Inspection Report

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

Peninsula NHS Treatment Centre

20 Brest Road, Plymouth International Business Park, Plymouth, PL6 5XP

Tel: 01752506070

Date of Inspection: 09 January 2014

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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
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	UKSH Peninsula Limited
Overview of the service	Peninsula NHS Treatment Centre offers a surgical facility providing orthopaedic, opthalmology and some general surgical 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

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'.

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 9 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

This inspection took place on 09 January 2014 as part of our planned schedule of inspections. We spoke with seven people on the ward who were receiving care and ten members of staff. We visited the out patients department, day theatre department, inpatients ward, theatre suite, pharmacy and records department

People who used the service were complementary about the care and treatment they had received. All spoke highly of the medical and nursing staff and described the care they had received as "brilliant" and "exceptional". People told us that they had been treated with dignity and respect at all times.

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

People using the service and staff told us they considered there to be sufficient levels of staff with the right skills and experience to care for them. Training for all staff continued to ensure staff remained updated with best practice.

The records maintained for each person were detailed and accurate and systems were in place to ensure people's confidentiality was maintained.

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.

Reasons for our judgement

We spoke with seven people who told us they had been treated with dignity and respect at all times. They said "They (staff) asked us what name we preferred to be called by and we call them by their first name, that was very nice".

We observed that staff treated people with consideration and kindness. We observed theatre staff taking time to explain procedures and supporting people when they were anxious. Staff on the ward demonstrated an easy rapport with people and shared a joke with them whilst remaining professional and courteous.

People told us that they had the opportunity to discuss their treatment during a pre-admission assessment and on admission with both medical and nursing staff. They told us that they had also received leaflets containing information about what to expect on admission and they felt able to participate in making decisions and choices about their care. One person said "I received clear explanations about what would happen and felt well informed". This demonstrated that people received information and support in relation to their care and treatment.

We looked at the paper and electronic care records for two people receiving inpatient treatment. We saw that systems in place did not enable people to review and confirm their agreement with their plan of care because they were electronic records. People told us that this did not concern them because staff talked to them regularly about what was happening to them and discussed their options for care with them. People told us they had confidence in the staff on the ward. The service had a referral criterion and did not provide treatment to people who lacked the capacity to consent to their own treatment.

People said that they had been encouraged to remain independent whilst also being supported to progress to their discharge home. We saw physiotherapy staff supporting people to gain mobility and providing assessments and support. People spoke highly of the medical, nursing and physiotherapy staff and of their encouragement to assist people to return home when they were able.

The service provided was for people over the age of 18 only. No children's services were provided. All areas of the location provided lift access and wide corridor level access for those people with mobility issues. The day theatre and in-patient ward comprised of single and shared bays. The shared bay areas were for single sex occupancy only which ensured people's privacy and dignity at all times.

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

We spoke with seven people using the service. They were all happy with the service provided. They told us "The referral was great and the service has been very good", "If I didn't have to go home – I would stay it's been so good" and "I don't think you would find a better hospital or staff".

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

Each person had a pre admission assessment and all tests needed prior to admission were done as part of their out patients appointment. On admission, a plan of care was put in place that covered their pre and post-operative needs. People told us that staff had talked with them about the whole process and they were aware of their options and felt involved in decisions.

We saw the records included information about peoples past medical history, known allergies and assessment of risks for areas including mobility, falls and nutrition. All risks were reviewed regularly to ensure any changes were identified and care plans amended to meet those changes. Daily records were maintained by medical and nursing staff to provide an audit trail of care provided. We observed that when an allergic risk had been identified as part of the day theatre admission, this information was passed to the theatres and the inpatient ward to ensure a continuity of care and reduced risk to the person receiving treatment.

Staff told us that communication was good and that they received a handover of information each day and at the start of each shift. This information enabled them to know about each person and the care and support they needed.

We visited the theatre suite and observed that the safety checklists required were followed to ensure the welfare and safety of the person receiving treatment.

People told us that they saw their consultant each day and we spoke with the medical officer on duty. Medical cover was provided 24 hours each day with surgeon and anaesthetists 'on call' out of hours. Emergency arrangements were in place should a person need to be transferred to the nearby acute hospital. Should an emergency transfer take place an investigation would be undertaken to take any learning from this to reduce any further risks. Staff explained that further emergency training took place, with resuscitation equipment available in each unit and regular resuscitation training taking place for staff.

The registered provider may find it useful to note that the in patients portable suction machine, used in emergencies, had not been serviced as planned. The manager told us this was being addressed. We also noted that portable oxygen cylinders were not secured and may pose a risk of injury should they fall over.
We spoke to people about their discharge from the service; they told us that they knew what was happening to them, had information about how to continue their treatment and therapy at home and what to do should they have any concerns. 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 registered provider may find it useful to note that we were told by a person using the service that the number given to people to call should they have any concerns was not effective. The experience of one person had highlighted that the number was not answered and when finally a response was achieved this was not satisfactory. This means of ongoing support did not provide a continuity of care and support for people using the service.

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

Peninsula NHS Treatment Centre had a dispensing pharmacist on site for five days of each week. All medicines required were ordered and disposed of through the pharmacist and clear records of this were maintained.

At each person's outpatient appointment, a list of their current medication was recorded and people were advised to bring their medication with them from home. Once seen by the doctor on admission a prescription was received and medication was ordered through the on site pharmacist as needed for the duration of their stay.

A Medication Administration Record (MAR) was completed. The MAR sheet was in place to inform and direct staff of the medication, dose and times of administration. We were able to see from the MAR sheets when medicines had been administered and if doses had been omitted the reason for this. A system was in place to identify medicines prescribed by the Medical Officer on admission and those prescribed previously by the persons GP. This enabled a clear audit of all treatment during the admission. During our inspection we saw people's medicines were stored in locked cupboards at their bedsides. Medication records were stored at the end of each person's bed. Additional medication, kept as ward stock, was stored securely in the clinical room, or in a locked medication trolley.

Trained staff only administered medicines on the ward. Senior trained staff audited the MAR for gaps in medication not being given. The MAR were also audited by the on site pharmacist to ensure that adequate stock levels were in place and to ensure no risk of medication interactions. Medicines in the day theatre unit ,including "pre meds" were prescribed by the anaesthetist and administered by trained nurses. Clear records were maintained of all medicines given.

For 'as required' medication, for example pain relief and medication for constipation, staff recorded the reason it was administered and the dose. We asked two patients if they received pain relief medication promptly when they needed it and they confirmed that they had. We spoke with three people being discharged on the day of our inspection. They showed us that they had received their "take home" medicines in good time to prevent any delay in discharge.

Controlled drugs were ordered through the on-site pharmacist with additional safety measures in place to ensure that all controlled medicines were accounted for. We reviewed the controlled drugs register and found this was completed to identify the stock levels on the ward and day theatre department, the administration of each drug including the dose, frequency and who it was administered to. Staff completed a stock check of the controlled drugs each day. We saw that two members of staff had checked and signed the register to demonstrate the levels recorded, balanced with the medication stored in the controlled drugs cupboard.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Comments received about staff were all complementary. We spoke with staff, they told us that they enjoyed working at Peninsula NHS Treatment Centre and felt supported by the staff team and management of the service. Staff told us "I love it here, it's the best job ever" and "I like the relaxed and personal atmosphere of knowing your colleagues".

Patient's told us that when they used the call bell to summon assistance, staff came straight away. We saw that staff were available on the wards at all times, with staff taking time to talk to people and give full explanations for the treatment they were providing. Two people told us that there were sufficient staff at night. They told us "you can even get a cup of tea in the night".

On the day of our inspection each unit including out patients, day theatre, theatre and in patient ward were each staffed independently by medical staff, nursing and health care staff. Staff told us that they sometimes worked on different units and this broadened their understanding of the service. Also available were support staff for cleaning and serving food.

Recruitment to fill any vacancies was taking place and agency staff were used when necessary.

Staff told us that should at an outpatient appointment the dependency of person be noted to be higher than usual, extra staff were planned in preparation for their admission to support that person. The service would not accept for admission any person with high levels of health needs or reduced levels of cognitive ability. As each admission was planned, the level of staff could be identified. The service criteria for care and treatment meant that staffing levels depended on the numbers of people using the service but could vary as needs were identified.

Staff told us that training was available and records showed that they had completed training in moving and handling, infection control, fire safety and the safeguarding of vulnerable adults. All theatre staff had the necessary qualifications and accreditation to work safely within this speciality. Staff told us that training needs were identified as part of their annual appraisal and request for specific training could be made. E learning and

resources were also available to staff on request. An overall staff training plan was maintained to ensure any shortfalls in training were identified and a training plan put in place.

Records ✓ Met this standard

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

The care records showed good assessment information and risk assessments were in place to record care planned and given. These were in place to support people to remain as independent as possible. We saw that all investigations and results were clearly recorded so that the results could be seen quickly and easily.

We saw care plans were personal to the person and provided the detail of person's choices and preferences. This information was needed to enable the staff to provide the care needed by each person. All computerised records were maintained securely with staff having access and all changes recorded by electronic staff signature.

The daily records reflected the care being delivered by both medical, health care staff and therapist, and the monitoring records provided details of the equipment used. We saw that when a person's needs changed, daily records reflected these changes and the daily records provided a clear audit trail of how care needs had been provided.

The service had a records department which handled all records following discharge. Clear systems were in place to audit the records to ensure all paper documents were correctly completed. Storage arrangements were secure to ensure the confidentiality and privacy for people using 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

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