

# Review of compliance

<p>The Hospital Management Trust Claremont Hospital</p>	
<p><b>Region:</b></p>	<p>Yorkshire &amp; Humberside</p>
<p><b>Location address:</b></p>	<p>401 Sandygate Road Crosspool Sheffield South Yorkshire S10 5UB</p>
<p><b>Type of service:</b></p>	<p>Acute services with overnight beds</p>
<p><b>Date of Publication:</b></p>	<p>October 2011</p>
<p><b>Overview of the service:</b></p>	<p>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.</p>

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

## Our current overall judgement

**Claremont Hospital was meeting all the essential standards of quality and safety.**

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

### Why we carried out this review

We carried out this review to check whether Claremont Hospital had made improvements in relation to:

Outcome 14 - Supporting staff

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 10 August 2011 and talked to staff.

### What people told us

We were following up concerns raised at a previous inspection concerning staff training and supervision, so we did not speak to patients during this inspection

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

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

Overall, we found the hospital is meeting this outcome.

### Other information

Please see previous reports for more information about previous reviews.

**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 14: Supporting staff

### 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

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We spoke to four members of staff regarding their access to training and how management supports them in ensuring their own staff had adequate training and supervision.

All four staff members felt that the training programme was being implemented and supported, and all four expressed satisfaction with regard to their own training and appraisal needs and that time was available for their own staff to access training and receive appraisals.

##### Other evidence

We were shown two examples of a monthly profile report for each department that is reviewed at the monthly meetings with department heads. There was a section in the report for statistical achievement of mandatory training and appraisals for all staff in the department. The figures reflected a January to December analysis and we were shown June 2011 reports. Percentages of staff having completed each of the 16 training or appraisal sections ranged from 100% of staff down to 41%, with 22% of staff having completed training that started in April. When asked in interview, three lead nurses and the cleaning supervisor explained their reasons for reporting this as being on target and that all requirements could be achieved within the year.

Minutes of a clinical heads of departments meeting for 23 February 2011 reported action points to ensure training and appraisals were a priority activity for staff. Minutes of the same group for 16 March 2011 indicated agreement of an action to ensure achievement.

**Our judgement**

Overall, we found the hospital is meeting this outcome.

# 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 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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