

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Northern General Hospital

Herries Road, Sheffield, S5 7AU

Tel: 01142434343

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14 December 2012

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sheffield Teaching Hospitals NHS Foundation Trust
Overview of the service	Northern General Hospital is the largest hospital campus within Sheffield Teaching Hospitals NHS Foundation Trust and includes the city's adult accident and emergency department. The hospital has over 1100 beds and provides general medical and surgical care along with a range of specialist services, including orthopaedics, renal, heart and lung and a spinal injuries unit.
Type of services	Acute services with overnight beds Community healthcare service Doctors consultation service Hospice services Rehabilitation services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Management of supply of blood and blood derived products Nursing care Personal care Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 December 2012 and 20 December 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We reviewed the information we hold about the hospital.

What people told us and what we found

During our visit on 14 December 2012 we spoke with 28 members of staff and 14 people who used the service. We looked at nine sets of patient medical and nursing notes.

We visited four inpatient wards; Hadfield 3 (geriatric medicine), MAU 1 and MAU 3 (medical assessment units) and Huntsman 4 (orthopaedics).

During the second visit on 20 December 2012, we met with various members of governance staff to discuss the quality and governance structures within the trust.

People told us that they were satisfied with their care and treatment. People were complimentary about the staff and told us that they felt well looked after. We observed respectful and positive interactions on the wards between staff and patients. We found that medical and nursing records and risk assessments were in place and clearly recorded.

We found that people who used the service were protected from the risk of abuse. People who used the service that we spoke with during our visit told us that they felt safe in the hospital.

We found that the trust had an effective system to regularly assess and monitor the quality of service that people received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our visit we spoke with 14 people using the service. Each person was satisfied with their care and treatment. People were complimentary about the staff and told us that they felt well looked after. We observed respectful and positive interactions on the ward between staff and patients. Some comments from people included; "Great hospital, you are treated right", "I feel I am in good hands", "They (staff) are there when you need them", "It was bedlam here but the staff are lovely. The nurses are fabulous", "Nurses and support workers do a really good job", "I have seen the consultant twice; he is ever such a nice chap" and "I'd give them 10/10."

We reviewed the care records of nine people using the service. We found there was an appropriate range of assessment records which had been completed by the multidisciplinary team. Staff told us that a 'Core Risk Screening and Assessment Record' was completed within 48 hours of people's admission. This assessed people's risk of falls, skin integrity and pressure area care, moving and handling, nutrition and cannula checks. A further range of risk assessments were available to implement if required by the patient such as mental state and risk of self harm.

We found that medical and nursing records and risk assessments were clearly recorded. Records contained clear personal information as well as people's home situation and family contacts. It was also recorded what arrangements may need to be in place to enable the person to be discharged. Each record evidenced that nursing observations were regularly undertaken. Records were person centred and reflected the person's journey and individual situation and were collaborative with all disciplines recording contemporaneously in them.

A specialised geriatric admission assessment document was being piloted on the Frailty Unit and used on Hadfield 3 which was focussed on the needs of older people. The ward sister told us that the admission assessment document had been working well and that staff always completed them. We observed that these had been completed during our visit to the ward.

We asked about how falls were managed within the hospital. On Hadfield 3 we looked at the implementation of the falls workstream initiative that had been introduced to monitor and reduce falls. We saw that risk assessments and plans to minimise falls were in place. We saw patient falls were reported and there was a high rate of falls on this ward. The provider may wish to note that staff told us that although work had been done to reduce the number of falls, such as placing people nearer to the staff reception area based on their level of risk of falling, it was difficult to carry out observation due to the ward layout.

We saw that there was a system in place to assess risk and prevent or manage pressure ulcers. We spoke to nurses about pressure ulcer prevention and care and they were able to explain ways of managing this e.g. turning regimes, using specialist mattresses and cushions and dressings. We were told that a referral was made to a Tissue Viability Nurse (TVN) to ensure specialist care was given. We were told that there was good access to TVN team and they were "very reactive" and gave specialist advice when needed including training sessions on the wards. We were told that all pressure ulcers graded 2 and above were reported through the incident reporting system and through Nurse Sensitive Indicators, and monitored through local and trust level governance systems.

We observed that people had a working call button within reach if they wanted to get the attention of staff. When we spoke with patients about how long it took staff to respond to the call bell, people told us that they sometimes had to wait for a while but understood that the staff were very busy and sometimes they were short of staff.

There was a resuscitation trolley and defibrillator accessible to each ward. Staff told us the procedures for an emergency and said they would call 2222 for the crash team. The Sheffield Hospitals Early Warning Score (SHEWS) was in use to identify when people were at risk of deteriorating. Escalation flow charts were clearly displayed on the wards.

The provider may wish to note that inspectors observed poor practice around privacy and dignity on Hadfield 3 and witnessed personal care being given to a patient in a bed bay area with the door and curtain left open. This was addressed at the time of our inspection. We also observed an intervention being given without the use of curtains. Two people on MAU 1 also told us that they had heard confidential conversations by staff about their treatment and the treatment of other people. We fed this back to the trust on the day of our visit.

On MAU 1, we saw that there was a system in place to undertake medicines reconciliation reviews for patients admitted to the unit. Medicines reconciliation is a process of identifying the most accurate list of a patient's current medicines to ensure that important medicines are not stopped and that new medicines are prescribed safely. We looked at records and spoke with a member of staff regarding this, who confirmed that systems were in place to review patients within 24 hours of admission to hospital. This showed care was planned and delivered to ensure patient safety.

We saw that there was a 'care pathway for patients with dementia in the acute hospital' in place. Information about this pathway was displayed on the wards we visited. We spoke to staff who informed us that this involved assessing for dementia upon people's admission and putting in the appropriate measures for their inpatient stay. We observed dementia friendly environments such as signage and equipment. We saw that there was input from a Registered Mental Health Nurse (RMN) in people's records where required. Most nurses had received training in dementia or had access specialist advice if necessary from a specialist dementia care nurse.

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

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.

Reasons for our judgement

All of the people using the service that we spoke with during our visit told us that they felt safe in the hospital. Some comments included "It feels safe here", "I do feel I am in safe hands." and "I feel safe and in good hands. If I saw something I didn't like, I'd tell someone."

All of the staff that we spoke with were aware of the principles of safeguarding children and vulnerable adults. Staff told us about how they might identify signs of abuse and what the different types of abuse might be. Although some were unclear, the majority of staff were able to describe how they would escalate abuse if they came across it. During our visit we did not observe any information displayed about safeguarding on the wards that we visited.

Staff knew how to access the safeguarding alert form and we were told that all safeguarding alerts were entered onto the trust's incident reporting system, copied to the local authority safeguarding team and reviewed by the relevant matron.

We asked staff about instances when they had raised safeguarding concerns and they told us that these had been taken seriously by senior staff and investigated appropriately.

The majority of staff we spoke with said they were aware of the safeguarding children and vulnerable adult trust policies and where these were kept. We were provided with copies of the policies which were up to date and had been ratified through the Trust's Executive Group (TEG).

There was a designated lead in place for both safeguarding children and vulnerable adults within each clinical directorate. The staff we spoke with knew that there was a safeguarding lead in place.

Most of the staff we spoke with said they had received basic training in safeguarding, either through a half day basic awareness course or through e-learning. A number of staff said that they hadn't had any formal safeguarding training either because they hadn't had the opportunity or time to undertake this. During our visit to Hadfield 3 we were told that

80% of staff were up to date with mandatory training in safeguarding.

We were told that all staff received a brief on safeguarding during corporate induction and were given a safeguarding adults awareness leaflet. We asked the governance team about the minimum requirements for safeguarding training for each grade of staff within the trust and were shown a mandatory training needs analysis which outlined requirements. The trust offered different levels of training in safeguarding depending on staff contact with patients and their roles as an alerter, referrer or lead. Specialist training was also available in the context of safeguarding around The Mental Capacity Act 2005, Best Interest Decision Making and Deprivation of Liberty Safeguards (DoLS).

The provider may wish to note that the majority of staff we spoke with were not aware of the trust's whistle-blowing policy although they knew that this information was likely to be available on the trust intranet or through external organisations such as the Nursing and Midwifery Council (NMC). We were informed by the governance team that whistle-blowing was not covered in the trust corporate induction, although there were plans to put this in place and raise the awareness of whistle-blowing within the hospital.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, relatives, visitors and staff were asked for their views about their care and treatment and they were acted on. We observed that 'tell us what you think' leaflets were available on all the wards we visited for people to provide feedback on the hospital. The leaflet included how to make suggestions, compliments and complaints. Feedback was coordinated and monitored by the Patient Services Team (PST) at trust level. Electronic patient feedback was also routinely gathered at ward level and we were shown a summary of people's satisfaction with the service they had received. Patient feedback was summarised and displayed on most of the wards we visited. We were told that the trust developed action plans to address any concerns identified. Some staff were able to give us examples of how people's suggestions had improved the way care was given in the hospital.

There was a system in place for dealing with complaints. People we spoke with told us that if they did have any complaints they would know how to report them and would be confident that this would be dealt with appropriately.

There was evidence that the trust had appropriate systems in place for the management of risk. Staff were able to tell about the most prominent risks in the areas that they worked in such as falls, pressure ulcers and infection control issues. We were shown how risk was assessed by local risk leads through an electronic risk assessment tool. We met with the governance team who explained how risk was managed at trust level through the risk management policy. This included the rating and monitoring of risk through registers and risk assessments through the Safety and Risk Management Board and the Trust Executive Group (TEG).

There was a system in place for reporting clinical incidents in the hospital using an electronic database system. The majority of staff we spoke with told us that if a clinical incident happened, they would report this through the trust's incident reporting system by completing an incident form. One nurse we spoke with told us that "everyone is responsible; it's everyone's duty to report." The trust had an incident reporting policy in place. We looked at evidence of clinical incidents discussed at the Healthcare Governance Committee and TEG. There was evidence that clinical incidents were being investigated and learning was taking place through action planning.

We were told that learning was disseminated in a number of ways. Within Geriatric and Stroke Medicine Services a quarterly newsletter, 'Clinical Governance Times' was being produced and disseminated to all staff. This included sections on learning from incidents, learning from complaints, and any other patient safety information. If there was learning identified this would be shared with staff at team meetings, handover and through supervision. We were also told that discussion around incident, risk and complaints would take place at ward based clinical governance meetings.

During our visit we were shown various audits that were being undertaken by all levels of staff at ward level including those undertaken for the trust's CQUIN target (Commissioning for Quality and Innovation). There was also a trust-wide Electronic Clinical Assurance Toolkit (ECAT) in place that each area used as a quality improvement measure which looked at local audit compliance, staff and patient views, training and programmes of activities. The trust had local and national audit programmes in place which were being led by local audit leads and monitored by the Clinical Effectiveness Committee and Healthcare Governance Committee.

At the time of our visit the Acute Trust Performance Matrix showed the trust was not meeting the four hour maximum wait time for people to be seen in A&E. The figure was 92.95% against a national target of 95% to be seen within four hours. We met with the Deputy Chief Operating Officer who explained the circumstances behind this low figure and the actions that the trust had in place to improve performance in 2013.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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