Inspection Report

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

West Cumberland Hospital

Homewood Road, Hensingham, Whitehaven, CA28 8JG

Tel: 01946693181

Date of Inspections: 03 May 2013
02 May 2013

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✖ Action needed
Staffing	✖ Action needed
Records	✖ Action needed

Details about this location

Registered Provider	North Cumbria University Hospitals NHS Trust
Overview of the service	The West Cumberland Hospital is located in the town of Whitehaven. It serves the west of the county of Cumbria. The provider, North Cumbria University Hospitals NHS Trust, also has a hospital in the East of Cumbria at Carlisle.
Type of services	Acute services with overnight beds Diagnostic and/or screening service Long term conditions services Rehabilitation services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 2 May 2013 and 3 May 2013, observed how people were being cared for, 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, talked with staff, reviewed information given to us by the provider and were accompanied by a specialist advisor.

What people told us and what we found

The majority of people using the service (patients) told us that they were satisfied with the care and treatment they received at the West Cumberland Hospital:

"The nurses are brilliant, they are run off their feet but are very helpful."

"I am very comfortable, I have no complaints."

"I've watched very carefully as you see a lot on the news about poor care in hospitals but everyone gets care here and is looked after."

Staff we spoke with said there was some concerns about staffing levels, particularly the amount of doctors available:

"During the day the cover is reasonable, it's not good at night."

"There are not enough junior doctors."

"We are concerned about how we are going to cope, two consultants are retiring in August."

We found there were not enough qualified, skilled and experienced staff to meet patient's needs and patients were not protected from the risks of unsafe or inappropriate care and treatment because accurate records were not maintained. However we spoke with senior managers at the site and they were able to demonstrate that plans were in place to rectify many of the issues around staffing and record keeping at the hospital. The Trust may wish to note that paperwork relating to discharges was not always completed properly and that care plans were not always written in a person centred way.

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

What we have told the provider to do

We have asked the provider to send us a report by 16 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Patients did not experience care, treatment and support that met their needs and protected their rights because staffing levels were, at times, inadequate.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We measured this outcome by speaking with people who used the service (patients) and their relatives. We observed patient care, reviewed patient records and spoke with staff including doctors, nurses, healthcare assistants and domestics. We spoke with over ninety people and visited nine wards at the hospital. We spoke with staff and patients at night and during the day. Patients told us:

"The nurses are brilliant, they are run off their feet but are very helpful."

"I am very comfortable, I have no complaints."

"I've watched very carefully as you see a lot on the news about poor care in hospitals but everyone gets care here and is looked after."

One patient we spoke with said:

"Marvellous to see a holistic and multi-disciplinary team approach. All the staff communicate really well with each other and everything's followed up. I get very good care and treatment. The care and treatment I've had has been magnificent."

However they added that they were unhappy about a previous admission:

"The treatment and the care was awful, it was disorganised."

We spoke with relatives all of whom were complimentary about the hospital, one person stated:

"We've never once had an issue with this hospital."

We spoke with staff who told us:

"We seem to manage, we just get on with it."

"Sometimes it's difficult if people are unwell."

"When it gets busy it [the care] is not as good."

We had received information prior to our inspection that patient's were experiencing long delays at the point of their admission and were having to wait several hours in the accident and emergency department. We spoke with staff from department and they confirmed that this was sometimes the case. We noted that the department had four patients waiting for a bed, one of whom had been waiting for over five hours. Staff explained that they often had difficulties finding an available bed in the hospital which meant that patients had to wait for long periods of time in the department. When there were delays in patients being admitted to wards the accident and emergency department was expected to provide a service to the waiting patients whilst continuing to provide an accident and emergency service.

We asked patients about their length of stay at the hospital. We saw that one patient had been admitted and required a scan, however they had been told that there was a "backlog" which meant that their discharge was delayed. We spoke with three other patients who had had their discharges delayed due to tests or assessments not being carried out expediently. This meant that patients occasionally remained in hospital for longer than necessary.

We spoke with two nurses responsible for discharges across West Cumberland Hospital. One nurse worked for the West Cumberland Hospital the other was a liaison nurse from Cumbria Partnership NHS Foundation Trust who managed the community services including hospitals in the area. They told us that some discharges were "not without problems" but they were able to demonstrate that improvements had been made. For example regular meetings were being held with adult social care to discuss discharges. The discharge nurses had also developed relationships with social workers and district nurses. We spoke with senior managers who confirmed that they were aware of issues around discharge. The Trust were investing in the discharge team and intended to increase the amount of staff within the department.

During our inspection patients told us that they had been supported with their personal care and that they were assisted to shower or were given bed baths when required. Attention was paid to oral hygiene and one patient told us that the staff ensured that patients' dentures were regularly cleaned. Patients said that although staff were busy they ensured that people were looked after. We observed caring and compassionate nurses and doctors spending time with patients. One patient said "I can laugh and joke with them but I do get very low sometimes and they can talk to me seriously as well." The patient went on to say that nurses often spent time with them and doctors were happy to explain about the care they provided.

We did speak with patients who were not satisfied with the service they had previously received at the West Cumberland Hospital. One patient felt care was of a less than satisfactory standard and that staff were poor at communicating with each other. Another patient felt that they had not had appropriate treatment for their illness. However both patients were satisfied with the care they were receiving on the day of our inspection.

We saw that overall patient's basic care needs were being met however when we looked

at the care plans we noted that many of them were pre-written templates. Some sections involved 'ticking a box' and were not based on the individual patient's needs and preferences. For example we met a patient who suffered from mild memory loss. It was clear that they were able to retain information and were orientated to their surroundings, i.e. they knew where they were and why they were there. However their care plan stated that they had 'cognitive problems' and gave no further details. This meant that the patient was not cared for using a person centred approach because the care plan did not allow for differing levels of cognitive impairment.

Although staff appeared to be meeting the needs of patients at the time of our visit when we reviewed the issues with staffing and records we remained concerned that should the level of acuity increase the current staffing establishment may not be able to meet the needs of patients. The Trust need to pay due regard to this when reviewing staffing levels across the organisation.

Staffing ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We measured this outcome by speaking with patients and their relatives. We observed patient care, reviewed patient records and spoke with staff including doctors, nurses, healthcare assistants and domestics. We spoke with over ninety people and visited nine wards at the hospital. We spoke with staff and patients at night and during the day.

We asked patients if they were being well looked after, patients told us that:

"I really cannot complain about anything."

"I don't need much help so I am okay but there are some old ones who do [need help]."

We asked nursing staff if there were enough staff to meet patients' needs in a timely manner. Staff told us:

"Actually, we are pretty good here for staff…some days we get busy and are stretched but on the whole we can cope well."

"It varies from shift to shift depending on how un-well patients are. Sometimes we don't get a break."

"There are not enough of us but we are advertising [for posts]."

"There are not enough staff at night."

We noted that some wards were busier than others. The majority of patients told us that although the staff were busy they were having their care needs met. We observed call bells being answered in a timely manner, patients receiving one to one care and patients being supported to eat and drink. We asked nursing staff how they accessed extra staff if they were needed. Nurses explained that they often worked extra hours or, if necessary, senior managers moved staff from other parts of the hospital to help. We asked a senior nurse about moving staff, they told us that they often used theatre staff to help out on the

wards if theatres were not busy, particularly at night. They showed us guidelines that were about to be issued that outlined when and under what circumstances theatre staff could be redeployed. We asked nursing staff if extra staff were always available, they told us that on some occasions it was not and that they "Just had to manage." One patient told us that their operation had been cancelled twice and they had been told that this was due to doctors not being available.

We spoke with junior doctors, middle grade doctors and consultants and asked if they thought that there were enough doctors working at the hospital. They told us:

"During the day the cover is reasonable, it's not good at night."

"There are not enough specialist registrars."

"We are concerned about how we are going to cope, two consultants are retiring in August."

"One junior doctor looking after twenty to twenty five patients? With the best will in the world they will struggle."

Doctors told us that there was a shortage of consultants and that the Trust had employed locum doctors to fill these gaps. Staff felt there had been little or no succession planning to replace doctors who were leaving either to retire or take up other posts. Junior and middle grade doctors we spoke with assured us that consultants were always available to talk to via the telephone if they required advice. However they added that there was not sufficient medical cover in the hospital, particularly at night. All the doctors we saw during our visit were extremely busy; some were so busy they were unable to speak with us. We noted that there were sufficient doctors within the accident and emergency department to meet patient needs on the day and night of our visit although staff told us that this was not always the case. However we saw that there were only two doctors on duty in the rest of the hospital when we visited at night. A senior member of staff on one ward told us that doctors were often very busy which meant that occasionally there were delays in reviewing patients needs. They felt that patients' care was often compromised particularly at weekends when there was "less medical cover". This meant that there may not have been enough doctors available to meet patients' needs at night or at weekends.

We asked staff, both nurses and doctors, if they had raised their concerns with senior managers at the Trust. Staff told us that they had escalated concerns about staffing levels with the Trust. One member of staff told us that they had raised concerns about staffing several times and sent us copies of several letters that they had sent to senior managers, they felt their concerns had not been listened to. Another member of staff said:

"We see a lot more of the management now, I've seen more of the new Chief Executive than all the other chief executives put together."

Another said:

"We've been listened to….in a fashion."

A senior member of staff added:

"The organisation has accepted that staffing is inadequate and we are interviewing for new

consultants today."

We spoke with a senior surgical nurse about plans around the future staffing of hospital wards. They showed us a report which demonstrated that nursing staff levels had been reviewed across the surgical wards at the West Cumberland Hospital and that staffing was about to increase. A similar review had been undertaken on the medical wards with the same outcome. We asked the Trust what plans were in place to ensure there were sufficient amounts of doctors at the West Cumberland Hospital. The Trust told us that they had adopted the acute care physician's model which is in use at Northumbria Healthcare NHS Foundation Trust. This meant that doctors at the hospital were being asked to work in different ways, for example working at both the West Cumberland Hospital and the Cumberland Infirmary. The Trust informed us that five consultants had taken up secondments to the acute care physician role across the Trust and further adverts were being placed for six more. Adverts were about to be placed for eight doctors working in gastroenterology and elderly care, all new appointments would be expected to work across both sites. The Trust informed us that once these vacancies were filled they would not have a need for locum cover.

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

To measure this outcome we looked in detail at patient records on the wards we visited and discussed them with staff.

We looked at the records of a patient who had moisture lesions. Moisture lesions are areas of damaged and broken skin caused by excessive moisture. They should be treated by proactive protection of the skin to prevent further damage and regular skin inspection and cleansing. We observed that the patient's treatment chart was not detailed and did not record how often the moisture lesions should be checked and washed. This meant that although the nurses were caring for this patient properly their records did not reflect this fact.

The patient also had developed pressure ulcers prior to coming into hospital. Pressure ulcers, also sometimes known as pressure sores or bed sores, are a type of injury that affects areas of skin and underlying tissue. They can range from patches of discoloured skin to open wounds. A grading system is used to measure the severity of pressure ulcers, one being the most superficial type of ulcer and four being the most severe type. The patient's treatment chart indicated that a particular type of dressing should be applied. However we noted that a different type of dressing was being used. This meant that the treatment chart did not reflect the care being given, or give any reason why a different type of dressing had been used.

We looked at the records for another patient who had pressure ulcers. We observed that staff had not recorded that the patient had four pressure ulcers two of which were grade three. Although we saw that the pressure ulcers were being correctly cared for the records did not reflect this. This meant that at the time the patient was discharged their records may not have reflected their health problems correctly.

We looked at another patient's records who had a minor wound to their foot. We saw that the injury had been sustained whilst they were in hospital being treated for another separate problem. The minor wound was not supported with a wound treatment chart.

The patient and a nurse explained that a specialist nurse had examined the patient four days previously however there was no record in the nursing or medical notes of this visit. This meant that despite the patient receiving suitable care, the records were not being completed in a timely manner and did not reflect patient's needs.

We found that incident forms had not been completed properly for patients. According to guidelines incident forms should be completed when a risk or a cause for concern is identified. For example if pressure ulcers of grade three and higher are detected or when accidents occur. We discussed this with nursing staff some of whom were unsure as to when to complete an incident form. This meant that incident forms were not being completed correctly within an appropriate amount of time.

Senior managers told us that they were aware that records were not up to the required standard and that the newly appointed records committee was taking a structured approach towards improving documentation.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: Patients did not experience care, treatment and support that met their needs and protected their rights because staffing levels were, at times, inadequate.
Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: There were enough qualified, skilled and experienced staff to

This section is primarily information for the provider

screening procedures Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury	meet people's needs.
Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

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 by 16 July 2013.

This section is primarily information for the provider

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk