

# Review of compliance

Royal National Hospital for Rheumatic Diseases  
NHS Foundation Trust  
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NHS Foundation Trust

<b>Region:</b>	South West
<b>Location address:</b>	Upper Borough Walls Bath Somerset BA1 1RL
<b>Type of service:</b>	Acute services with overnight beds
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	The Royal National Hospital for Rheumatic Diseases NHS Foundation Trust is located in the city of Bath. The Hospital is a specialist Trust and key specialism's are neuro rehabilitation, rheumatology, chronic pain and chronic fatigue syndrome/ME. Diagnostic investigations such as endoscopy,

	flexible sigmoidoscopy, and bone density services are also provided. As a national hospital, services are provided to patients from across the country.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Royal National Hospital for Rheumatic Diseases NHS Foundation Trust 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 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 2 August 2012, checked the provider's records, 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

People told us what it was like to stay at this hospital and 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 people staying in hospitals are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a CQC inspector joined by an Expert by Experience (people who have experience of using services and who can provide that perspective) and a practising professional, who was a consultant specialising in the care of older people.

People were positive in their views of how they were supported by the staff team. Examples of comments people told us included, "It's not like a hospital, it's a family place". "There is continuity of staff here". "They treat you as an individual". "It's as if the staff all like what they are doing".

### What we found about the standards we reviewed and how well Royal National Hospital for Rheumatic Diseases NHS Foundation Trust 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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

**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 meeting this standard

People were protected from the risks of unsafe or inappropriate care and treatment. People's personal records including medical records were accurate and fit for purpose.

**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 told us about the services at the hospital and what it was like to be a patient. We were told, "Apart from my illness, if you can say this, I enjoy coming here". "They treat you as an individual, they just treat you wonderfully".

#### Other evidence

Is people's privacy and dignity respected?

The staff were seen to treat people with respect and dignity at all times. People were addressed by their chosen name and were approached and spoken to discretely and politely by the staff.

We observed every effort to maintain people's dignity and involvement in care by promoting independence. Most people we observed were able to self medicate which included keeping their own medication records up to date.

We read information in people's care plans that showed how to encourage people to regain and develop independence to be able to care for themselves as much as possible. This is a way of promoting dignity for the individuals concerned.

We spoke with the matron and healthcare staff. All said they respected people's privacy and dignity by seeking permission before entering behind curtains or knocking on doors before entering and ensuring that doors and curtains were closed whilst personal care or treatment was happening. We observed that one ward and toilet facilities was designated for men and the other ward and toilet facilities for women only to avoid mixed sex accommodation.

Are people involved in making decisions about their care?

We looked at care plans for 6 people. We saw that they included information that showed those people had been involved in making decisions and drawing up the plan. In some cases we saw the care plans had been signed by the person to confirm their involvement.

People we met told us they felt very able at anytime to be able to make thier views known. They said they talked to the staff and managers about how the hospital was being run and about the care and treatment they received.

Staff told us how when people were shown around the ward on admission, this included the information board which included the treatment programmes. This meant that if people wanted to leave the ward and go out they could plan their day around their relevant treatments. We were told that if a person could not go out independently then it was possible to arrange for a member of staff to go with them.

We met one of the ward matrons who told us they had started to run regular 'tea and cake with matron' meetings. The meetings were to give people a chance to raise anything that they wanted to bring up about the hospital and about their care and treatment. We saw a poster advertising the meetings on a notice board in the entrance of the hospital.

### **Our judgement**

The provider was meeting this standard

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## 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

People told us about the meals provided at the hospital. One person said "The food is excellent". "The choice is good although the portions are quite large". "They are very concerned here about you drinking enough". "It doesn't matter what you chose, it is always good". "Mealtimes are good, we get plenty of great food, and there is always a lot of chat with other patients and staff".

A feedback book in the dining room had numerous entries about the food from people who used the service. "Really nice lunches, veg not overcooked, puddings brilliant". "Fantastic, really impressed, no complaints". "The food's excellent quality and quantity". The feedback book was checked by the chef and the matron regularly.

##### Other evidence

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

We observed that the food served for the lunch on the day of our inspection looked appetising and the portion sizes were generous. There was fresh meat and a range of vegetables.

People we met told us the staff asked what meal options they would like to choose from the menus on a daily basis. This showed people were offered a choice of food to eat.

People told us they were offered drinks and snacks between meals. We also saw jugs of water were kept by people's beds.

Are people's religious or cultural backgrounds respected?

The staff we met knew about the need to respect people's equality and diversity and to respect their values and beliefs.

We saw information in people's care plans addressed how staff should meet their religious and cultural needs. The menu selections offered opportunities for people to select any special dietary needs such as vegetarian options and there was space for 'other' options.

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

We observed lunchtime in the dining room and saw that there were sufficient numbers of staff to serve. The staff were friendly and courteous and did not rush people. Everyone we observed ate all or most of their meal. Staff told us that if they were concerned about a person's appetite they would note how much had been eaten and record it. Food and fluid intake would also be discussed and monitored through the 'daily questions' record. Water was served with the meal and each person had a jug of fresh water and a glass by the bedside. There were facilities for people to make their own hot drinks.

We observed from the menu sheet for one person that they were being provided with a diabetic diet. We also saw that one person who had difficulty swallowing had a meal that enabled the person to eat without difficulty.

There was detailed assessment information in the four care plans we looked at which showed staff had worked with people to identify their particular dietary needs with them. We saw information in the care plans that set out clearly how to help people to meet their identified dietary needs. For example it had been identified if people needed extra physical support with their meals, and/or they required a special diet for their health to be maintained.

We talked to one of the hospital dietitians about how they advised people and the staff with nutritional needs. They told us they advised staff and people who used the service about how to be able to eat a well balance and varied diet. We saw advisory information the dieticians had written in care records to help the staff to support people effectively to meet their needs.

### **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

Every person who we spoke with told us they could talk to the managers, doctors, nurses or any of the other staff if they had any concerns. They told us they were more than confident staff would take them seriously try and resolve issues if they raised them.

One person said "I would talk to my nurse, or if it concerned them I would raise my concern with the nurse in charge". Another person said "I feel I would be able to tell the staff if I was dissatisfied with my care". We were also told, "too right I would know how to complain, but I can't see that anyone would be able to find anything to complain about here. I have been in many hospitals in my life and this is the best one I have ever been in".

##### Other evidence

Are steps taken to prevent abuse?

We saw information in the staff training records of the nurses and care staff on duty which showed staff went on regular training courses so that they knew what to do to keep people safe from the risk of abuse. The staff were able to tell us about the different types of abuse that can occur.

We saw a copy of the procedure to guide staff to keep people safe from abuse. We saw that a copy of the safeguarding procedure was put on a notice board in different public parts of the hospital so that it could be seen by people if needed if an allegation was made.

Do people know how to raise concerns?

We saw that the hospital's complaints procedure was on display in different parts of the hospital. We also saw that the Patient Advice and Liaison Service (PALS) was publicised on the wards, with posters on display in different areas. This information helped people to know how to raise any concerns if they had them.

Staff understood their role is to ensure an allegation of abuse would be reported to the Local Authority safeguarding adults team.

We saw there was a procedure for staff in relation to 'whistle blowing' at the hospital. The staff were able to tell us that the idea of whistle blowing meant to report to someone in authority about alleged dishonest or abusive activities in an organisation. The staff knew where the whistle blowing procedure was displayed in case they need to use it. The procedure was up to date with the contact details for the organisation's staff report concerns about people's wellbeing.

Are Deprivation of Liberty Safeguards used appropriately?

We saw detailed information in care records that showed the hospital had applied to use Deprivation of Liberty Safeguards (DoLS) for the protection of people who were in the hospital. We saw detailed care plans were in place that showed how to support and uphold the rights of people for whom a DoLS had been put in place.

### **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

Everyone that we spoke with said staff were supportive. People told us "Staff here are exceptionally caring, they will assist you when you need it but will let you get on with it yourself." "I've been coming here for more than twenty years, it's brilliant here, staff are brilliant, couldn't say a bad word about it". "This place is the tops, I've had marvellous treatment here for three weeks, there is no place like it, staff are great, they are brilliant, top class".

##### Other evidence

Are there sufficient numbers of staff?

We saw doctors, the nurses, care staff and other health care professionals cared and provided treatment for people during the morning in an unhurried calm and friendly manner. All of the staff were polite and attentive and were able to meet people's needs without undue delay. They took their time with people and they spent time and sat and talked to people when providing specific care and treatment. The staff who we spoke with told us they felt there was always enough staff on duty to give people the care and treatment they required. Based on our findings at the inspection there was enough staff on duty to meet people's needs.

Do staff have the appropriate skills, knowledge and experience?

The two nurses and the care assistants we talked with spoke to us about the needs of people they looked after at the hospital. The staff knew peoples needs and told us how

they helped people with them. They gave us examples of how they supported people with dietary needs and with maintaining their dignity. The staff demonstrated an understanding of the importance of their role in supporting people to eat and drink enough for their health and wellbeing to be maintained. We saw this confirmed when we observed staff help people who needed support with their nutritional in a discreet and helpful way.

**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 compliant with Outcome 21: Records

#### Our findings

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

We spoke to people using the services but their feedback did not relate to this standard.

##### Other evidence

Are accurate records of appropriate information kept?

We saw up to date information in people's daily records about how much food and fluid they had consumed. There were assessments of people's needs written by members of the multidisciplinary team of professionals who work at the hospital. There was a range of information that showed people's dietary needs had been worked out. The care plans showed how to meet the needs that were identified in people's assessment records. There was information that showed how to encourage people to regain independence to care for themselves as much as possible. This is a way of promoting dignity for the individuals concerned.

Are records stored securely?

We saw that records about people's care treatment and welfare were kept securely and confidentially when not being used.

We observed staff putting care files and health records away in the secure storage facilities after they had used them.

The Director of Governance told us there were policies about how to store peoples information confidently and all staff were required to follow them.

**Our judgement**

The provider was meeting this standard

People were protected from the risks of unsafe or inappropriate care and treatment.

People's personal records including medical records were accurate and fit for purpose.

# 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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