

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

## Pinehill Hospital

Benslow Lane, Hitchin, SG4 9QZ

Tel: 01462422822

Date of Inspection: 30 January 2013

Date of Publication: March 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Ramsay Health Care UK Operations Limited
Registered Manager	Mr. Paul Tempest
Overview of the service	Pinehill Hospital is an independent healthcare hospital.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

## Contents

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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People told us that they had discussed the treatment choices available to them before being admitted to the hospital. One person told us, "The information is easy to understand. Some of it is in pictures. There is a page for everything." We saw a range of leaflets published by the provider that were available in the day surgery unit for people to pick up.

All of the people we spoke with told us that they were very happy with the care and treatment that they had received. One person told us, "They are magnificent. They're faultless and do everything they possibly can to make you comfortable." One person described the food provided as, "Smashing. Better than some restaurants."

We looked at the care and treatment plans for six people who had been treated at the hospital. Each plan was personalised for the individual and contained risk assessments that were reviewed on a daily basis throughout the person's stay.

Appropriate checks were undertaken before staff began work. A person only started work after a full Criminal Records Bureau (CRB) check had been received and they had demonstrated that they were legally entitled to work in the United Kingdom.

We saw that there were appropriate quality assurance processes in place.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

When we inspected the hospital on 30 January 2013 the manager told us that there were 25 people receiving in-patient treatment on that day. We spoke with three of these people and the relative of one of them. People told us that they had discussed the treatment choices available to them before being admitted to the hospital. They told us that they had received a lot of information about the treatment. One person told us, "The information is easy to understand. Some of it is in pictures. There is a page for everything." Another said, "You only have to ask and they will be willing to tell you anything." They went on to say, "There are a lot of booklets. I knew what was happening all along."

People's privacy, dignity and independence were respected. All the people we spoke with told us that staff members treated them with dignity and respect. We spoke with three staff members who told us that they protected people's dignity by ensuring that they pulled curtains or shut doors to ensure privacy when personal care was being given.

People who use the service were given appropriate information and support regarding their care or treatment. We saw a range of leaflets published by the provider that were available in the day surgery unit for people to pick up. The matron told us that the provider updated these leaflets on a six monthly basis to ensure that they reflected up to date information. The matron showed us the approval process for leaflets that were produced locally for people using Pinehill Hospital. These leaflets were reviewed by the medical advisory committee on an annual basis. In addition leaflets produced by an external company specialising in the production of patient information were also made available to people using the hospital. We saw records within care and treatment plans of information leaflets having been given to people both before and immediately after treatment.

People expressed their views and were involved in making decisions about their care and treatment. We looked at the care and treatment plans for six people who were treated at the hospital. All of these included a consent form signed by the person that confirmed that the person had discussed and agreed to the procedure.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with three people who were receiving treatment as in-patients at the hospital and the relative of one of them. All of the people we spoke with told us that they were very happy with the care and treatment that they had received. One person told us, "They are magnificent. They're faultless and do everything they possibly can to make you comfortable." Another person said, "They are very good. They take the time to talk to you." A third person told us, "They have been great, helpful, friendly and they make you feel at home." One person described the food provided as, "Smashing. Better than some restaurants."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at the care and treatment plans for six people who had been treated at the hospital. Each plan included a care or treatment pathway dependent on the reason for their admission. Each plan was personalised for the individual and contained risk assessments that were reviewed on a daily basis throughout the person's stay.

Each plan included a discharge checklist to ensure that the person was aware of the after care requirements of their treatment and what to do if they were concerned about their recovery. The provider may find it useful to note that the discharge checklist contained a section for comments by the person on their discharge from the hospital but in all of the plans that we looked at this was left blank. Consequently there was no evidence that the person had been given the opportunity to make any comment.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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We spoke with the training and development co-ordinator who told us that Safeguarding of Vulnerable Adults (SOVA) was core training for all staff. They told us that all staff members had to attend face to face training, delivered by the matron, at least every three years and five training sessions had been arranged before the end of March 2013. We saw the training records of all staff members and saw that most of the staff were up to date with this training.

We saw that on each unit there was an information poster on the notice board detailing the SOVA process to be followed for reporting any concerns. This gave the relevant telephone numbers to contact in the absence of a senior manager.

We spoke with three members of staff. All of them demonstrated that they had a good understanding of the SOVA process and all told us of the posters on the notice boards. All staff members that we spoke to were aware of the different types of abuse that could occur.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at the recruitment files of seven staff members who had started work within the last twelve months to consider if robust procedures were in place to safeguard people using the service. In each of the files we saw that there was a 'new staff check list' that had been used to ensure that correct procedures had all been followed before the person started work. Documentary evidence of identity had been recorded for each member of staff.

Appropriate checks were undertaken before staff began work. We saw from all the files that the person had only started work after a full Criminal Records Bureau (CRB) check had been received and they had demonstrated that they were legally entitled to work in the United Kingdom. Two references had been obtained for each new staff member. Confirmation that the two nurses whose files we had looked at were registered with the Nursing and Midwifery Council had been obtained before they had taken up their posts. Reports had been obtained from the occupational health service to confirm that the person was mentally and physically fit to undertake the work for which they had been employed.

The training and development co-ordinator told us that before any staff member started work they were required to complete a number of basic training modules by way of e-learning. These modules included fire safety, health and safety, infection control, information security and manual handling. They told us that if a staff member had failed to complete the modules before they had started work the team leader would be informed. The staff member would then be expected to complete the outstanding modules during their induction period on the units.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The matron told us that comment cards were put in all bedrooms at the hospital and were available in the outpatient waiting area. These cards asked the person to identify any areas of improvement that were required. We looked at a selection of 20 of these that had been returned. Most of the comments made were very positive about the care and treatment that the person had received. Comments that we saw included, "The attention given to me was excellent." and, "The treatment, care, courtesy and the kindness shown to me during this time was second to none." The matron told us that all comment cards that included a name and address of the person who completed it were acknowledged.

We saw that there was a template letter for the response if an area for improvement had been identified on the comment card. The matron told us that they signed all responses to the comment cards and were therefore made aware of the areas that were raised.

We saw that there were 16 separate audits undertaken by different areas of the hospital, including care pathway, infection prevention, medical records and consent to treatment. The matron told us that these were recorded on the hospital's computer system and reported via the clinical governance committee and medical advisory committee to the clinical heads of department meeting. We saw that a summary and action plan was completed following each audit. The action plan included details of the people responsible for completing the actions and the date by which the actions were to be completed. The matron told us that the provider had access to the audit results at any time.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw that following an investigation into a medication error the hospital had set up a medication working group. This consisted of staff members from various units who then worked with the staff within their units to develop more awareness of the causes and ways of preventing medication errors.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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