

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

Horder Healthcare

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Horder Healthcare
Registered Manager	Mrs. Rachel Louise Dixon
Overview of the service	The Horder Centre provides orthopaedic and muscular skeletal care and treatment including surgery, imaging and physiotherapy
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service and talked with staff.

What people told us and what we found

People we spoke to told us they had received very good care from the point of initial consultation right through to follow up care once home. Two people told us they had requested referral to the Horder Centre for a second time as they had received such good care previously. People told us they felt involved at all stages of care and that they felt listened to and were treated with dignity and respect at all times.

We found that the hospital and all clinical areas were clean, tidy and well maintained and that patients all had single en-suite accommodation which provided optimum privacy and optimum potential for good infection prevention and control.

We found that there were robust policies and processes in place to ensure high standards of safety and care and to prevent and control infection and that staff adhered to these policies.

We found that staffing levels were appropriate and that staff were appropriately trained, updated and supported and that they worked and communicated well as a team in a way that offered high levels of visibility and availability to patients.

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

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke to five patients, all of whom said they had received detailed information about the procedure that they had undergone, including in depth discussion about risks and benefits before consent was taken. They all said they had given written, signed consent. We looked at the clinical records of the patients we had spoken to and saw individualised care plans and documentation that corroborated this and reflected individual wishes and circumstances. We also saw signed consent forms. We looked at ten additional sets of clinical records and found signed consent forms and a similar standard of documentation.

People we spoke to said that staff always explained the care they were going to give and asked if "that was OK" prior to carrying out care. Documentation in care plans that we saw reflected that care was carried out "with consent". We saw staff explaining the care they were going to give and asking for consent.

We spoke to four clinicians (two nurses, a care assistant and a consultant) all of whom were able to describe the process for written and verbal/implied consent and knew that a consent policy existed and were able to describe how to access this. We saw the consent policy, which was up to date and reflected and referenced national guidance.

Staff said they always asked for consent for all care episodes and that this was documented in the integrated care pathway document. We saw evidence of this in the records we reviewed. All clinicians told us that formal written consent was required for surgical procedures and that this was the responsibility of the doctor. This consent was checked again on admission for each procedure and prior to surgery to ensure that the patient understood what they had consented to and hadn't changed their mind.

The consultant we spoke to described how the views and wishes of the patient were taken into account and gave an example of a patient specifically requesting a finger splinting procedure which was not usual practice because of their line of work. We saw evidence of

the documentation of the discussion surrounding this and the risks involved with treatment outside of recommendations.

Staff told us that consent was re-checked on admission for surgery and all the patients we spoke to confirmed that staff did repeat discussions around risks benefits and reiterated the consent procedure.

From this evidence we were able to conclude that prior to people receiving any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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 spoke with five in-patients, and all of them felt that they felt the care they received was excellent. One patient told us that they had specifically requested referral to the Horder Centre as they had heard it was so good. They also said that once referred they were seen and admitted for surgery very quickly. Two people told us that they had used the Horder Centre before and could not fault the care and had requested to come back when they needed further treatment.

We spoke to one person before their planned surgery and they explained that they fully understood the procedure they were about to have was more complicated than their previous surgery. They expressed absolute trust in the service and said they would recommend the service to anyone. Another patient described their "journey" through the service and how in discussion with their consultant they had chosen conservative management until surgery was absolutely necessary, and had nothing but praise for the care they had received since admission.

All the people we spoke with said they had received sufficient information about the procedure they had undergone and we saw detailed patient information leaflets for all conditions and procedures offered at the centre, which included aftercare and exercises for recovery. We also saw comprehensive patient information leaflets describing what to expect during an inpatient stay as well as how to complain. There was also patient information about patient reported outcome measures and the process of reporting which involved patient questionnaires.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. For example, we looked at the clinical records of those patients with whom we spoke and found individualised care plans reflecting individual circumstances and wishes. There was also evidence of risk assessment such as moving and handling and deep vein thrombosis. We also looked at medication records and saw that prescribed medications had been given at the correct time and correct dosage. We looked at ten other sets of records and found a similar picture.

People told us they felt safe and did not need to use call bells as staff were very attentive. We observed physiotherapists, nurses, porters and housekeepers interacting kindly and professionally with patients whilst carrying out their jobs within clinical areas.

Staff told us that individual care plans were reviewed daily and updated whenever care needs changed. Clinical records that we reviewed confirmed this.

Staff told us they were trained in basic life support and they would immediately summon help from the emergency team in the event of an emergency. They gave examples of situations when patients had required emergency transfer to other hospitals when intensive care was required.

Staff told us they knew how to report incidents and any concerns they had. They told us that any learning from reported incidents was discussed at daily "hub" meetings. This meant that people could be confident that staff took into account adverse events and learnt from these in order to maintain people's safety and welfare.

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 and people were cared for in a clean, hygienic environment.

Reasons for our judgement

People told us that their room was cleaned daily and that they thought the whole hospital was kept very clean. We saw clinic, outpatient and in-patient environments and all were in a good state of repair, clean and tidy. Hand washing facilities were well stocked with hand washing products and paper towels. We saw that hand gel and personal protective equipment (gloves and aprons) were available at the point of care. Hand gel was also available at the entrances to clinical areas. Sharps bins were available at the point of care to enable staff to dispose of items in a safe manner.

Information about cleanliness, cleaning routines and the importance of infection control was in the admission information provided for patients and we saw cleaning schedules in the visitors toilets that evidenced daily cleaning. Housekeepers were visibly present in clinical areas and clinical staff told us that if any additional cleaning was required outside of scheduled cleaning they just ask. Housekeeping staff confirmed this and we observed interaction between housekeepers and nursing staff.

Senior nurses told us that they had responsibility for environmental cleanliness. We saw this reflected in job descriptions.

We spoke to the manager with responsibility for housekeeping services within the hospital and he showed us daily cleaning schedules for clinical areas. We saw a compliant Patient Environment Action Team Report for the hospital. This showed that environmental cleaning standards had consistently been met.

All in-patient rooms were single with en suite facilities and Individual hand wipes and/or bowls were provided for those patients not mobile enough to independently access hand washing facilities prior to meals.

We saw the infection control policy which was up to date and reflected the Health and Social Care Act Code of Practice on infection control and other related guidance. Staff told us they were aware of the Infection control policy and adhered to it. They told us that they had an Infection control link nurse and that they also had annual updates in infection control. Training records that we reviewed confirmed this.

Managers provided evidence of external contracts for a lead microbiologist and Infection

control nurse to ensure infection control, policy, practice and training was kept up to date. We were told that full root cause analysis (RCA) investigations were undertaken should an infection be identified. We saw records of completed RCA. This meant that people who used services benefited from a hospital that was able to identify and implement changes required to maintain a clean, hygienic environment.

We saw records of audits of cleaning and infection control standards in the hospital. We saw appropriate risk assessment and recent investigations related to infection prevention and control. We saw minutes of Governance meetings where all aspects of care including infection control were discussed. These reflected that appropriate infection control escalation, investigation and reporting mechanisms were in place. This meant that people were protected from hospital acquired infection.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke to nine staff members including three managers, two senior nurses, a care assistant, a housekeeper, an allied health professional and a consultant. All staff said they had received a programme of induction on starting with the organisation. They also said they had annual appraisals, from which training and development needs were identified and we saw documentation to supporting this. For example the care assistant that we spoke to said that they had been supported to achieve clinical competencies including taking blood and observations and that this was part of their personal development plan and also formed part of an accredited qualification. They said they felt well supported and all times.

One member of staff said they had recently joined the Horder team and had completed an induction programme before starting.

The consultant we spoke to said that their professional development and appraisal took place outside of the Horder Centre (within the NHS) but that their work at the Horder Centre was an integral part of their portfolio of quality evidence to support the appraisal process.

Managers told us that external specialists were contracted to validate and ensure continued quality of training in specific areas for example, a lead microbiologist and infection control nurse for Infection prevention and control training.

We saw that a robust mandatory training programme was in place that included infection control, manual handling, fire Safety and Safeguarding and that staff had attended.

We saw that a robust programme of appraisal was also in place and all staff that we spoke to knew who undertook their appraisal and who their line manager was and how to escalate any concern.

All staff were able to describe how to access Human Resource and health and Safety policies and we saw the whistle blowing policy on line which was up to date.

Incidents relating to the Health and Safety of staff at work were reported and investigated in the quarterly governance report that we saw that appropriate action had been taken, for

example counselling for staff.

From this information we were able to conclude that there were a range of supportive mechanisms in place for staff, which enables them to undertake their duties safely and effectively

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People's views and experience of services were taken into account. Regular satisfaction surveys were undertaken by the provider. We were told that response rates were in the region of 70% and that there was rarely any negative feedback. We saw the latest batch of completed questionnaires and the majority were rated excellent or good for all questions. We were told that people who report a less than positive experience were contacted personally for their views on what could have improved this for them. We were told that people rarely complained as any issues were identified and dealt with at the time. Staff we spoke to corroborated this.

People using the service said that staff were very attentive and always asked if there was anything else they could do during clinical contact. We observed polite, attentive and caring interaction between nurses and patients. We observed discussion about care and welfare following discharge. Managers told us that a telephone service was in place to offer support to people following discharge.

We saw that there was an up to date complaints policy and managers told us that should they receive a complaint they personally contact the individual concerned and address the issue. They told us that any learning from complaints and was shared at Governance meetings and also with staff at meetings. Governance meetings were a formal process for staff to meet and review various quality outcomes, discussing these and identifying areas for improvement or change. We saw minutes of these meetings which confirmed that this happened regularly.

All the staff we spoke to told us about "hub" meetings that were held daily on the ward as a way of communicating and sharing any issues that had arisen and any learning from complaints raised as well as professional and regulatory news and communication. We saw evidence of some of the issues that had been discussed recently in graphs and charts on a board that had been created for this purpose.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. For example, we saw that "variance" reports were monitored including readmission rates and day case conversion to overnight stay rates. Transfers out to other hospitals for emergency care are

also monitored and reported and reported to the board. We saw minutes of regular Governance meetings where complaints were discussed and saw that incidents were investigated and that learning took place from these incidents. For example, outpatient appointments were staggered as a result of a complaint relating to waiting times.

We saw a compliant annual Patient Environment Action Team (PEAT) report for the hospital. We also saw a quarterly Clinical Governance report that showed that incidents were reported, investigated and appropriate actions taken to keep patients safe. For example changes in the transfer of patients for emergency care had been made in the event of sudden deterioration of condition.

This meant that people who used the service benefited from a service that was regularly monitored and made improvements as a result of feedback and other information collected regarding the service standards.

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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. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. 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:

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.

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