Inspection Report

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

Horder Healthcare

St John's Road, Crowborough, TN6 1XP

Tel: 01892665577

Date of Inspections: 26 February 2014
20 February 2014

Date of Publication: March 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to 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 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

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Management of medicines	10
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	14
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

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 20 February 2014 and 26 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our visit to Horder Healthcare we spoke with six people who use the service and ten staff members. Staff we spoke with included nurses, healthcare assistants, housekeepers, a physiotherapist, a pharmacist and a consultant surgeon. Our visit was facilitated by the operations manager and the director of clinical services who was also the registered manager. We viewed departments including pre-assessment, out-patients, and in-patients.

People we spoke with told us they were very happy with the quality of care they received and we saw that people were involved in their treatment and care. One person told us "I cannot ring their praises highly enough, it's an exceptional service." Another told us "Staff are so approachable and welcoming. I've felt very well informed." We observed people being cared for in a way that demonstrated respect for their privacy and dignity. We observed medication management processes that ensured the safety and wellbeing of people and we viewed clinical governance systems that promoted learning and the development of practice.

We saw that appropriate checks were in place to identify the suitability of staff in line with recruitment processes. Staff we spoke with told us they were happy with the quality of care they were able to provide. One nurse told us "there's a good ambiance with good interaction." Another staff member told us "There's good quality of care and teamwork. We feel appreciated and there's an open culture."

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

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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

Reasons for our judgement

During our visit to Horder Healthcare we spoke with and viewed the care records of six people who use the service. Three of the people we spoke with were on the inpatient unit, the other three were attending outpatient appointments.

From the records we viewed we saw that people were involved in the planning of their treatment and care. We viewed signed consent forms and saw that people had signed that they had been involved and agreed with their care and discharge plan.

We saw that people who use the service were given appropriate information and support regarding their care or treatment. We observed information leaflets being given to people relating to the procedures they were having, the exercises they were to follow and the do's and don'ts relating to their surgery. One person told us "I feel really well informed. They talked through everything and gave me the leaflets as back up."

People we spoke with told us they felt involved in their treatment and care. One person told us "Everything was discussed with me before surgery. They have treated me with great respect." Another person told us "My privacy and dignity is intact. Nothing has been too much trouble and I've always had a good explanation given to me. Staff have been happy to give extra information and they haven't seemed worried by my questions. I've felt that my opinion matters."

We saw that people were supported in promoting their independence post operatively and that enhanced recovery programmes were in place and as such people participated actively in their own recovery following surgery. One staff member told us "We work together to focus on people's goals and discuss with them the risks and benefits." Another staff member told us "We will go at their pace. I've recently been involved in a social impact group where we've been exploring with people and their families the social impact

of their admission and recovery. One person hadn't been able to play with their grandchildren but now can."

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our visit to Horder Healthcare we spoke with three in-patients and three people who were being seen in the out-patient clinics. We saw that people's needs had been assessed prior to surgery as part of a multidisciplinary approach to treatment and care. We were told that assessments included people's medical and care needs pre and post surgery as well as their needs when discharged home. We saw that people who use the service had completed a pre-admission questionnaire about their medical history, treatments and current issues.

People we spoke with told us they had asked their GP to refer them to Horder Healthcare either because they had been before and had experienced a high standard of care or because they had heard good things about the service. One person told us "I had a good experience here last time. Staff are very efficient and it's an exceptional service." Another person told us they had asked for a GP referral because of the good service a relative had received.

We observed care pathways in use and saw that where necessary these had been individualised to meet the needs of people who use the service. Care pathways were in use to provide a framework for the anticipated care within what was considered an appropriate timeline. We saw that people signed to agree to the pathway which included plans for admission and discharge. Staff told us that while the length of stay expected was anticipated in advance, sometimes this needed to be changed in line with a person's condition or progress and that this was agreed as part of regular communication that involved the person and the multidisciplinary team.

We viewed post operative care records that included a national early warning sign scoring system that guided staff in identifying and responding to people who become acutely unwell. The scoring system incorporated a number of measures including physiological parameters, pain scores, limb monitoring and the person's level of consciousness. We saw that an outline clinical response was used to further guide staff in their decision making and that this guidance included the use of enhanced nursing or medical assessments to the consideration of transferring the person to a higher dependency care facility.

We saw that there were arrangements in place to deal with foreseeable emergencies. One person we spoke with told us they had been taken ill on the ward and that the staff had responded quickly and efficiently. "They have good emergency care. I felt safe and secure and they filled me with confidence." Staff we spoke with told us they were trained in life support and described to us the system in place to deal with emergency situations with help from an emergency team. The manager told us that if a person needed more high dependency care they would be transferred quickly to an acute hospital.

We viewed documented risk assessments relating to post operative venous thromboembolism (VTE), bleeding risk factors, poor mobility, pressure damage, falls, malnutrition, moving and handling and the use of bed rails. We saw that control measures had been identified to minimise the risk and these included both medical and nursing interventions.

We observed people being cared for in a way that was respectful, attentive and professional. One person who uses the service told us "Nothing is too much trouble. They respond quickly to the call bell and are very efficient and kind."

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The manager told us there was a service level agreement in place with a local NHS Trust to provide Horder Healthcare with a pharmacy service. The service was staffed by a pharmacist and pharmacy assistant to ensure appropriate arrangements were in place in relation to obtaining medicine. We viewed a medication management policy that included aspects such as goals, measures, training, and supply and storage.

Staff told us that people were asked to bring their own medicines with them from home on the day of their surgery. We observed a system in place whereby people's medicines were recorded and stored safely in a locked clinical room by the pre-operative nursing staff before being transferred to the in-patient unit. Once on the ward the person's own medication was stored in a locked cupboard in their room.

We saw that stock medicines were stored in locked cupboards in a locked, temperature controlled room. The temperature of all storage facilities including medication fridges was measured daily. There was clear guidance to staff on what to do if the temperature was outside of the acceptable range.

We saw that stock medicines were audited by the pharmacist on a monthly basis as part of a management of medicines audit. We viewed an audit that was being undertaken at the time of our visit and saw that areas such as records, signatures, use of omission codes, prescribing, duration, routes and dosages were audited. The pharmacist showed us an action plan that was then sent to the audit manager as a result of issues identified. We viewed appropriate arrangements in place for the supply, storage and administration of controlled drugs and we viewed records of twice daily stock checks being undertaken by two registered nurses on the ward.

We viewed people's prescription charts and saw that information had been recorded about people's regular medication and any allergies they may have. We saw that consideration was given to the possible impact of medication in relation to a person's surgery. An example of this included a person whose anticoagulation medication was stopped prior to surgery in a planned and managed way. We saw that prescriptions had been signed by a doctor and that administration was signed for by nursing staff. Where administration had

not been possible, the use of omission codes was in place and the use of these were included as part of a monthly audit.

We saw that medication administration was carried out by appropriately trained registered nurses. We viewed records of internal competency assessments that were undertaken every two years. Competency assessments included the administration of medicines via different routes, including intravenous medicines and fluids. Staff told us that an external trainer came to the hospital to deliver regular intravenous updates for nursing staff.

People we spoke with told us they hadn't been asked whether they wanted to self administer their medicines although they told us they were happy for the nursing staff to administer for the duration of their stay. The provider might find it useful to note that people were not routinely asked about their wishes to self administer on or prior to admission. The manager told us there were arrangements in place should people choose to self administer but that this was dependent on the individual requesting it.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our visit we saw that there were effective recruitment and selection processes in place. We spoke with the human resources manager who told us that posts were advertised internally, on the company website and that the local press and recruitment agencies were also sometimes used. Two relevant staff who had received training would shortlist and interview.

We viewed an interview guide that detailed the requirements of a specific role relating to qualifications, experience, skills, knowledge and personal qualities. We viewed interview questions that were based on Horder Healthcare's five key values and were told that a scoring system was used to identify the best candidate based on their responses. Interview questions we saw incorporated a number of work areas including experience, customer service, communication, empathy, quality and how someone might deal with a complaint.

We viewed five staff files to evidence that appropriate checks were undertaken before staff began work. We saw that all files we viewed included verification that checks of people's identification and proof of residence had been carried out. We also saw that DBS (Disclosure and Barring) checks had been carried out prior to staff commencing in post. We found examples that staff application forms had been completed with details of people's work history, previous education and training undertaken, including evidence of some workers having a National Vocational Qualification (NVQ) in care.

We saw that professional registrations were checked prior to staff commencing in post and we viewed a system that ensured professional registrations were monitored for expiration. In the event of a lapse in professional registration we saw that arrangements were in place to ensure staff did not work during this time. Of the files we viewed three staff were professionally registered and in all cases appropriate checks had been made and registrations were valid and in date.

We saw that arrangements were in place for practicing privileges for surgeons and anaesthetists and that monitoring of fitness to practice included the use of appraisals, monthly data reports, outcomes and the use of feedback systems.

Staff we spoke with told us they had undergone a thorough induction during their initial probationary period in post. We were told that all new staff were given a buddy who they would shadow initially until they felt confident to work more independently. We viewed induction checklists that included learning about specific ways of working and induction training. Training included areas such as safeguarding, equality and diversity, information governance, infection control, fire and risk management.

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.

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.

Reasons for our judgement

During our visit to Horder Healthcare we saw that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We viewed the results of a patient satisfaction survey and saw that all respondents felt confidence in the clinical staff and confirmed they had been told of the risks and benefits of their procedure.

The manager told us that where a person raises an issue as part of the feedback process they will be contacted to ask for further information or if they would like to formalise their concern. The manager would then investigate and address the issue and this would be incorporated into an action plan and information cascaded to staff as required.

We saw that there was an up to date complaints policy and that a summary of the complaints process was visible to people who use the service. One staff member told us "We are encouraged to try and resolve issues as they arise but we also facilitate them taking it further if they need to."

We were told that staff surveys are undertaken annually and that each department has regular staff meetings where issues can be raised. Staff told us of daily "hub" meetings where relevant information was shared relating to the care and treatment of people using the service at the time and that this was also a place where other information could be shared. We viewed "hub" boards where information was displayed relating to continuous improvement, health and safety, policy, clinical activity and risk. One staff member we spoke with told us "The information is confidential but it helps us to learn from issues. The hub meetings have helped us to improve quality and communication."

We viewed a clinical governance report that included information on patient outcomes. We saw that information was collated and measured against previous months' results and benchmarked against other providers. We viewed a clinical audit monitoring schedule that

included external auditing plans in line with contractual reporting requirements. We also viewed internal clinical monitoring audits that included audits of infection control, pharmacy, pathology and blood transfusion, clinical governance, resuscitation, enhanced recovery and medical records.

The provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service. We viewed data reports that included readmission, return to surgery, care transfer and extended stay rates and saw that this information was reported to the clinical governance group and the board. We viewed an example of clinical audit being used to further explore an area identified by the clinical governance group in relation to rates of post operative urinary retention.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We viewed monthly reports on accidents and incidents and complaints and saw that information was collated and reported to a clinical governance sub-committee. We saw that arrangements were in place to learn from incidents and take action to continuously improve the service.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk