

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

East Cleveland Primary Care Hospital

East Cleveland PCH, Alford Road, Brotton,
Saltburn By The Sea, TS12 2FF

Date of Inspection: 17 February 2014

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2014

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

Assessing and monitoring the quality of service provision



Met this standard

Details about this location

Registered Provider	South Tees Hospitals NHS Foundation Trust
Overview of the service	The services within East Cleveland Primary Care Hospital include a 30-bed ward which is overseen by consultants and GPs. The ward predominantly provide rehabilitation and palliative care for local people close to their homes. The ward provides care for any adult patients for a wide range of conditions. There is an urgent care centre, which is open 9am to 5pm Monday to Friday and 8am to 8pm on weekends and bank holidays to provide immediate care for minor injuries and an outpatients department which hosts a wide range of clinics including those held by consultants from the acute sector.
Type of services	Acute services with overnight beds Hospice services Long term conditions services Rehabilitation services Urgent care services
Regulated activities	Diagnostic and screening procedures Services in slimming clinics 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 17 February 2014, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by commissioners of services, reviewed information sent to us by other regulators or the Department of Health, reviewed information sent to us by local groups of people in the community or voluntary sector and talked with other regulators or the Department of Health.

What people told us and what we found

Over the last two years we have inspected every Trust registered hospital and community base. We have completed annual inspections of the James Cook University Hospital and The Friarage as well as completing themed inspections at the hospitals, which looked at both Accident and Emergency departments as well as the Trust's termination of pregnancy services. We found that the Trust encouraged us to identify any ways they could improve.

Teams of CQC staff have inspected all the locations and these teams included specialist advisors and experts by experience. Throughout the two years we have held regular meetings with Trust representatives and discussed work the Trust is completing to maintain and improve their service. We have found that over the two years the Trust has remained compliant with all the regulations.

Our central analytic team have constantly reviewed the data the Trust has submitted to the various bodies overseeing their work and used this to assess the performance of the Trust. The central team have also compared this information on performance against other Trusts both in the North East, across the country and against Trusts with similar size populations and services. The last published risk rating for the Trust placed them in band 6, which is the lowest risk rating.

We found that the Trust's quality assurance system was effective. It covered all aspects of the service and did not lose sight of the needs of the patients using the community services.

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

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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

We found that the managerial staff at the trust had ensured that comprehensive monitoring and quality assurance systems were in place. We reviewed the annual planning for the service and found this extensively assessed their performance and outlined in detail how the trust intended to further development of services. We also found that the governance team consistently monitored the Trust's performance and had a solid understanding of the pressures they faced such as the increase in patients seeking assistance during winter months and had taken action to ensure the service continued to meet all demands.

We saw that the trust board regularly received reports about the Trust performance and used these to take proactive action to improve the services. All the medical directors we have met have outlined to us the actions they take to make sure the services they oversee are effective. We found that they proactively looked at how to maintain and improve their services. We have met the Chief Executive of Trust on several occasions over the last year and on each occasions she has openly discussed areas they have identified as needing improvement. She discussed the work they have completed Trustwide to enable and encourage staff to share their learning, develop a culture of interworking and transfer good practices across provision, in order, to create consistency of care. Throughout our inspections we have received spontaneous feedback from all staff we spoke with which outlined how the senior management engaged with them and the open culture that the CEO wants to fully embed in the Trust.

We found that the trust maintained a good oversight of the services, made sure lessons were learnt from the investigations of incidents and we found a wide range of evidence to show that appropriate changes were implemented. We found the quality assurance system covered all aspects of the service and did not lose sight of the needs of the patients using the community services. We found that the patients had good opportunity to raise and share their views about the service via a patient partnership group and online consultation.

We found that all complaints were fully investigated and staff were very open about where failures had occurred. They then actively looked at how they could ensure this did not occur in the future.

We met staff who had developed initiatives around providing best practice in dementia care; the staff who were tasked with looking at further enhance the discharge pathway; the safeguarding lead and public relation teams and looked at the work they undertook to enhance the patient experience. In both hospitals and community settings we met staff involved in winter planning and found the plans they develop did reduce demands on the A&E department, reduce the potential for long waits, delays in handover for ambulances and breaches in the Department of Health targets. All of these staff discussed how they were encouraged to find workable solutions and that their suggestions were actively listened to by the board and implemented Trustwide.

The Trust representatives discussed a new initiative they had put in place to ensure the care was effective and safe. We met the team who are completing case reviews of all deaths occurring on Trust sites and the human factor team who have investigated the never events and SUIs within theatre. We found that they had implemented actions to reduce the potential for any reoccurrence. We met the clinical lead in radiology who discussed the actions his team have taken to address the incidents. We found that the actions these teams had taken to improve services were new and representatives from other Trusts had asked the teams to share their learning with them.

We also met the infection control leads across the Trust who discussed the work their department completed around reducing hospital acquired infections. We found they completed root cause analysis, audits and evaluation of action plans, which they then shared with the appropriate staff in the Trust. We found that every precaution was taken and if any person showed signs of developing contagious infections they were immediately nursed in barrier conditions.

We reviewed the actions being taken in respect of managing pressure area care and to improve practice so 18 week targets were met and sustained. We found that the causes for delays in waiting times and factors impacting their reporting of pressure care had been identified and the Trust was resolving these issues. Some of this related to the need to recruit staff from a very small pool of suitably qualified practitioners in the North East. We met the recruitment team who have been supporting the Trust recruit appropriately qualified staff. We found they had streamlined the recruitment process and introduced the use of assessment centres so applicants were only interviewed once. We heard that other Trusts had been interested in looking at how this team had set up the process and wanted to introduce it into their areas.

Throughout all the inspections we found that staff from every department and level we very engaged in the improvement agenda and proactively looked at ways to enhance the service they provided. Across all the areas we reviewed found very innovative and creative solutions to perennial issues in place and these had led to innovative practices being put in place. For example Community nursing teams had worked with local nursing homes to increase bed capacity and reduce winter pressures. The practice of inter-ward network meetings had been set up for staff to present information about the developments on their ward. Staff reported that this had led to them being able to share best practice and learn lessons from each other.

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@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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