

Review of compliance

The Hospital Management Trust Claremont Hospital

Region:	Yorkshire and Humberside
Location address:	Claremont Hospital 401 Sandygate Road Sheffield South Yorkshire S10 5UB
Type of service:	Acute services, Doctors consultation services, Doctors treatment services
Date the review was completed:	February 2011
Overview of the service:	Claremont Hospital is owned and operated by The Hospital Management Trust Limited. The hospital offers a number of inpatient and outpatient services including a wide range of surgical procedures and diagnostic tests. The hospital has a laser suite providing a range of dermatological and cosmetic laser treatments.

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Claremont Hospital was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 February 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

What people told us

Overall patient's views of their experience at this location are generally positive. A large number of patient quotes are available throughout the report. These views were obtained from the hospital's own surveys and from a site visit performed 15 February 2011.

"Could have been given more information about my aftercare, but I am also at fault as I could have asked more questions" (July 2010).

"Nursing staff were excellent and professional" (August 2010).

"The overall friendliness and efficiency of all the staff was fantastic. Could not be improved!" (September 2010).

"I was admitted as an NHS patient. Very pleased with the overall speediness of getting an appointment, seeing the consultant and for having my treatment. My overall experience was excellent and to a very high standard" (October 2010).

"Particularly impressed with the nursing staff - the nurse that took my details was very thorough, efficient and professional. She took the time to listen to my concerns and explained the procedure thoroughly, ensuring that I understood what was happening and the pain relief available if needed" (November 2010).

"Nurses patient and caring. I would have liked to speak to the Doctor about the diagnosis, but understand his time is limited. I hope to receive more information in the follow-up appointment" (December 2010).

On the site visit performed 15 February 2011 we found patients we talked to had been very happy with their nursing care, felt staff was always friendly and helpful and had found staff had sufficient time to meet their needs.

"Can't recommend enough - always a smile on everybody's face, whatever the time day or night".

"Cant speak highly enough [of nursing and all aspects of care by everyone]"
"[Nurses] in and out all the time to check you okay and if you need them [by pressing buzzer] they come straight away".

"food lovely....hot and on time".

What we found about the standards we reviewed and how well Claremont Hospital was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

We found the people who use services have their views and experiences taken into account in the way the service is provided and have their privacy and dignity respected. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

We found people who use services, where they are able; to understand and give valid consent to the care, treatment and support they receive. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

We found people who use services generally experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 5: Food and drink should meet people’s individual dietary needs

We found evidence that people who use the services were supported to have adequate nutrition and hydration. No areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

We found processes in place to ensure people who use services receive safe and coordinated care, treatment and support where more than one provider may be involved, or where they are moved between services. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

We found systems and processes in place to help ensure people who use services are protected from abuse, or the risk of abuse, and their human rights upheld. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

We found people who use services had received care and treatment in a reasonably clean environment with various infection control measures in place to minimise the risk of infection. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

We found systems and processes in place to ensure people who use services had received their medicines when they needed them and in a safe way. No gaps in

assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

We found people who use services and people who work in the location are in safe, accessible surroundings that promote their wellbeing. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

We found no gaps in assurance that may suggest people who use services would be put at risk from unsafe or unsuitable equipment because measures are in place to ensure that equipment is properly maintained, suitable for its purpose and used safely.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

We found no evidence that recruitment and selection procedures for workers were not effective. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

We found people who use services should be safe and have their health and welfare needs met by sufficient numbers of appropriate staff. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

We found that the location is not fully compliant with this outcome. We are concerned that insufficient numbers of staff have undertaken all the hospital's required annual mandatory training over the last 12 months. We are concerned that the majority of staff working in the ward and theatre departments had not had any form of appraisal within the last 12 months.

- Overall, we found that improvements are needed for this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

We found effective systems were in place to assess and monitor the quality of service provision so that people who use services will benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

We found evidence that comments and complaints were listened to and acted on effectively. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

We found that processes are in place to ensure personal records are accurate, held securely and kept confidential. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

- Overall, we found that Claremont Hospital was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
The hospital extracts monthly patient comments (positive and negative) from the patient surveys and these were submitted as supporting evidence. A small number of examples are set out below relevant to this outcome.
“The speed – efficiency and politeness extended was absolutely first class. A superb example of how to treat people as patients and patients as people” (July 2010).
“Could have been given more information about my aftercare, but I am also at fault as I could have asked more questions” (July 2010).
“Staff included you in conversations and were friendly and helpful at all times. I felt very comfortable and well looked after. Staff worked together as a team” (September 2010).
“An excellent experience. The staff were very professional and I was treated with dignity and friendliness” (September 2010).
“A delightful greeting from the nurse. Total reassurance given throughout” (September 2010).

“Friendly staff from reception through to the consultant. All put you at your ease which as a patient is priority” (November 2010).

“A wonderful hospital where one can have complete confidence in all departments. The only hospital I have ever been relaxed on entering” (November 2010).

On the site visit performed 15 February 2011 we asked patients if their privacy and dignity had been respected, which they felt it had. One patient stated “absolutely...male nurse exceptionally good...not been awkward at all”.

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010. A provider level submission provided detailed explanatory notes regarding 'respecting and involving people who use services', 'how service users views are obtained and used to influence services' and regarding the 'promotion of equality, diversity and human rights'.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. (This tool allows to the trust to perform a self assessment and explain how it is currently meeting each part of the outcome). The hospital set out information, which explained in detail how this outcome was being met, with references to supporting evidence.

It is not possible to outline all the information provided. Some examples include, the hospital explained how the patient has all the relevant information in a format and language which they can understand in an environment which protects their privacy and dignity. The hospital explained how it sees the patients as experts in managing their own chronic medical conditions, giving an example of how patients are encouraged to continue managing their own medications which do not fit the standard drugs rounds times. The hospital has included equality and diversity training as part of its annual mandatory training programme.

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

We found the people who use services have their views and experiences taken into account in the way the service is provided and have their privacy and dignity respected. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
The hospital extracts monthly patient comments (positive and negative) from the patient surveys and these were submitted as supporting evidence. A small number of examples are set out below relevant to this outcome.
“100% service, excellent medical care with knowledgeable professionals” (July 2010).
“Staff and Doctors were brilliant. Very caring and diligent. Also responsive to any questions. Thanks so much” (November 2010).
“Nurses patient and caring. I would have liked to speak to the Doctor about the diagnosis, but understand his time is limited. I hope to receive more information in the follow-up appointment” (December 2010).

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospital set out information, which explained in detail how this outcome was being met, with references to supporting evidence. It is not possible to outline all the information provided. We found that the hospital has procedures in relation to consent and advance directives. It was explained that no planned surgery takes place on the same day as consultation, which has allowed time for reflection to ask for additional information prior to surgery. A rolling programme of training commenced in 2010 around the Mental Capacity Act and deprivation of liberty safeguards provided by an external facilitator.

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome.

On the site visit performed 15 February 2011 we reviewed a sample of patient notes. We found each consent form had been completed with benefits and risks of treatment along with signed and dated signatures. Discussions with patients also confirmed that medical staff had explained the surgery or procedure that was undertaken.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

We found people who use services, where they are able; to understand and give valid consent to the care, treatment and support they receive. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Our quality and risk profile (QRP) for this location contained 11 items of information of this outcome, of which the majority were positively rated. Two positive data items were comments from patients made via NHS Choices intelligence:

"Very impressed with all aspect from admission to theatre and after care very professional. As a NHS employee myself I would definitely recommend this hospital to anyone who needs any form of treatment" (dated 15-04-2010).

"Extremely professional surgeon, anaesthetist, theatre staff and physios" (dated 15-03-2010). This person also listed some dislikes in relation to this outcome, including, "Nursing seemed sub standard". The patient went on to explain how their post operative pain had been poorly managed along with some other issues referred to in outcome eight.

The hospital extracts monthly patient comments (positive and negative) from the patient surveys and these were submitted as supporting evidence. A small number of examples are set out below relevant to this outcome.

"Staff very attentive, patient and professional. This element stood out from other hospitals I have attended" (July 2010).

“An all around excellent service – I would like to commend the student nurse [X] who was very helpful and attentive during my recovery” (July 2010).

“Instead of listening to saws and hammers during the operation, which sometimes rattle your teeth, earphones with music, preferably to your choice which be much more pleasant and in-keeping with a hospital of this quality” (July 2010).

“Very friendly and highly professional” (August 2010).

“Staff and doctors very caring and diligent” (August 2010).

“Nursing staff were excellent and professional” (August 2010).

“The overall friendliness and efficiency of all the staff was fantastic. Could not be improved!” (September 2010).

“All staff were caring, considerate and attentive. An excellent stay. Thank you” (October 2010).

“I was admitted as an NHS patient. Very pleased with the overall speediness of getting an appointment, seeing the consultant and for having my treatment. My overall experience was excellent and to a very high standard” (October 2010).

“Particularly impressed with the nursing staff – the nurse that took my details was very thorough, efficient and professional. She took the time to listen to my concerns and explained the procedure thoroughly, ensuring that I understood what was happening and the pain relief available if needed” (November 2010).

On the site visit performed 15 February 2011 we found patients we talked to had been very happy with their nursing care, felt staff was always friendly and helpful and had found staff had sufficient time to meet their needs.

“Can’t recommend enough – always a smile on everybody’s face, whatever the time day or night”.

“Cant speak highly enough [of nursing and all aspects of care by everyone]”

“[Nurses] in and out all the time to check you okay and if you need them [by pressing buzzer] they come straight away”

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a ‘provider compliance assessment’ record for this outcome. The hospital set out information, which explained in detail how this outcome was being met, with references to supporting evidence. The majority of care at this location is centred on planned surgical procedures. The hospital has a range of policies and procedures required for this outcome and it was explained that care follows care pathways, which include pre-admission assessment where lifestyle choices are also discussed and discharge planning commences. The pathway includes expected outcomes, which variances can be recorded and audited. We found the hospital has a major accident plan and liaises with relevant external partners who are involved in emergency preparedness.

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome, for example, care pathway variances audits and procedures appropriate to this outcome.

As part of the planned review some external bodies were also contacted to contribute to this review. NHS Sheffield stated in a letter received 11 February 2011

“A serious untoward incidents (SUI) schedule has been established between NHS Sheffield as the commissioner and Claremont as the provider, taking into account guidance from NHS Yorkshire and the Humber and national guidance on ‘Never Events’ from the National Patient Safety Agency (NPSA). The schedule sets out the arrangements in place and the processes agreed to ensure that all serious incidents occurring at the Trust are notified to NHS Sheffield for performance management and service improvement monitoring purposes”.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

We found people who use services generally experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
The hospital extracts monthly patient comments (positive and negative) from the patient surveys and these were submitted as supporting evidence. A small number of examples are set out below relevant to this outcome.
“Some staffing problems led to breakfast on 19th being delayed, otherwise meals were served promptly” (November 2010).
“Kitchen staff were very friendly. Staff in general were always upbeat and happy” (December 2010).

On the site visit we asked patients about food. One patient stated “lovely....hot and on time” and another explained they had kept to sandwiches because they were a fussy eater but these were “very nice”.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010. As part of the assessment of this location the provider submitted a ‘provider compliance assessment’ record for this outcome.

The hospital set out information, which explained how this outcome was being met, with references to supporting evidence. The hospital explained that all patients have a nutritional assessment completed either at pre-assessment stage or on admission and was reported as adhering to current national guidelines. The hospital explained

the role of 'food service assistants' who assist patients in choosing and ordering meals which they serve. Patients waiting for surgery are fasted according to current recommendations set out by the Association of Anaesthetists. It was outlined that three meals per day are evenly spaced through the day with additional hot drinks mid-morning, mid-afternoon and late evening with constant access to water. Flexibility is available to meet individual requirements and needs.

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome, for example, a completed patient meals audit from December 2010 which made recommendations to add to the quality of meals provision.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

We found evidence that people who use the services were supported to have adequate nutrition and hydration. No areas of concern were identified during the assessment of this outcome for this location.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers.

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010. As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospital set out information, which explained how this outcome was being met, with references to supporting evidence. The provider explained that due to the core business of providing planned surgery there are few situations where the hospital would be involved in a patients care at the same time as another provider or agency. Where this would occur there would be a strong focus on collaborative working. Information would be shared confidentially where a person may be transferred following surgery. A discharge form is completed to the general practitioner following surgery and a copy of the form is reported as being given to the patient.

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

We found processes in place to ensure people who use services receive safe and coordinated care, treatment and support where more than one provider may be involved, or where they are moved between services. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse.

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospital set out information, which explained in detail how this outcome was being met, with references to supporting evidence. The hospital explained there is a procedure for the 'protection of vulnerable adults' along with a 'safeguarding and promoting the well-being of children procedure' which is supported by the South Yorkshire safeguarding children protocols. The hospital also outlined relevant annual training events for staff members relevant to this outcome, including 'safeguarding', 'equality and diversity' along with 'mental capacity act and deprivation of liberty' and 'managing violence and aggression'. The hospital also explained the importance of its recruitment and selection procedures in relation to this outcome.

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

We found systems and processes in place to help ensure people who use services are protected from abuse, or the risk of abuse, and their human rights upheld. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
Our QRP contained one negative comment from NHS Choices intelligence (dated 15-03-2010) which is referred to in outcome four. The person outlined "poor housekeeping in my room".

The hospital extracts monthly patient comments (positive and negative) from the patient surveys and these were submitted as supporting evidence. A small number of examples are set out below relevant to this outcome.

"Impressed by the cleanliness of the hospital" (September 2010).
"I felt very comfortable and happy with the treatment and the hospital was very clean" (October 2010).
"Staff very friendly and polite. Room very good and clean" (October 2010).
"Very clean, tidy and pleasant environment" (November 2010).

On the site visit we asked patients about cleanliness. Patients felt the ward area was clean and had seen nurses wash hands and use gels regularly.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospital set out information,

which explained in detail how this outcome was being met, with references to supporting evidence. The hospital explained that it has a range of processes and systems in place relevant to this outcome. Some examples include having a set of infection prevention procedure file available in all clinical areas. The hospital has an infection prevention committee and a monthly operational meeting takes place to allow review of audit, sharing of laboratory data and discharge surveillance. All patients are reported as being screened for MRSA prior to admission and the hospital reports that it has a 'very low' incidence of infection. All clinical areas have cleaning schedules. Several members of staff are specifically trained as 'infection prevention link practitioners'. Infection prevention training is reported as being provided annually along with sharps awareness training.

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome, including an infection prevention annual report.

As part of the planned review some external bodies were also contacted to contribute to this review. NHS Sheffield explained in a letter received 11 February 2011 how Claremont contributes data on a monthly basis via a medical laboratory report, and has also implemented MRSA screening policy in line with Department of Health (DH) guidance. NHS Sheffield also stated "The organisation is currently pursuing adopting the MRSA screening and decolonisation procedure undertaken within the local acute hospital trust. This would ensure that decolonisation for MRSA is standardised across the whole health economy of Sheffield".

In November 2010 we received an anonymous concern, which outlined a number of issues in relation to practices within the operating theatre department. Most centred on moving and handling, training of staff (see outcome 14) along with two matters that relate to this outcome.

The first allegation concerned patients gaining infection following surgical procedures and the second was an allegation that staff members in theatres were working without being injected against hepatitis B exposure, which is known as prevention of occupational exposure to blood-borne viruses (BBV's). We requested a range of information during November 2010 to demonstrate that the allegations had been investigated and actions taken to improve where necessary. By the end of November 2010 only 28% of theatre staff had received infection prevention mandatory training though the provider explained that further sessions were being held in December.

We were concerned that the location may not be fully compliant with this outcome so we decided to follow up some of these issues via a site visit.

On the site visit 15 February 2011 we conducted a tour of the premises and spent time on the ward area and in the theatre department. We found all areas were clean, with appropriate infection prevention measures in place such as alcohol gels and colour coded clinical waste bins. We asked a number of staff members if they had received relevant occupational BBV injections and all those confirmed they had.

Some staff members confirmed they had not had any recent infection prevention training. This was confirmed when the hospital management team checked its training records. Current figures indicated approximately 60 percent of staff have

received mandatory infection prevention training in the last 12 months (85% of clinical staff). Additional staff members had received advanced forms infection prevention training. Though we are concerned overall figures for mandatory training are lower than expected we noted that 85% of clinical staff had received this training, therefore we consider that overall the hospital is meeting this outcome. (A general compliance action has been issued in relation to mandatory training – see outcome 14).

Our judgement

We found people who use services had received care and treatment in a reasonably clean environment with various infection control measures in place to minimise the risk of infection. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
On the site visit patients we asked patients about medicines handling. Two patients explained they were on regular medications and that they had received them at a time they would normally take them at home.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010.

The hospital manager acts as the controlled drugs accountable officer who actively participates in the NHS Sheffield controlled drugs local intelligence network meetings, which are attended by ourselves. Reports are regularly submitted to the network who share with us. No concerning information is currently held regarding the management of controlled drugs.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospital set out information, which explained in detail how this outcome was being met, with references to supporting evidence. It is not possible to outline all the information provided but we found a range of processes are in place to meet this outcome with no identified gaps

in assurance when this self assessment was reviewed.

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome. For example, Samples of completed audits were provided regarding the monitoring of antibiotic prescribing and monthly CD monitoring. Both audits made recommendations.

Our judgement

We found systems and processes in place to ensure people who use services had received their medicines when they needed them and in a safe way. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
The hospital extracts monthly patient comments (positive and negative) from the patient surveys and these were submitted as supporting evidence. A small number of examples are set out below relevant to this outcome.
“Dirty carpet at entrance lets Claremont down” (August 2010).
“I felt the en-suite showers badly designed and need alteration to stop flooding” (September 2010).
“TV remote was missing on admission. Replacement TV provided within acceptable time” (October 2010).
“Overall atmosphere and ambience very calming” (October 2010).
“Very clean, tidy and pleasant environment” (November 2010).
“General atmosphere throughout the hospital was so friendly and comforting” (November 2010).

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a ‘provider compliance assessment’ record for this outcome. The hospital set out information, which explained in detail how this outcome was being met, with references to supporting evidence. It is not possible to outline all the information provided. The

inpatient accommodation is largely single room with en-suite facilities. There is some multi-occupancy rooms but the provider reports that it provides single sex accommodation. The hospital explained there are a range of systems and processes are in place to ensure various parts of this outcome are being met in relation to health and safety, risk assessment, and contracts to ensure maintenance of the estate and ongoing compliance with the Disability Discrimination Act. We found no gaps in assurance in relation to the review of this self assessment by the hospital.

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome. For example, a range of risk and other completed assessments was included. A health and safety audit was completed by an external company in November 2010. This identified a number of areas where actions or improvements were necessary.

In November 2010 we received an anonymous concern, which outlined a number of issues in relation to practices within the operating theatre department. Most centred on moving and handling, training of staff (see outcome 14). One concern relevant to this outcome was that no risk assessment had been performed regarding the lifting of heavy instrument trays. We requested a range of information during November 2010 to demonstrate that the allegations had been investigated and actions taken to improve where necessary and the evidence submitted included a risk assessment regarding this matter. The Health and Safety Executive (HSE) conducted its own review regarding this anonymous concern (see outcome 14).

We were concerned that the hospital may not be fully compliant with this outcome so we decided to check the premises for potential areas of non compliance as part of a site visit.

A tour of the premises was conducted during the site visit performed 15 February 2011 and we found no areas that would raise immediate concerns.

On the site visit we found that the moving and handling action plan for the theatre department agreed with the HSE was in the process of being actioned. We viewed the storeroom where issues had been raised regarding the weight of some theatre trays and boxes. Temporary measures have been put in place in relation to moving them until a new way of organisation, categorisation and storage is fully implemented. The provider must ensure this action plan is fully implemented.

We also found that the actions arising out of the external health and safety audit had been actioned during tour of the premises.

The theatre department, though clean did appear cluttered in places though this did not directly limit access to fire escape routes. We talked to the senior theatre practitioner responsible for the wide range of equipment used in that department. The practitioner felt they had reached the limit of storage for operating equipment and there was very minimal space left for any new equipment. This was later discussed with the management team who plan to explore ways to improve space.

Our judgement

We found people who use services and people who work in the location are in safe, accessible surroundings that promote their wellbeing. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospital set out information, which explained in detail how this outcome was being met, with references to supporting evidence. For example, the hospital explained how new equipment such as infusion pumps had been evaluated and standardised which facilitates training and lessens the risks associated with using different machines. A service contract is held with an external provider for most equipment.

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome. For example, a document that showed how it is meeting nationally recommended dosage levels when x-rays are taken along with

the procedure for checking women of child bearing age are safe to have an x-ray.

During the site visit we asked staff an open question “If it was up to you – Is there one thing you would suggest that could be improved?” Two staff members on the ward said independently that they would like additional patient monitoring equipment available. This was later discussed with the hospital management team who had ordered additional electronic blood pressure monitoring machines along with tympanic temperature monitoring devices.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

We found no gaps in assurance that may suggest people who use services would be put at risk from unsafe or unsuitable equipment because measures are in place to ensure that equipment is properly maintained, suitable for its purpose and used safely.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospital set out information, which explained how this outcome was being met, with references to supporting evidence. For example, the hospital set out in detail its recruitment and selection processes along explanations about measures that are in place such as a three month minimum probationary period along with the managing of poor performance issues.

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome. For example, providing an anonymised sample of a UK border agency work permit and a practising privileges agreement (which is the method of contract between a consultant surgeon and the provider).

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

We found no evidence that recruitment and selection procedures for workers were not effective. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a ‘provider compliance assessment’ record for this outcome. The hospital set out information, which explained how this outcome was being met, with references to supporting evidence. For example, it was explained that staffing levels are reviewed regularly and take into account national guidelines where these are available. The hospital stated that it has a “low turnover of staff hence substantive staff have a good knowledge of the hospital and its workings”.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement
We found people who use services should be safe and have their health and

welfare needs met by sufficient numbers of appropriate staff. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospital set out information, which explained how this outcome was being met, with references to supporting evidence. The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome. For example, providing proposed training dates for various mandatory sessions for 2011.

In November 2010 we received an anonymous concern, which outlined a number of issues in relation to practices within the operating theatre department. Most centred on moving and handling and training of staff along with two matters that related to outcome eight. In relation to this outcome concerns were raised about moving and handling training and risks along with general mandatory training.

We requested a range of information during November 2010 to demonstrate that the

allegations had been investigated and actions taken to improve where necessary. A number of items of concerns were found to have been actioned. We were concerned that uptake of mandatory training was variable (as at 2 December 2010). For example, 85% of staff had received basic life support training but only 52% of staff had received health and safety training. Only 28% of staff had received infection prevention training.

As part of the initial assessment process we contacted other stakeholders and regulatory bodies. The Health and Safety Executive (HSE) conducted its own investigation regarding this anonymous concern which they also received in November 2010. The HSE outlined their investigation specifically in relation to moving and handling in an email to us received 26 January 2011. The HSE Inspector found that appropriate training and measures were now in place in a visit conducted 6 January 2011 and a verbal action plan was agreed with the hospital manager.

We were concerned that the location may not be fully compliant with this outcome in relation to overall staff training uptake so we decided to follow up some of these issues via a site visit.

On the site visit we found that insufficient numbers of staff had received various forms of mandatory training over a 12 month period, though there had been some improvement in the theatre department numbers explained above. Current figures indicated approximately 60 percent of staff have received mandatory infection prevention training in the last 12 months (85% of clinical staff). Fire training has been received by 69% of staff along with 76% of staff for basic life support training. Health and safety has been delivered via e-learning and currently 41% have completed this (though a small number are recorded as partially completed). The figures were reflected in our discussions with a number of staff members. We are concerned that insufficient numbers of staff have undertaken all the hospital's required annual mandatory training over the last 12 months.

We also found that very few staff on both the main ward and theatre department had received any form of appraisal/personal development review within the last 12 months. The hospital's 'financial' year runs from 1st January through to 31st December. Last recorded appraisals had been undertaken for most staff in these areas between mid to late 2009. This was confirmed during our discussions with a number of staff. One staff member in the theatre department explained they had been working there over 18 months and had not had any appraisal completed. Both the ward manager and theatre manager gave reasonable explanations as to why there had been delays to appraisal completion. We are concerned that the majority of staff working in the ward and theatre departments had not had any form of appraisal within the last 12 months.

During the site visit we spoke at length with the ward manager and the theatre manager. The ward manager explained that sickness levels are very low and currently stable around 2 to 3%, which was confirmed by reviewing duty rota's. Other than mandatory training other personal development opportunities are developed for staff members. For example, the ward manager explained how they will be creating and providing ECG recognition training this year. Student nurses from the local university are allocated to the ward area. We talked to a student nurse

who was in her first year and first placement since commencing her nurse training. The student nurse was very enthusiastic about her placement at the hospital and stated “everyone’s [regular staff] really good at teaching”.

The theatre manager explained current staffing and sickness levels and no clear areas of concern were identified. It was explained that the theatre department had recently begun to take operating department practitioner (ODP) students on placement. The placement of these students had been well received by theatre staff and a learning/resource area had been set up. The manager explained they had received positive feedback from both student’s and the university.

Our judgement

We found that the location is not fully compliant with this outcome. We are concerned that insufficient numbers of staff have undertaken all the hospital’s required annual mandatory training over the last 12 months. We are concerned that the majority of staff working in the ward and theatre departments had not had any form of appraisal within the last 12 months.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospital set out information, which explained how this outcome was being met, with references to supporting evidence. We found the hospital has a range of systems and processes available to assess and monitor the quality of service provision. For example, the 'quality strategy' sets out the main examples of measurements used on an ongoing basis. One example from this included an annual survey of consultant user views. We found this had been completed as the provider voluntarily sent the consultant survey which identified 4 broad areas for quality improvements.

Patient questionnaires are issued to all patients attending Claremont hospital. These

are all reviewed and analysed to give statistical summaries for a period of time. A further exercise is undertaken to extract monthly patient comments from the surveys which are then discussed at the relevant meeting. (A range of comments from these surveys have been included under some outcomes in this report).

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome. It is not possible to outline all this evidence. For example, various annual reports and strategies were provided, including the 'health and safety annual report 2010' which included an outline of the year's events along with risks, opportunities, threats and recommendations. The risk assessment register was provided, which demonstrated identified risks, current risk rating along with the date of next assessment and review.

On the site visit we asked the management team about completion of various audit, including records audit. It was explained that no audit had been completed of patient records over the last 12 months. However, a new records audit process and template was explained, which is due to be rolled out as a monthly audit. This was verified by review of the tool, email communication to department heads and discussion with the ward manager and theatre manager. The management team were also asked how training and appraisal uptake were recorded. A new process of performance indicators (monthly manager's reports) for department heads has been created. We recommended that both these processes should be implemented as soon as possible to further embed the monitoring of quality provision at the hospital.

Our judgement

We found effective systems were in place to assess and monitor the quality of service provision so that people who use services will benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospital set out information, which explained how this outcome was being met, with references to supporting evidence. The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome. The annual complaints report 2010 was provided. This showed that complaints are evaluated and compared to identify themes and trends. The report also gave a number of completed actions taken to improve the quality of service provision as a result of complaints being made. The average number of complaints made monthly in comparison with activity levels appears relatively low.

We have no information that suggests there are areas of non compliance with this

outcome.

Our judgement

We found evidence that comments and complaints were listened to and acted on effectively. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospital set out information, which explained how this outcome was being met, with references to supporting evidence. For example the hospital has a range of procedures in place regarding the management of personal and medical records and it was reported that the hospital holds an active ISO 27001 certification (Information security management standards).

The hospital also voluntarily provided additional supporting evidence to demonstrate compliance with this outcome, which were largely the current policies and procedures relevant to this outcome.

On the site visit we sampled a small number of patient records. Those reviewed demonstrated a reasonable standard of record keeping. No patient records audit had been completed in the last 12 months though a new process is being rolled out to departments (see outcome 16).

Our judgement

We found that processes are in place to ensure personal records are accurate, held securely and kept confidential. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury Surgical procedures Diagnosis and screening procedures	23.	Outcome 14 Supporting workers
	<p>How the regulation is not being met:</p> <p>We are concerned that insufficient numbers of staff have undertaken all the hospital’s required annual mandatory training over the last 12 months.</p> <p>We are concerned that the majority of staff working in the ward and theatre departments had not had any form of appraisal within the last 12 months.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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