

***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: 13 December 2013

Date of Publication: January 2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</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 a private hospital which caters for adults and children over three years old. The hospital offers outpatient, day and overnight care.
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

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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 13 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People were given information that helped them to make decisions that influenced their care and treatment. They told us that the care they received met their needs and their dignity and privacy was respected. One person said, "I can't fault it here. I have been in a few hospitals over the years and this is definitely the nicest."

People told us that they found the hospital to be clean. They said that staff practiced good infection control procedures such as hand washing and wearing of disposable aprons and gloves. We found that there were robust systems in place to reduce the risk and spread of infection.

There were procedures in place to ensure that staff were well trained and supported to enable them to do their job to the best of their abilities. Staff told us that they received good induction and training to enable them to carry out their roles effectively.

Complaints were well managed. The provider listened to any comments and used them to improve the service.

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

### 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

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### Our judgement

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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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

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We saw the provider's policy on consent which had been reviewed in January 2013. The policy described the process and documentation used for gaining consent. The staff we spoke with were clear about how the consent process worked and how consent was obtained, including from children. There were formal procedures in place for gaining consent. These involved people being given a full explanation of the procedure about to be undertaken and the risks involved.

We saw copies of the signed consent documentation were kept with people's notes. We saw consent forms that were designed specifically for younger people and their parents. These showed that parents were involved in the process and their signatures were also obtained. The children's specialist nurse explained the consent process and had a clear understanding of the rationale for establishing the competence of young people to provide consent.

We found that the consent process was audited regularly as part of the provider's quality monitoring system in order to ensure consistency and identify any areas for improvement.

People who used the service were given appropriate information and support, prior to formal consent being obtained, regarding their care or treatment. They told us doctors had explained the risks and benefits of each treatment option. One person said, "I really appreciated having written information to back up what the doctor had already told me." We saw examples of information given to people before they were admitted for treatment. This information was available to them in various departments around the hospital, for example, outpatients, the day care ward and the physiotherapy department. Further information was available from the provider's website.

One person told us that they were able to ask questions, and that staff listened to them and acted on their wishes. One person told us, "The nurses explain what they are going to do before they do anything." They said that staff always asked their permission before providing any care or treatment.

This showed that people were provided with enough information to enable them to make informed decisions.

**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.

There were arrangements in place to deal with foreseeable emergencies.

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**Reasons for our judgement**

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

During our inspection we spoke with five people who were receiving treatment at the hospital or were attending an outpatient's appointment. We also spoke with seven members of staff. This included a consultant, nursing staff, ancillary staff and a physiotherapist.

People told us they felt very positive about their experiences at the hospital. People who were staying in the wards said that they had received a high standard of care and treatment. One person told us, "I've been in hotels that aren't as good as this." Another said, "Sometimes I resent paying so much for my private medical insurance, but this place makes it all worthwhile."

The records that we looked at confirmed that people were involved in the planning of their treatment. There was evidence in people's records that assessments had been carried out with clear care plans in place for staff to follow. Risk assessments appropriate to each person's needs were carried out and reviewed regularly. We saw risk assessments relating to venous thrombosis, falls and prevention of pressure ulcers. We saw that there was a robust checking system in place to ensure that people were kept safe before, during and after each surgical procedure. This was in line with national recognised best practice.

Whilst on the ward we observed that staff knocked on people's doors before entering. The hospital provided mostly single rooms, all of which had en-suite facilities for people during their stay. The dedicated day surgery unit contained well screened single bays and shared bathroom facilities. All the day and in-patient areas promoted privacy and dignity.

There were arrangements in place to deal with emergencies. We spoke with three staff members who told us how the emergency process worked and were clear on what their role would be if a person's health deteriorated. We saw that regular simulations of

emergency situations took place. These were used to enable the clinical team to learn and improve their skills in an emergency situation. This meant that people were assured of receiving the best possible treatment should an emergency arise.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection.

Staff were trained in infection prevention and control, firstly during their induction and yearly after that. We saw records that supported this. One member of staff told us, "Attendance at infection control training is compulsory. I've been to quite a few over the years, but even now I always learn something new." This meant that people were trained in the prevention of infection.

Storage areas were tidy. In the ward areas, medical equipment such as intravenous pumps were stored separately from non-medical equipment such as commodes and cleaning equipment. Nursing staff told us that equipment was cleaned after each patient use. We spoke with six members of staff, who gave us a consistent message about how the hospital ensures that the building and equipment was kept clean, and how spillages of blood and body fluids were managed. This meant that staff were aware how infection was controlled and prevented.

We saw the provider had a system in place to routinely audit and monitor infection control practice at the hospital. Any issues identified through audit were discussed at team meetings. We saw that actions undertaken to address previous audits were reviewed to ensure they had been acted upon to good effect. The lead nurse in infection control demonstrated the effectiveness of their procedures and was able to show us completed audits regarding but not limited to, hand hygiene, surgical site infections, intravenous line insertion and cleaning, to support continuous improvement in the control and prevention of infection. She explained to us the hospital's relationship with infection control and prevention experts such as a designated microbiologist.

We spoke with three people who all told us that they had noticed how clean the hospital was. One person told us, "It's really clean. The ladies who do my room are really thorough. They chat to me whilst they're working as well." People told us that they noticed staff washing or sanitising their hands every time they came into or left their rooms.

Staff were trained in infection prevention and control during their induction and yearly after that. We saw records that supported this. One member of staff told us, "I can't tell you how many infection control study days I've been on, but its loads." This meant that people were trained in the prevention of infection.

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

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## Our judgement

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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.

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## Reasons for our judgement

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Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

The provider had worked to maintain and improve high standards of care by creating an environment where staff were supported to continually improve their skills.

One member of staff told us about their recent induction. They said that this had been thorough and had been appropriate for preparing them for their job role. They also said that the other staff within the team had provided good support and shared their knowledge routinely.

We spoke with staff and they confirmed that they received appropriate training and support which enabled them to carry out their roles effectively. They said that they received mandatory training every year which included subjects such as life support, safeguarding children and vulnerable adults and fire safety. They also received additional training in subjects that were relevant to the area in which they worked. For example, the staff in the operating department received supplementary training on moving and handling.

Nursing and other specialist staff were responsible for undertaking continuing training to support their own professional registration. There was a wide range of external training, which was sponsored by the hospital. One member of senior staff told us, "I've been here for years and have never known anyone requesting any external training, to be declined. As long as it's relevant."

Although no formal supervision took place, the staff we spoke with said that they felt supported. They explained that their manager or supervisor was available in the departments they were working in to provide advice, support and supervision.

We saw minutes of various staff meetings, both within each department and across the hospital. These meetings were to ensure that all staff were communicated with and made aware of essential information that affected their working within their department or the hospital.

A senior member of the management team told us, and the staff we spoke with, confirmed that appraisals took place annually. This gave all staff the opportunity to discuss, with their supervisor, their work performance and career aspirations.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People were made aware of the complaints system.

The provider took account of complaints and comments to improve the service.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People's complaints were fully investigated and resolved, where possible, to their satisfaction.

Pinehill Hospital had a clear and concise formal complaints policy. The service and staff took proactive steps to ensure patients were supported to make comments or raise complaints. Both staff and the Matron told us they would support people to make a formal complaint if that was what they wanted.

People using the service were given access to the complaints process, which would enable them to complain directly to the hospital or external organisations, where appropriate.

Feedback from the people who used the service was actively sought. There was a system in place whereby people were asked about their whole experience. Any complaints, constructive criticism and suggestions were viewed as valuable aids to monitor and develop better standards of care.

Staff we spoke with explained that any minor adverse comments were managed within the relevant department. One member of staff said, "If for example, someone complained their food wasn't what they ordered, we would rectify that straightaway. We want to put things right as soon as possible."

We asked for and received a summary of complaints people had made and the provider's responses. The hospital kept a log of all the complaints they received. We were shown the log and the detailed records kept of the individual complaint and how it was responded to. There were details of the dates responses were sent and the outcome of the complaint. We looked at a sample of responses and saw they had all been acknowledged and responded to within the industry standard's time frames. All the records we saw showed

that a thorough investigation had taken place and that all the responses were polite and considered. The hospital Matron told us that a system for learning from complaints was being developed and had been partially implemented. This meant the provider took account of complaints and comments to 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.

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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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