Inspection Report

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

St Barnabas Hospital

Higher Port View, Saltash, PL12 4BU
Date of Inspection: 02 August 2013
Tel: 01726627561

Date of Publication: September 2013

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✓</td>
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<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Peninsula Community Health C.I.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Ms. Joanne Beer</td>
</tr>
</tbody>
</table>

**Overview of the service**

St Barnabas Hospital provides services to adults who can be admitted as inpatients at short notice or in an emergency. Acute services and rehabilitation services are provided. The hospital has the maximum capacity of eight beds. Patients both adults and children may also be seen in the minor injury unit, which has limited opening hours and no x-ray facility.

There is a minor surgery theatre with two day case theatre beds attached to this facility.

**Type of services**

- Acute services with overnight beds
- Rehabilitation services

**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'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>5</td>
</tr>
</tbody>
</table>

| Our judgements for each standard inspected:                                                 |       |
| Consent to care and treatment                                                               | 6    |
| Care and welfare of people who use services                                                  | 7    |
| Cleanliness and infection control                                                           | 9    |
| Supporting workers                                                                          | 11   |
| Assessing and monitoring the quality of service provision                                  | 13   |

| About CQC Inspections                                                                       | 14   |
| How we define our judgements                                                                | 15   |
| Glossary of terms we use in this report                                                     | 17   |
| Contact us                                                                                  | 19   |
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 2 August 2013, 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

During this inspection we spoke with five patients on the ward; two people attended the Minor Injury Unit (MIU) during our inspection but we were not able to speak with them. We also spoke with five members of staff.

Patients told us that they were very happy with the care they had received and felt the hospital staff had provided them with good care. They told us "I have had first class care. This is the best hospital I have ever been in for care" and "I have needed extra care and they (the staff) have been marvellous". Patients we spoke with were aware of what was happening with them and had received information from the doctor and nurses about their care and plans for discharge.

The patients we spoke with told us that staff always asked for their consent before providing care to them. They said they could look at their records should they want to. Patients told us they did not feel the need to do this because they had confidence in the staff to provide their care correctly.

The hospital appeared clean. Systems were in place to ensure that the hospital remained clean and hygiene levels were monitored.

Staff told us that they felt supported by the management of the hospital to deliver care to patients to an appropriate standard. They told us that they had good levels of communication with each other and senior staff to ensure that any issues were addressed.

Systems were in place in the hospital to identify, assess and manage risks relating to patients health, welfare and safety. Further monitoring of the quality of the service enabled changes to be identified and be made to improve the service when needed.

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

We asked five patient's if staff at St Barnabas Hospital gained consent from them before providing care or treatment. They told us that staff always asked permission before providing any care. They said “They ask before they do anything” and "They bring you a bowl of water and ask you what help you needed".

We observed care being given and heard that before patients received any care or treatment they were asked for their consent and staff acted in accordance with their wishes. We saw staff asking patients if they wanted to try a short walk, if they wanted to go to the toilet, what they wanted to eat and drink and if they generally needed any help.

We asked patients if staff knocked on the door and waited to be allowed entry. One person said "Staff are too friendly for that. They do tell us who they are and let us know they are here".

We saw that care plans and records included the consent to investigations and agreement to daily care being provided by the patient. We also looked at the care evaluation records for three patients and saw that consent was requested and agreed before personal care was provided.

The provider advised us previously that the hospital policy about a person's wishes regarding the action taken should the patient have a cardiac arrest, was that the appropriate document would be available on request. Routine completion of this form does not automatically take place.

We saw that these forms had been completed for some patients who had capacity to be included in the decision making. The registered provider may find it useful to note that for one patient who had capacity, the decisions made had not been discussed with the patient and the name and date of person involved in the discussion had not been recorded. This did not provide a clear audit trail of the decision making process.
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.

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

Reasons for our judgement

Patient's comments included "Staff are fantastic, they go out of their way to help" and "This is the nearest thing to thoroughness I have ever seen in health care". One patient told us "You wouldn't get better care if you were paying for it – and you can put that in your report".

Each patient had a plan of care and records of the medical care and decisions made about them. The care plans included an initial review of all the patient's needs when they were admitted to the hospital. This provided staff with information to help them provide care in a way the patient would like. We asked patients if they had looked at or been involved in agreeing their plan of care. One patient told us they had been involved when they were admitted, other patients could not remember. We saw that monitoring records for each patient showed when staff attended to them and if they needed any extra support. One patient had a fluid restriction and the records available for staff documented when and what fluids were to be provided.

We observed care staff supporting people kindly and with respect. One care staff was assisting a patient in a wheelchair. She checked the person was comfortable and explained each action to them including "I am going to turn you around because we can't seem to get going that way, is that ok?". The patient told the care staff "You are so good to me".

A verbal handover of information was given to all staff each day to ensure that staff were up to date with any changes in patients needs. The registered provider may find it useful to note that the care plan for one patient did not accurately reflect the care being provided. This patient had had a change of pain relief medicine and this was not stated in the care plan for staff to be aware of the change. The patient also complained of nausea and this had been a long standing problem. However, we observed that staff knew about the change of pain relief and nausea. They responded appropriately by making sure the patient received extra pain relief and anti-sickness medicine and staff noted that they needed to advise the doctor that the patient was not settled on the new medicine.

Risk assessments were in place for each patient to promote a safe environment, these
included moving and handling, bed rails, pressure area and nutritional risks. These assessments enabled staff to minimise risks and ensure the patients remained safe.

We saw that some patients had a degree of memory loss and dementia. Care plans identified any specific needs patients may have around dementia and staff were seen to follow those instructions. One care plan for a person with a level of anxiety told staff to "Remind X that all care is free and not to worry". We saw staff talking to this patient and providing reassurance.

A day room was available for patients to sit and watch TV. Staff also explained that the upper floor three bedded ward was also used to view activity out in Tamar estuary and Naval dockyard. We saw staff helping patients to walk and spending social time talking with them. The registered provider may find it useful to note that the three care plans we saw did not have any social or recreational details about the patients.

Discharge planning was undertaken and most patients were able to tell us about what was happening to them. We saw that medical care was provided by a local doctor's practice. Out of work hours an out of hours service were used. We were told that physiotherapist and occupational therapists were involved in the discharge planning to support people to manage at home. One patient told us "I am going home and have a tribe of people coming in each day to help me".

Patients attending the Minor Injury Unit (MIU) were assessed initially on arrival. This enabled staff who were also working on the ward to ensure the remaining ward staff were organised and supported before proving care in the MIU. The trained nurse on the ward covering the MIU had either Minor Injuries training or First Aid training to provide an initial response and treatment. Staff on the wards told us that they felt there was sufficient staff on duty to enable the trained nurse to also cover the MIU.
Cleanliness and infection control  
Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

Patients we spoke with currently in St Barnabas Hospital praised the cleanliness of the hospital. We were told "The cleaners are lovely and they have a chat" and "they clean through every day, beds up and they clean underneath and they clean on top of the curtain rails". A further patient told us "They are ever so particular".

We saw from the hospital's own audits that routine and deep cleaning takes place. We spoke to cleaning staff who were knowledgeable about the cleaning routine, products used and the infection control procedures to be followed. Systems were in place to show which rooms had been cleaned and which rooms still needed cleaning. Staff were able to describe how three different types of cleaning took place and that the theatre was also cleaned in a specific way to ensure a good standard of hygiene.

Staff told us that the hospital had an infection control policy and procedure that was accessible to all staff. We saw on notice boards around the hospital information for staff to demonstrate which laundry and clinical waste bags were to be used to reduce any risk of cross infection. There was also information for staff about action to be taken if there was a needle stick or contamination injury.

We saw hand gel was available for each room and bedside for staff, patients and visitors to the hospital to use. Hand washing facilities were available throughout the wards and departments, with liquid soap, antibacterial gels and paper hand towels. Guidance regarding hand washing and gel was in place throughout the hospital. We observed staff cleaning their hands between contact with each patient.

The hospital had identified one member of staff to lead overall on infection control and further infection control lead members of staff were working on the wards. One lead person was able to tell us that they had received infection control training and understood their role. Staff told us which cleaning they were responsible for, for example that care staff cleaned commodes after use and not cleaning staff.

Audits were regularly undertaken in the hospital for infection control on a weekly basis. We saw labels in place which identified 'I am clean' and were dated when this cleaning took place. We saw a hygiene code and cleaning schedule was in place. On the day of our
inspection there were two domestic staff on duty who explained to us the systems in place for changing curtains and cleaning when an infection risk had been identified. We observed staff addressing an infection control risk. This involved moving a patient and the cleaning and changing of equipment taking place. Staff were knowledgeable and confident in the actions they were taking to prevent any risk of the spread of infection. We also observed staff following procedure and providing each patient with a cleansing hand wipe prior to lunch. Staff supported patients to use these, one explained "These are for fingers to prevent jippy tums", the patient laughed and appreciated this explanation.

No laundry was washed on site. We saw systems in place for identifying soiled or infected laundry and storage was provided outside of the hospital until collection took place. Further systems were in place for the collection, storage and disposal of clinical waste products.
Supporting workers

Met this standard

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

Our judgement

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.

Reasons for our judgement

All patients spoken with were complimentary of the staff caring for them. They told us that staff were skilled and professional but also showed extra kindness and humour. They told us that if they used their call bell to summon assistance from staff, they never took longer than a couple of minutes to arrive. One patient told us "They listen to everything you say". We observed staff taking time to ensure that patients were comfortable whilst enjoying a joke and shared humour. Patients referred to staff by name which indicated that they knew them and were comfortable with them.

Staff told us they were provided with sufficient training to carry out their roles. They also told us that they found the management of the hospital to be approachable and responsible. They told us that should they have any issues they could talk to senior staff at St Barnabas and that issues would be appropriately addressed.

We saw from training records and from discussions with staff that training was on-going and met the needs of the patients admitted to the hospital. We spoke with three staff who told us about undertaking end of life training, infection control training and moving and handling training.

Medical cover in the hospital was provided by the local general practitioners. Staff at the hospital also worked in the minor injuries unit and all trained nurses had received appropriate training for this. On the day of our inspection, the trained nurse was relatively new to the hospital and had not yet received the training. She told us that she provided first aid and had access to an on call staff member for further support if needed.

Staff had identified lead nurse roles which involved completing additional training and study in order to share this knowledge with their colleagues and provide support and guidance when necessary.

Staff said they did not receive formal supervision but there was an 'open door policy' and that they could talk with the hospital or ward manager at any time. They did confirm annual appraisals took place and during this process training needs were identified and training provided. New staff to the hospital had a five day induction to the hospital and had
appraisals after three and six months of employment. This was done to ensure staff felt supported.

Staff meetings took place and staff told us that meetings were not regular and one had not taken place for some time. Staff were not concerned about this as they told us that they could speak to the management at any time.
### Assessing and monitoring the quality of service provision

<table>
<thead>
<tr>
<th>Met this standard</th>
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<tr>
<td>The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care</td>
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### Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

### Reasons for our judgement

Each month the senior staff undertook a series of audits to monitor the quality of the service being provided. These audits included monitoring of the care plans, accidents including falls, infection control and discharge delays. Any actions raised or identified were recorded and addressed. Audits for infection control management included monthly hand hygiene audits and equipment being swabbed to identify any risks to patients and staff.

Care plans were reviewed weekly by a senior member of staff. Samples of care records were reviewed and any shortfalls addressed. Audits of any pressure damage to skin took place monthly by a tissue viability specialist to promote prevention. Staff were able to tell us about the patients on the wards and any pressure damage risks they had identified and preventative actions taken.

Accidents, falls and incidents were reviewed by the senior staff each month, looking for incidences which would be used to promote accident prevention.

Records were maintained of any delays in discharges to promote prompt action to prevent delays. Any extended delays could be identified and reasons provided to explain the reason for the delay.

Surveys of the opinions of people and their relatives had been undertaken as part of a computerised system to identify if there were areas of change needed in the service provided.

Staff told us that they felt able to raise any issues with the management of the hospital and make suggestions for the development and improvement of the quality of the service.

No complaints had been received about the hospital since our previous inspection.
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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>20</td>
</tr>
</tbody>
</table>

**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.
(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.