

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

Caldew Hospital

64 Dalston Road, Carlisle, CA2 5NW

Tel: 01228553500

Date of Inspection: 21 February 2014

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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
Safety and suitability of premises	✗	Action needed
Requirements relating to workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Caldew Hospital Limited
Registered Manager	Mrs. Valerie Holliday
Overview of the service	<p>Caldew Hospital is an independent diagnostic and consultation centre. It offers outpatient department facilities for cardiology, counselling, dermatology, orthopaedics, physicians, gynaecology, general and plastic surgery, rheumatology, neurology and urology.</p> <p>People requiring admission to hospital would be treated within the NHS or in any other private hospital used by the consultants. The only invasive procedures carried out at the hospital are endoscopy for urological conditions and dermatological procedures. There are no inpatient, x-ray or emergency services available.</p>
Type of service	Acute services without overnight beds / listed acute services with or without 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 21 February 2014, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

There were no patients available to talk with us on the day of our inspection. We reviewed the patient satisfaction audit for 2013 and found that the majority of patients were happy with the care and service they received at the hospital. There were some negative comments which were mainly about the presentation of the building and grounds. The hospital was a converted manor house and was no longer totally fit for purpose. There has been a lack of investment into the structure and appearance of the building. During this inspection we were shown the current plans for the refurbishment of the hospital, the relocation and design of the operating theatre suite and patient bedrooms. However we found that the interior of the building was clean and all rooms were used for consultations or treatments as appropriate.

We were told that the hospital used the standardised NHS consent form if a patient was required to give consent. Consent would be sought from them when they were admitted to their hospital of choice for the actual treatment. All care to patients in the hospital was managed under the leadership of a consultant.

We saw evidence that safety precautions were in place and tested with regard to all specialist equipment and engineering systems within the premises. We reviewed the recruitment procedures undertaken by the hospital. We saw that there were robust recruitment policies and procedures in place for the ongoing recruitment of staff. All trained nurses, health professionals and consultants had to be registered with their own professional bodies such as the Nursing and Midwifery Council or the General Medical Council. The hospital had clear procedures that were followed in practice that ensured personalised records were kept for each patient who used the service.

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

What we have told the provider to do

We have asked the provider to send us a report by 17 April 2014, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 looked at how consent for treatment was sought and recorded for people (patients) who attended the hospital. We discussed with the registered manager and a consultant, who was in the premises at the time, what systems were in place to gain and review consent from patients.

We were told that the hospital used the standardised NHS consent form if a patient was required to give consent. The consultant explained that they did not ask for patient consent whilst they were being seen at the Caldew Hospital for a consultation. Consent would be sought from them when they were admitted to their hospital of choice for the actual treatment.

The manager explained that the only treatments performed in the hospital which required written consent were urology endoscopy screening. We were told that the consultant was responsible for gaining consent prior to the procedure being carried out. This consent was then recorded and filed within the patient's file. Both the manager and the consultant confirmed that patients were given time to think about their treatment requirements prior to consent being sought.

There were no patients attending the hospital on the day of our visit so we were unable to discuss this with them. Patient notes, for people who had undergone a urological procedure, were not available for us to review consent documentation.

We saw that there were policies in the hospital with regards to gaining informed consent and for what to do if a patient was unable to give consent. The policies included information with regards to the consent of minors. The hospital saw children aged 12 years and over as required.

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

Patients' needs were assessed and care and treatment were planned and delivered in line with their individual treatment needs. The manager told us that each person who attended the hospital was usually referred to the consultant by their own GP. At the present time no invasive procedures were undertaken within the hospital apart from urological endoscopy and minor dermatological surgery.

The hospital offered people care and treatment which was planned and delivered in a way that protected them from unlawful discrimination. Due to age and design of the building there was no passenger lift to the first floor consultation rooms. The manager explained to us that if people were unable to manage the stairs the consultant would either see them in a downstairs room or they would be asked to attend the local NHS hospital. We saw that information regarding the limitations with access to the first floor was included in the initial appointment letter.

We discussed how treatment plans were designed to meet the patient's need. The consultant we spoke to confirmed that they were responsible for completing the paperwork which outlined treatment options and discussions with the individual. The manager told us that all patients were under the direct care of a consultant who was responsible for discussing and agreeing treatments with patients.

There was one registered nurse who worked in the hospital. Their role was to undertake pre-assessment clinics and assist the manager in the running of the service. When we discussed how treatment options were talked through with patients the nurse confirmed that it was the consultant's responsibility.

All care to patients in the hospital was managed under the leadership of a consultant. All consultants who worked at the hospital also had a post in the local NHS hospital. This ensured that all medical staff had the opportunity to remain up-dated with their clinical practice and the conditions they treated.

There were arrangements in place to deal with unforeseen emergencies. In the case of any medical emergency the hospital had an emergency trolley. We spoke with a member

of staff regarding the use of the trolley. They confirmed that the equipment was checked daily to ensure that it was in working order and any medication was within use by date. A record of these checks was maintained. The manager explained to us however that the first line of treatment would be to call the emergency services and transfer to the local NHS hospital. Staff employed at Caldew Hospital were not trained in advanced life support procedures.

In the patient health record audit of 2013 specific attention was paid to the completion of records. There were 20 records viewed in total and the results showed that all contained details about the diagnosis, suggested treatments and a plan of care.

Between June to August 2013, 102 patient survey questionnaires were sent out to people who had previously attended the hospital and 48 of these were returned. Of these, 14 of the questionnaires returned described the service as excellent or perfect and 15 of the returns stated the care was good. Three patients stated they felt the care was bad but did not support this statement with any further information. The remainder did not complete this question. As the questionnaires returned were anonymous it was not possible to follow this statement up with respondents.

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

Our judgement

The provider was not meeting this standard.

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The hospital was a converted manor house and was no longer totally fit for purpose. The provider was aware of this and over the past number of years they had gained planning permission for a new hospital to be built on the site. Unfortunately, due to economic factors, this did not happen. There had been a number of improvement plans put in place but none of these were implemented. This has led to a lack of investment into the structure and appearance of the building.

During this inspection we were shown the current plans for the refurbishment of the hospital, the relocation and design of the operating theatre suite and patient bedrooms. We saw that a new central heating system had been installed and the provider had invested in a new computer system.

We found that the interior of the building was clean and all rooms were used for consultations or treatments were appropriate. The hospital consisted of three consultation rooms on the ground floor with a further two rooms on the first floor. There was a day unit at the rear of the hospital which offered patients recovering from an urological or dermatological procedure the chance to rest until they felt well enough to go home. Also on the ground floor was a theatre, x-ray facilities and a physiotherapy room. At the time of the inspection the theatre was not in use as it was not suitable for purpose and the hospital was not providing physiotherapy or x-ray services.

The treatment room was used for dermatological treatments and urological investigations using a camera. We saw that this room had the appropriate fixtures and fittings and that these were maintained satisfactorily. We also saw that there was effective equipment available to prevent and control the spread of health care associated infections. Internally the building was maintained to the appropriate standards of cleanliness and hygiene.

We saw evidence that safety precautions were in place and there was testing of all the specialist equipment and engineering systems within the premises. Oxygen was supplied by cylinders and manufacturer's instructions were followed. There were appropriate

arrangements in place for the safe collection of clinical and domestic waste.

We found that the building had not been refurbished for a number of years and this was very evident. The carpet on the stairwell was threadbare and the décor was dated. The drive to the hospital and parking areas required repair and attention. We saw there were uneven surfaces and parking areas were unkempt which could result in the risk of accidents to patients.

The hospital was surrounded by a large garden area. We found that this was not being maintained. There was general rubbish around the garden and the leaves which fell from trees in the autumn had not been cleared. Ivy on the walls of the building has become overgrown and was affecting the windows, gutters and the overall general appearance of the building.

Within the patient survey it was shown that the majority of negative comments were around the presentation of the building and not the care given which was very positive.

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

There were only eight members of staff employed directly by the hospital, with many of these working part-time hours only. All the consultants with practicing privileges had substantive posts with the NHS.

We reviewed the recruitment procedures undertaken by the hospital. We saw that there were robust recruitment policies and procedures in place for the ongoing recruitment of staff. The manager explained that they had recently recruited two new members of staff and had followed their procedures.

We looked the personal files of the new recruits. We found in the records that application forms had been completed and each person had undergone an assessment interview. Each file contained the person's individual curriculum vitae (CV), which showed their qualifications and recorded their past employment history. Each file contained appropriate identification of the people to be employed and contained two references from past employers.

When consultants applied to work in the hospital they requested practicing privileges. 'Practising privileges' meant that formal permission had been given, by a person managing a hospital, to a medical practitioner of permission to practise as a medical practitioner in that hospital. Doctors, and others granted practising privileges by the provider, were expected to follow the appropriate arrangements in place within the hospital. Applications for practising privileges were granted or rejected by the hospital's own Medical Advisory Committee (MAC).

We discussed the recruitment of consultants to the hospital with the manager. They explained that although there was no active MAC, all applications were reviewed by the manager and the existing chairman of the MAC. This ensured that consultants were suitably qualified and able to offer the specialism they requested.

Consultants were expected to share their NHS appraisals with Caldew Hospital. The manager confirmed that this was done when they had been completed. This ensured that consultants received appropriate professional development and were able to obtain further relevant qualifications and experience.

All trained nurses, health professionals and consultants had to be registered with their own professional bodies such as the Nursing and Midwifery Council or the General Medical Council. Caldew Hospital maintained records of these registrations and followed up with staff when these were due for renewal. This ensured that consultants and care staff maintained their fitness to practice.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Patients who used the service should be confident that their personal records, including medical records, were accurate, fit for purpose, held securely and remained confidential.

The hospital had clear procedures that were followed in practice that ensured personalised records were kept for each patient who used the service. An audit was undertaken of patient records in 2013. We looked at this audit and it showed us that the completion of records was monitored. Overall most of the records audited were of a high standard, with all being legible, signed, dated and timed. The manager was aware of the retention periods for all records held by them.

All patients who attended the hospital were given an unique identification number for their treatment. All records and information for the patient was kept in their individual care files. The manager told us that although records were shared with the hospital where the actual treatment was carried out, the originals remained in the hospital. We saw that all patient records were stored in secure rooms on the first floor of the building.

We discussed how patients had access to their own records. The manager told us that patients were told to request their records in writing. This was usually done by themselves or via a solicitor. The consultant was then informed and asked for permission to share the records. Once they have agreed the patient obtained their records from the hospital by signing for their receipt. The manager confirmed that although the actual records were shared with patient's, copies were taken and remained in the hospital. This ensured that records were not destroyed and remained securely held in the hospital.

We saw records of service and safety certificates for all the premises and equipment. Each service record was dated. Old service records were kept which demonstrated that there were ongoing safety checks in place.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safety and suitability of premises</p> <p>How the regulation was not being met:</p> <p>The hospital was a converted manor house and was no longer totally fit for purpose. There had been a number of improvement plans put in place but none of these were implemented. This has led to a lack of investment into the structure and appearance of the building.</p> <p>We found that the building has not been refurbished for a number of years and this was beginning to show. The carpet on the stairwell was threadbare and the décor was dated. The drive to the hospital and parking areas required repair and attention to prevent the risk of accidents to patients.</p> <p>We found that the grounds and garden surrounding the hospital had not being maintained. There was general rubbish around the garden and the leaves which fell from trees in the autumn had not been cleared. Ivy on the walls of the building had become overgrown and was affecting the windows, gutters and the overall general appearance of the building.</p>
Surgical procedures	
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 17 April 2014.

This section is primarily information for the provider

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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