# Inspection Report

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

# Torbay Hospital

Hengrave House, Torbay Hospital, Lawes Bridge, Torquay, TQ2 7AA

Tel: 01803614567

Date of Inspection: 07 February 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

| | |
|---|---|
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | South Devon Healthcare NHS Foundation Trust |
| Overview of the service | South Devon Healthcare NHS Foundation Trust is a general hospital (Torbay Hospital) serving people who live in the South Devon area. |
| Type of services | Acute services with overnight beds<br>Blood and Transplant service<br>Dental service<br>Diagnostic and/or screening service<br>Urgent care services |
| Regulated activities | Diagnostic and screening procedures<br>Family planning<br>Management of supply of blood and blood derived products<br>Maternity and midwifery services<br>Surgical procedures<br>Termination of pregnancies<br>Transport services, triage and medical advice provided remotely<br>Treatment of disease, disorder or injury |

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*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'.*


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## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection to check whether Torbay Hospital had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control

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 7 February 2013, observed how people were being cared for and talked with staff.

We visited the theatre areas and three ward areas.

### What people told us and what we found

We inspected Torbay hospital to check on improvements made following an inspection we performed in September 2012. During the inspection in September 2012 we found shortfalls in the surgical checks the hospital were using. We also found two of the 18 wards at the hospital were not as clean as others.

Following the inspection the trust sent us an action plan detailing how they would make improvements and gave us timescales in which they expected to achieve the improvements.

At this inspection we found the surgical safety checks used at the hospital had improved and cleanliness levels on the wards had also improved.

Since our last inspection the trust had introduced a new surgical safety checklist which mirrored the one recommended by the National Patient Safety Agency (NPSA). Staff said was now embedded in everyday practice.

On ward areas we saw many areas of improvement including new staff job roles, improved cleaning schedules and replaced equipment.

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

We inspected the hospital to check on improvements made following an inspection we performed in September 2012. During the inspection in September 2012 we found shortfalls in the surgical checks the hospital was performing. Following the inspection the trust promptly sent us an action plan detailing how they would make improvements including timescales for completion

At this inspection we found the surgical safety checks used at the hospital had improved.

During this visit, we went into five operating theatres at the hospital. We watched the various stages of seven theatre checklist techniques being performed. We spoke with three surgeons, two members of the anaesthetic team, two nurses and two healthcare assistants.

We saw a formal team brief for a complex case being performed that morning. The team brief was a time where all members of the team met before the patient came to theatre where anticipated and potential problems were discussed along with the procedure planned. We saw the team brief was carried out clearly. At our inspection in September 2012 one team brief we saw did not include the Anaesthetist. At this inspection all personnel were present.

The safe surgical checklist identified three phases of an operation, each done at a specific period in the normal flow of work: before the patient had the anaesthetic (sign in), before the operation started (time out) and before the patient left the operating room (sign out).

During the inspection in September 2012 the trust were not using the surgical safety checklist recommended by the World Health Organisation (WHO) and the NPSA. The trust had adapted this checklist to meet the hospital's needs. The adapted forms used at the hospital held similarities to the WHO and NPSA recommended checklist but had prompts missing.

At this inspection we saw that the trust had introduced a new surgical safety checklist which mirrored the one recommended by the NPSA. This meant that all recommended safety checks were now included. Staff were positive about the changes. Staff said it was part of the routine. One member of staff said "I think everyone sees it as important now." A surgeon said the checklist was "more embedded." Staff thought communication had improved with one member of the anaesthetic team saying "We are much more empowered to know everything about the patients rather than just our relevant snippets."

We saw that all safety checks were done formally and read out loud as per recommended guidance. One member of staff said "Some staff are still not outspoken enough but it is getting better. It's OK to challenge staff who are not listening now."

We observed that the "sign in" check and "sign out" check were done by staff as they referred to the new hard copy hospital safety checklist document. These checks were performed systematically and contained all prompts listed. A nurse we spoke with was positive about the development of the use of the new checklist. They said that different versions had been produced to ensure that the document was fit for purpose. They commented that the form had little space to write notes but recognised it was designed as a check list.

We saw that staff used the whiteboard in each theatre area and not the hard copy check list for the "time out" check. Staff said using the whiteboard was "good" and "helped with team communication." The white board had prompts from the surgical checklist included. Since the last inspection additional prompts had been included on some whiteboards but not all. For example, the provider may like to note that safety checks were missed on two time out sessions we saw. This was because the prompt was either missing from the whiteboard or had been rubbed off the whiteboard used by staff. For example, estimated blood loss was not asked on two of the four time out checks we saw. This meant that there was no means of showing that all aspects of the check had been completed and could mean that preparation of blood products might be missed.

We noted that the trust had also added prompts to the whiteboard to meet their needs such as hair removal and patient's temperature.

Staff told us that improvements were to continue in theatre areas. For example the Medical Director described plans to trial the use of an electronic whiteboard which would address the current problems.

We saw various audits and checks had been performed as the new checklist had been introduced. Schedules showed these audits, including whole executive team audits, were planned to continue.

We saw examples of good care continued in the operating theatres. We observed staff using good moving and handling techniques. Pressure relieving equipment was used in all cases where it was appropriate. During observations we saw that staff ensured that other essential checks took place. These included the patient's temperature, consent, identity and allergies.

**Cleanliness and infection control** ✓ Met this standard

**People should be cared for in a clean environment and protected from the risk of infection**

## Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

## Reasons for our judgement

We inspected the hospital to check on improvements made following an inspection we performed in September 2012. During the inspection in September we found a very small number of wards at the hospital were not as clean as others in the hospital. Following the inspection the trust sent us an action plan detailing how they would make improvements.

At this inspection we found cleanliness levels on the wards had improved.

We visited three wards and the theatre areas at the hospital. We were accompanied by the hospital Governance Lead, the Lead Infection Control Nurse, Assistant Director of Estates & Facilities, Ward Matrons and Ward Managers. We spoke with a Housekeeper, two Consultants and a Ward Domestic.

We saw many areas of improvement. All ward areas, kitchens, equipment and storage areas we saw appeared clean and well maintained. We saw clinical areas had been refurbished and new equipment had been provided on the ward areas. For example broken equipment had been replaced and a room used for clinical investigations was clean, had been re furbished and re equipped. We saw a bathroom which had been used as a storage area was in the process of being upgraded into a separate bathroom and storage area.

Staff on the ward areas told us there had been "many changes" including "lots of new equipment." Staff on two wards also told us a ward housekeeper had been employed since January 2013. We were told their role included supporting nursing and domestic staff. Tasks included re stocking equipment, cleaning beds, cleaning clinical equipment, taking food orders and assisting patients with their meals once they had completed specialist training in this. Domestic staff said this helped everyone on the ward and had improved the overall cleanliness.

We saw labels were being used on equipment and beds on each ward. These alerted staff to the date and time of the last clean of equipment. Staff said this system was working well.

The Assistant Director of Estates & Facilities told us that changes to the cleaning schedules had taken place since our last inspection. We were told that some weekly

cleaning tasks were now performed daily. We were informed that the deep cleaning team had also increased their working hours which meant that deep cleaning services were available more often, including out side of office hours.

We were told the trust had fully introduced disposable bedside curtains at the hospital. At the last inspection these were being introduced.

Staff told us about different systems used to control and prevent the spread of infection at the hospital. This included a chemical vapour decontamination process system used increasingly to get rid of bacteria, viruses and fungi in rooms, ward areas and on equipment. Staff explained they thought this had helped reduce the spread of infection at the hospital.

Ward managers and consultants showed us the interactive whiteboard/computer system used on the ward areas. This was used to communicate which patients had or were showing signs of infection outbreaks and the progress of these infections. Staff from the infection control team said they could also monitor this remotely and assist the wards with risk assessments and advice as needed. Ward staff said this was useful in planning admissions and discharges and had helped restrict outbreaks to specific areas on the ward rather than the whole ward.

We looked at infection control procedures in theatre areas. At our inspection in September we saw a small number of practices which did not prevent or control the spread of infection. The provider may like to note that during this inspection in three theatres at least one member of staff was wearing jewellery including necklaces and earrings. Staff said it was hospital policy not to wear jewellery. Staff said they were re launching an updated theatre uniform policy in the next month and safe wearing of jewellery would be focused on. Staff explained that the colour of theatre scrubs was being changed to help monitor theatre staff and staff who entered the theatre ward areas.

At our last inspection we noted in one theatre that the doors between the anaesthetic room and the operating theatre did not close completely. This did not support the effectiveness of air flow to reduce the risk of infection. At this inspection the doors were seen to close properly.

During our last inspection we saw that used swabs were placed on a trolley with clean equipment and clinical supplies. This meant there was a risk that clean items could become contaminated. At this inspection we saw that used swabs were placed on a separate trolley. We spoke with staff who confirmed that this was routine practice.

At the last inspection we observed non theatre staff accessing the theatre corridors from the main areas of the hospital as a short cut. We judged that this could increase the spread of infection. At this inspection we saw that a red line had been placed at both entrances of the theatre along with security systems which prevented unnecessary staff access. Staff explained that this red line was working well and was preventing staff using the theatre corridors as a shortcut.

## 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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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:

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|---|
| 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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