Inspection Report

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

Cheltenham General Hospital

Sandford Road, Cheltenham, GL53 7AN

Tel: 08454224721

Date of Inspections: 30 May 2013
29 May 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Gloucestershire Hospitals NHS Foundation Trust
Overview of the service	Cheltenham General Hospital is managed and run by the Gloucestershire Hospitals NHS Foundation Trust. The hospital is situated near the centre of Cheltenham and provides a wide range of acute care services. Overall, the trust employs more than 6,000 staff, and serves a population of around 600,000 people.
Type of service	Acute services with overnight beds
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 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

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 29 May 2013 and 30 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

We carried out this inspection of the neonatal and paediatric services at Gloucester and Cheltenham hospitals in response to a request from the coroner's office. The coroner made this request because they had concerns about the service provided in both hospitals after the death of a baby at Cheltenham hospital in December 2010. We were asked to check if current arrangements at these hospitals were putting babies at risk.

We found that in 2011 the trust had re-structured the maternity services and all the neonatal and paediatric services had been moved to the Gloucester site. Cheltenham hospital now had a midwife led birthing centre for low risk births. During this inspection we visited the neonatal and paediatric units in Gloucester and the birthing centre in Cheltenham. We spoke with ten staff and five parents of babies who were being cared for in the units.

All parents we spoke with were very positive about their experience of the service. All staff we spoke with told us they felt supported to carry out their roles had had access to relevant training. There was evidence that learning from incidents took place and appropriate changes were implemented. Records were accurate and fit for purpose.

Overall we found that people who used the neonatal and paediatric services at Gloucester and Cheltenham hospitals received good care. We found no evidence to suggest that babies born in any of the units across both hospitals were being put at risk.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. We were advised that each expectant mother would be allocated a community midwife who would discuss the different birthing options available to her throughout her pregnancy. A risk assessment was completed to determine if there were any risk factors that might suggest that a birth should be planned at an obstetric unit and this was discussed with the woman. If the birth was assessed as being high risk then it would be recommended that the woman went to the Gloucester Royal site, because this was consultant led. The final decision as to where the woman would like to have her baby delivered would be made at the 36 weeks stage of the pregnancy. We looked at the information given to people about having their baby in the midwifery led facility at the Cheltenham General birthing centre. The leaflet explained what was not available in the birthing centre. This included induction of labour, epidurals, medical input and surgical procedures such as caesarean sections. We discussed with the chief of service if this information was explicit enough for people to fully understand that there were no doctors at the Cheltenham General birthing centre. We were shown an amended leaflet which was in draft form waiting to be agreed before putting into circulation. We saw that this new leaflet did explain in more detail about the lack of medical cover as well as giving approximate transfer times to Gloucester Royal.

People who use the service were given appropriate information and support regarding their care or treatment. We spoke to five parents of babies who were being cared for in the units. They all told us that they had been given clear information about what each unit provided. One parent told us that they had decided to go to Gloucester Royal because they wanted to know that doctors would be on site if needed. Another parent told us that they had decided to have their baby in the Cheltenham General birthing centre because it had been recommended to them. Although they fully understood that if either they or their baby needed medical attention they would have to be transferred to Gloucester Royal.

People's diversity, values and human rights were respected. All parents we spoke with were very positive about their experience of the service. Two parents we spoke with on the

neonatal unit at Gloucester Royal told us about the service, "Absolutely fantastic, can't fault it" and "staff are good, this is a good place to come to". We spoke with the parents of a baby who had been born in the Cheltenham General birthing centre the evening before our visit. They told us that it had been a very good experience. They had been able to use the delivery suite of their choice and they had the same midwife with them throughout the delivery. After the birth both parents and the baby were able to spend the night together in a family room before going home the next day. The mother told us that she was fully informed throughout the delivery and had been asked for her consent for all care and treatment given to her and her baby. The mother also told us that she had been given support and advice about breastfeeding and had appointments arranged for visits from the community midwives when she returned home.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at the medical records for seven babies who were receiving care on the neonatal unit at Gloucester Royal. We saw that assessments (apgar score) to determine whether babies needed immediate medical assistance were completed at one, five and ten minutes after the birth of the baby. Clear care plans were in place and records of regular checks of the baby.

Daily records were maintained and detailed visits by parents and what had been discussed with them. Parents we spoke with told us they felt that their babies were well cared for and they were able to visit whenever they wished to.
We were advised that there were arrangements in place to routinely transfer babies and children to other neonatal and paediatric units out of county. There were clear protocols about when these transfers would take place. For example for babies born at 26 weeks or under and children under five who required surgery.

There were arrangements in place to deal with foreseeable emergencies. We looked at the arrangements in place to provide the relevant medical intervention when deliveries became more complex or babies required medical assistance after birth. There was 24 hours medical cover based at Gloucester Royal for consultants, senior house officers and specialist registrars. Babies delivered at the Cheltenham General birthing centre were transferred to Gloucester Royal when medical intervention was required. Long or complex labours were also transferred to Gloucester Royal for medical monitoring.

We looked at records of the number of transfers from Cheltenham General to Gloucester Royal in the last 12 months. We saw that 91 transfers had taken place out of 420 births (17.8%). Most of the transfers were recorded as being due to long labours with only a few due to medical attention needed for the babies. There were clear protocols in place for transferring mothers and babies from Cheltenham to Gloucester. Mothers and babies were transferred by ambulance using the Great Western Ambulances Service NHS. Midwives used a dedicated telephone number to call for an ambulance. At set of questions were asked, which were specifically designed for this type of request, and were not the usual questions asked of the public if 999 were dialled. The protocol was clear that the lead professional was the midwife and because of this a midwife would always accompany the

mother and birth in the ambulance. When these situations occurred a midwife from the community was called into the unit to cover for the midwife attending in the ambulance.

We were advised that there had been occasions when there had been delays in ambulances arriving because of high demand. When delays had occurred these incidents were reported and this reasons why investigated. Staff we spoke with told us that if there was a delay in an ambulances arriving they made repeated calls until it did arrive.

We looked at records of any serious incidents reported since the birthing centre at Cheltenham General had been open. We saw that full investigations had taken place and lessons had been learnt from these events. The results of these investigations did not indicate that the final outcome of these events would have been any different had the baby not been born in the birthing centre.

During our visit a baby was transferred to the neonatal unit in Gloucester from a maternity unit in another part of the county. We saw that the baby's records had been brought with the baby in the ambulance and staff were aware in advance and prepared for the baby's arrival. Later that day the baby was transferred to a hospital in Bristol because further treatment was needed.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Mandatory training was provided through an e-learning system and practical training days. We specifically looked at the training records for neonatal nurses and midwives (ward based and community) to see if they had received neonatal life support training. We saw that 89% of staff had received and were up to date with this training. We were advised after our visit that the trust was going to ensure that any outstanding training was completed. We have not been able to test if this compliance has been maintained. We were also shown details of recent clinical skills days where neonatal resuscitation was covered. The trust's maternity mandatory training policy detailed how training attendance was monitored and what actions were taken to resolve with non-attendance.

Staff were able, from time to time, to obtain further relevant qualifications. We spoke with the service lead who advised us that recruitment to neonatal nurses was difficult as there was a national shortage. As a result of this the trust developed existing staff by encouraging and supporting them to complete neonatal training. We spoke with a band five nurse who was completing their qualification. They advised us that they had been encouraged to apply for the course and they had been given a mentor to support them.

We spoke with ten staff, these included neonatal and paediatric nurses, midwives, junior doctors, consultants and service leads. All staff we spoke with told us they felt supported to carry out their roles had had access to relevant training. Staff told us that formal and informal support was good and they had yearly appraisals. Debriefs would always take place after an event and handovers were thorough.

We also spoke with an agency nurse who told us that an orientation check list was completed when they arrived for the shift. They were given one- to-one hand over for the babies they were caring for when working in intensive care. The nurse confirmed that they had completed the required neonatal course and had current life support training. They said that staff were friendly and felt they had been given enough information to be able to care for the babies allocated to them.

The staffing structure in the neonatal unit at the Gloucester Royal had recently changed and the unit did not have a manager. This post was being covered by five band seven

nurses rotating every two weeks. Nurses we spoke with said that while they had confidence in the abilities of the band seven nurses having less management continuity could be difficult. Doctors we spoke with also told us that they also found it difficult because they were not always working with the same nurse manager. However, staff working on the unit also told us that there was a good supportive environment on the unit. The consultants and the advanced neonatal nurse practitioners (ANNPs) were always available to answer any questions.

We spoke with a midwife and a health care assistant at Cheltenham General birthing centre. They were both very clear about their roles and the protocols around transferring mothers and babies should the need arise. They told us that they regularly took part in practice scenarios about how to respond in emergency situations when a mother or baby needed medical intervention.

We spoke with a junior doctor who told us that they rotated every four months between the paediatric and neonatal units. They told us that the trust is a good place to work. A consultant paediatrician we spoke with told us there were regular meeting between consultants and nursing staff.

We were advised that sometimes locum doctors would be booked. We saw details of the information pack given to locum doctors before they worked for the trust. We also saw forms that four locum doctors that had signed to confirm they had read and understood the induction information given to them.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We looked at the NHS South of England survey of maternity services for 2012. We saw that the trust scored above average compared to others trusts surveyed on all questions asked. For example 87.5% of people said they had enough information to decide where to have their baby compare to an average of 80%. We looked at the results of the most recent patient experience 'real time' surveys completed in March 2013. These showed that between 80% - 100% of people who answered the survey were satisfied with the service.

We also looked at the results from questionnaires gathered locally completed by parents using the neonatal services. Eight out of the nine questionnaires completed had rated the service as excellent. We saw that some comments had been made about delays in gaining access to the unit when there was no one working on the reception desk. We were advised that this had been addressed by extending the reception cover. We also saw details of many letters of thanks and compliments from parents about how positive their experience of the unit had been.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Doctors, nurses and midwives we spoke with were all clear about their roles and responsibilities. Policies and procedures we looked at gave clear instructions about the level at which decisions should be made.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at the incidents reported for April 2013. We saw that these were collated and analysed to check for trends and any appropriate action to learn from these events was taken.

We looked at the quality report for women's and children's services produced in May 2013 and the division's risk register. We saw that quality reports were presented quarterly to the trust's quality committee and the trust's management team. If the division's risk was rated in any area as very high (over a score of 16) then it would be reported to the trust board.

At the time of our visit nothing had been reported to the trust's board.

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We looked at the medical records for seven babies who were receiving care on the neonatal unit at Gloucester Royal. We found these records to be clear, factual and accurate. For example we looked at some records prior to meeting with families and found that the records gave us a complete history of each case. When we then spoke with families we were able to test that the records accurately reflected the needs of the baby and the mother.

Records relevant to the management of the services were accurate and fit for purpose. We looked at the trust's policies and procedures for the neonatal and paediatric units. We found all of these to be well written, relevant to the units and regularly reviewed and updated. We saw that in January 2013 the trust had been assessed by the NHS Litigation Authority Clinical Negligence Scheme for Trusts for Maternity Clinical Risk Management standards. The trust was awarded level 3, which we were advised was the highest level.

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

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