

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

Peninsula NHS Treatment Centre

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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
Safeguarding people who use services from abuse	✓	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	UKSH Peninsula Limited
Registered Manager	Mrs. Glenys Marie Mansfield
Overview of the service	Peninsula NHS Treatment Centre offers a surgical facility providing orthopaedic procedures for NHS patients on behalf of the NHS. The service offers day surgery and up to 28 overnight beds.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 26 March 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

During our visit to the service on 26 March 2013, we spoke with two people receiving day treatment and two inpatients. We also looked at comments recorded by the service as part of their quality audits and from people using the service on a NHS website.

People told us they were well informed about any procedures they were going to have and as a consequence had been able to give an informed consent. We saw consent forms were signed by the Individuals and the consultant and/ or the anaesthetist. One person using the service said, "Staff always have plenty of time to answer my questions."

All the people we spoke with told us they were very well looked after. One person said, "It is brilliant here, I would recommend it to anyone."

There were clear records kept of people's 'journey' from the time they were referred to their discharge.

People told us there were always sufficient staff to care for them and that they believed the staff to be well trained. We looked at personnel files for staff and saw the documentation required in order to keep people safe.

The centre had robust efficient processes in place to regularly check the quality of the service provided and make improvements. People told us that they felt listened to.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our visit to Peninsula NHS Treatment Centre on 26 March 2013, people we spoke with told us they had the opportunity to discuss their treatment during a pre-admission assessment and upon admission. One person said, "Staff explain everything they are doing and make sure you understand what is to be done." Another person told us that they felt reassured as they were able to ask questions before agreeing to any treatment. They said, "My views and opinions are listened to." This demonstrated that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We looked at the paper and electronic care records for two of the six people receiving inpatient treatment that day. We saw that people had been asked to give their consent to the proposed treatment both during pre-admission assessments and upon admission to the centre for the proposed treatment. The documents had been signed by the patients and the consultants and/or the anaesthetists to confirm everyone's agreement to the procedure. We saw systems in place to audit consent forms and make sure these were signed appropriately.

The service had a referral criterion and did not provide treatment to people who lacked the capacity to consent to their own treatment.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our visit we looked at the care and treatment records for two people using the service. The records were held electronically, although we saw paper records for consent to treatment and the administration of medication. The records demonstrated a pathway from the time of referral to the Peninsula NHS Treatment Centre to the time the person was discharged.

Each person had a plan of care that covered their pre and post operative needs. People told us that staff had talked with them about the whole process and had used technology, such as ipads, to show them the physiotherapy exercises they would be helped with as part of their post surgery recovery. We saw the records included information about peoples past medical history, known allergies and assessment of risks. Care and treatment was planned and delivered in a way that ensured people's safety and welfare and treatment reflected relevant research and guidance.

People that we spoke with told us that they were very satisfied with the standard of care they received. One person said, "I am very impressed. The care is brilliant, I couldn't want for anything else." They went on to tell us the centre had ensured that the equipment they would need at home following discharge was in place. We also saw that the expected medications required for discharge had been written up and signed in advance in an attempt to prevent a delay at the time of discharge.

The records we looked at indicated that care for a certain procedure was planned in a universal way and that any changes to the planned pathway were clearly recorded and updated. Observations were taken and recorded in line with the guidelines for the procedure. We saw that a recent audit of fluid balance charts had demonstrated the practice of recording the total at 12 midnight had shown that if there was a deficit it was difficult to rectify at this time of night. As a result staff totalled the fluid balance charts four times a day and hydration levels had improved.

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

Our judgement

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.

Reasons for our judgement

The people we spoke with suggested they felt safe using the service and well cared for.

We spoke with four members of staff, including a non clinical member of staff, about their roles and responsibilities with regards to safeguarding people. They knew there were safeguarding policies and protocols they should follow saved on the service's intranet. Staff were able to tell us how the information could be accessed and who they would report any suspected abuse to.

We saw records that confirmed all staff had completed safeguarding training relating to adults and children and training about the Mental Capacity Act 2005 as part of their induction. Updates to the training had been provided at regular intervals. Eighty eight of the 94 staff had completed the update in the required timescale. The remaining staff were only a maximum of 2 months outside the timescale for completing the update. We saw they were booked on the next available course.

Staff told us the type of incidents or concerns they would report. They also explained that if they were not satisfied with the provider's response, they could raise concerns directly with the local authority safeguarding team, the Care Quality Commission (CQC) or the police. Staff were also familiar with the provider's whistle blowing process. This meant that any concerns would be reported swiftly to ensure people were protected.

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

One person using the service told us they found the staff were, "Second to none." They also said, "All the staff are very friendly and knowledgeable."

During our visit to the service we visited the recruitment officer and looked at the recruitment policy and procedure for the appointment of new staff. We looked at five staff records across a number of disciplines including doctors, nurses and care staff. These showed that all applicants completed an application form and formal interviews and these were recorded. We saw records were well organised with information stored in separate sections in each file. The staff files contained evidence of disclosure and barring checks (previously known as criminal record checks), proof of identity and two written references, one of which was from the individual's last employer.

We found the provider had systems in place for ensuring health care professionals, including doctors and nurses, were registered with their professional bodies at the time of their recruitment. We also saw evidence that checks were made to ensure they remained on the registers and were eligible to practice. This meant that people who used the service were protected by the recruitment policies and practice.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The service carried out a wide range of audits to monitor the quality of treatment and care provided. These included daily, weekly and monthly checks in relation to a range of areas such as discharge, medication and infection control, in addition to monitoring the key performance indicators set by commissioners. We saw evidence that checks were carried out at ward level by senior nursing staff or by the clinical governance lead within the service. Records showed the information from the audits was analysed by the provider and used to improve practice on an ongoing basis. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. We also saw that the results of audits were discussed at meetings with the commissioners and the board. This demonstrated that the service had effective systems to identify, assess and manage risks relating to the health, welfare and safety of the people using the service. The people we spoke with told us that staff were always asking them if everything was to their satisfaction.

During our visit to the service on 26 March 2013 we spoke with two people receiving day treatment and two people who were in patients. We looked at comments recorded by people who used the service as part of the patient satisfaction questionnaire they were asked to complete. We also saw a number of comments on an NHS website that invited people to share their experiences. In total we saw 37 comments which were positive about the service. Two negative comments were preceded by positive comments and we could see that the service had accepted these and acted upon them. For example one person reported that their discharge letter had some incorrect information in it. We could see that this had been rectified in further correspondence.

A robust complaints procedure detailed how people using the service could make a complaint and the action they should expect following a complaint. This procedure was given to every person receiving treatment at the Peninsula NHS Treatment Centre.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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