relation to a patient's religion.

We looked at three patients' care plans; the care plans used had not been tailored to individual patient needs and records looked at provided no indication that patients' had been involved. This meant that staff would not be fully aware of how to meet individual assessed needs.

Patients' weights were being recorded; this allowed staff to monitor people's weights to ensure any potential physical and medical needs were addressed, recorded and monitored. This meant any changes in a person's nutritional requirements or possible associated health care problems were identified promptly so the hospital could take the appropriate action.

Are records stored securely?

Most of the medical case notes we looked at were kept in secure, lockable cabinets throughout the hospital. Nursing care plans, daily evaluations and food intake recording sheets were kept at the patients' bedside.

Our judgement

The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. Accurate records and care plans had not been maintained to ensure that service users are protected from the risks of unsafe or inappropriate care.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Nursing care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>How the regulation is not being met: The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. Suitable arrangements had not been made to ensure patients had participated in making decisions relating to their care and treatment by means of involving people in their care planning.</p>	
Nursing care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met: The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. Accurate records and care plans had not been maintained to ensure that service users are protected from the risks of unsafe or inappropriate care.</p>	

The provider must send CQC a report that says what action they are going to take to achieve 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 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
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AIREDALE NHS FOUNDATION TRUST

Compliance actions and recommendations from the Care Quality Commission Review of Compliance Castleberg Hospital

In response to the inspection undertaken on the 7th August 2012 and the *CQC Review of Compliance Report* received 4th October 2012. The following were found to be non-compliant with minor impact:

1. Outcome 1/ Reg.17 – Respecting and involving people who use services
2. Outcome 21/Reg 20 – Records

The following action plan addresses each individual area highlighted within the received report.

Lead Directors: Director of Nursing; Medical Director
Operational Leads: Community Services Manager; Clinical Lead Castleberg

Version 1.2: **10.10.12**

Outcome 1/ Reg. 17 Respecting and involving people who use services	Ref.	Objective: [Bold font indicates areas judged non-compliant by the CQC. Additional actions relate to comments in the final report/ and/or verbal feedback.]	Comments/Planned Actions Agreed	Assurance	Overall Lead Responsibility	Time-scale
People are supported to understand the care, treatment and support choices available.	1.1	All patients to have individualised care plans so that goals are set and evaluated in partnership with patients	Review of patient documentation to promote a patient centre approach to assessment and care planning. Care plans and goals will be developed and reviewed in partnership with patients and patient involvement recorded.	Outcome of weekly multi disciplinary meetings where patients' preferences are discussed will be documented in patients' record. Monthly nursing key performance indicators [KPI] monitoring of care plans and patient records.	Clinical Lead Castleberg Senior nurse Practice development Community Services Manager	01/12/12 01/11/12
	1.2	To show due regard for the religious persuasion of patients	Religious/spiritual preferences will be recorded on admission and how these are supported during the stay discussed and documented in the patient record. Patient information leaflet will be updated to advise patients that support for religious/spiritual needs can be accessed during their stay.	Monthly nursing KPI monitoring of care plans and patient records. Information displayed on patient/visitor notice boards.	Clinical Lead Castleberg Community Services Manager	01/11/12

Outcome 1/ Reg. 17 Respecting and involving people who use services	Ref.	Objective: [Bold font indicates areas judged non-compliant by the CQC. Additional actions relate to comments in the final report/ and/or verbal feedback.]	Comments/Planned Actions Agreed	Assurance	Overall Lead Responsibility	Time-scale
about care treatment and support. Recognise the diversity, values and human rights of people who use services			Information to be displayed on patient/visitor notice board. Contact details for local Chaplaincy services are maintained on ward, including the liaison with the Trust Chaplaincy Team			
	1.3	To have a structured approach in provision of activities available for patients whilst on the unit.	Review the range of activities available to patients an activity plan will be drawn up which can be accessed by individual patients. Record relevant activities and preferences within the patient record.	Revised leaflet issued to patients and displayed on patient/visitor information board. Monthly nursing KPI monitoring of care plans and patient records to include documentation of patient's preferences of activities. Review of activity plan to be discussed on a monthly basis at the multidisciplinary meeting.	Clinical Lead Castleberg Community Services Manager	01/11/12
	1.4	Improve provision of information: ▪ ANHST external web page to carry information regarding Castleberg Hospital	Liaison with the Trusts Communication Team and IT team to create a web page(s) about Castleberg Hospital. This should include, for example, information about the location, how to get there, parking, visiting times, and services provided, inspection reports/ patient comments.	Update external webpage including all relevant information.	Deputy Director of Nursing	31/10/12 Review December 31st 2012
Progress/ Further action to be taken:						

Outcome 21/ Reg.20 Records	Ref.	Objective: [Bold font indicates areas judged non-compliant by the CQC. Additional actions relate to comments in the final report/ and/or verbal feedback.]	Comments/Planned Actions Agreed	Assurance	Overall Lead Responsibility	Time-scale
<p>Keep accurate, personalised care, treatment and support records secure and confidential for each person who uses the service.</p> <p>Store records in a secure, accessible way that allows them to be located quickly.</p>	21.1	<p>Maintain accurate records and care plans:</p> <ul style="list-style-type: none"> ▪ All patients will be assessed for the risk of malnutrition. ▪ Documentation to include a nutritional care plan and/or food intake plan. 	<p>All staff will have read and comply with the MUST information and pathway contained in the nutritional information file on the ward.</p> <p>All patients will have a MUST score completed on admission and on a weekly basis until discharged.</p> <p>All patients with a high MUST score will have a nutritional care plan in place.</p> <p>All registered staff will be trained to complete a nutritional care plan.</p> <p>The Trust nutritional guidelines / policies will be reviewed to ensure that there is a fully integrated approach to the management of patients.</p>	<p>Ward meeting minutes/ sign off sheet to demonstrate staff have read the information.</p> <p>Monthly nursing KPI monitoring of care plans and patient records.</p> <p>Staff training records.</p> <p>Revised policy as appropriate will be ratified through the Trusts governance arrangements.</p>	<p>Clinical Lead Castleberg</p> <p>Community Services Manager</p>	<p>08/10/12</p> <p>1/11/12</p>
	21.2	<p>Maintain accurate records and care plans:</p> <ul style="list-style-type: none"> ▪ All patients with a high MUST score to be referred to the dietician. 	<p>Patients identified as having a high MUST score will be referred to the dietician within 24 hours of assessment and staff will follow up if no response from the dietetics department within four working days.</p> <p>Copy of referral form is retained in patient record.</p>	<p>Ward meeting minutes.</p> <p>Monthly nursing KPI monitoring of care plans and patient records.</p> <p>Dietetics team will monitor referrals and response times and report through the local governance arrangements.</p>	<p>Clinical Lead Castleberg</p> <p>Community Services Manager</p> <p>Dietetics and Acute Therapy Services Manager</p>	<p>08/11 /12</p>
	21.3	<p>To have one complete set of notes stored in one central location incorporating records from the MDT.</p>	<p>Implement a multidisciplinary record which will address where and how records are stored for access by the MDT. Some records (EWS, moving and handling, intentional rounding) kept at patient bedside as of 20/08/12.</p> <p>Therapy and dietetics staff will:</p> <ul style="list-style-type: none"> • Contribute a summary of the main findings and treatment plan as part of the integrated care record. • Contribute to the integrated record by adding an entry after each contact with the patient • Keep the uni-professional clinical record securely within the immediate vicinity of the integrated notes 	<p>Monthly nursing KPI monitoring of care plans and patient records will include reference to, as appropriate, MDT written records.</p>	<p>Clinical Lead Castleberg</p> <p>Community Services Manager</p> <p>Dietetics and Acute Therapy Services Manager</p>	<p>31/1/13</p>

Progress/ Further action to be taken:



Outcome 16/ Reg.10 Assessing and monitoring the quality of service provision	Ref.	Objective: to provide wider governance assurance within Airedale NHS Foundation Trust	Comments/Planned Actions Agreed	Assurance	Overall Lead Responsibility	Time-scale
People using the service benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.	16.1	Monitor the quality of service that people receive	Review of the internal Trust monitoring of compliance with essential standards. Monthly nursing KPI monitoring of care plans and patient records as part of the on-going development post TCS. To be fully implemented from 01/11/12.	Included on the Mersey Internal Audit Agency internal audit 2012/13 programme; monitored by the Audit Committee. (The process has been subject to annual review by internal audit since the inception of CQC registration 01/04/10) Reports monitored at the monthly Nursing and Midwifery Leadership Group	AD Healthcare Governance Community Services Manager Director of Nursing	By 31/12/12 From 01/11/12
	16.2	Identify, monitor and manage risks to people who use, work in or visit the service.	Inclusion of Castleberg in the Trust-wide Safer Patient Initiative Programme [SPI] safety walk-round programme. 15 Step Challenge – NHS Institute of Innovation tool to be incorporated into the SPI programme both in acute and community settings.	Inclusion on the 2012/13 programme.	Patient Safety Manager	To be visited by 31/12/12
	16.3	Take account of comments, advice and reports by the CQC.	Castleberg responsive action plan monitored by Quality and Safety Operational Group. The monthly CQC Quality Risk Profile reviewed monthly at the Executive Assurance Group and discussed quarterly with the CQC link inspector.	Minutes of the Quality and Safety Operational Group and Executive Assurance Group. Executive Assurance Group minutes	AD Healthcare Governance Director of Nursing Medical Director	To commence 17/10/12 Operational
	16.4	Improve service by learning from the outcome from comments and the advice of expert bodies where the information shows the service is not fully compliant.	The learning from the report: Robust dissemination of the learning to professional groups across the Trust via 'Quality and Safety Matters' monthly newsletter and the junior doctor's newsletter 'Safety Quality Update and Information for Doctors'.	Inclusion in the 'Q&S' and 'SQID' newsletters. Monitored via NMLG, QSOG, Matrons Forum and Clinical Directors.	AD Healthcare Governance Medial Director Director of Nursing Patient Safety Manager	By 30/11/12
Progress/ Further action to be taken:						

Outcome 16/ Reg.10 Assessing and monitoring the quality of service provision	Ref.	Objective: to provide wider governance assurance within Airedale NHS Foundation Trust	Comments/Planned Actions Agreed	Assurance	Overall Lead Responsibility	Time-scale