

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

Edward Hain Hospital

Albany Terrace, St Ives, TR26 2BS

Tel: 01726627561

Date of Inspection: 08 July 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Peninsula Community Health C.I.C.
Registered Manager	Mr. Clive Acraman
Overview of the service	Edward Hain Hospital provides services to adults who can be admitted as inpatients at short notice or in an emergency. The hospital has the maximum capacity of 12 beds. Out patient clinics also take place each week.
Type of services	Acute services with overnight beds Rehabilitation services
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 July 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

People we spoke with who used the service referred to themselves as patients. Therefore in this report we will use the same terminology. This inspection looked at five key outcome areas: consent to care, the provision of care, the suitability of the premises, staff training and supervision, and quality monitoring.

We spent time on the ward and talked to three patients who had received treatment on the ward. They were all positive about the care they had received. Comments made by patients included "the staff are wonderful", "they [the staff] always explain what is going to happen", and "I have no concerns, but I wouldn't hesitate to say something if I did". Patients told us the staff always asked for their consent before providing care and treatment. One person said the staff had explained their treatment to them fully and in a way that was clear and understandable.

We saw the premises were clean throughout, and the hospital provided a safe environment.

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

The hospital had quality assurance processes in place to monitor and improve the services they provided.

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 spoke to three patients at Edward Hain hospital, all of whom said they felt involved in their care. One patient we spoke with was very clear they had been kept informed about their care and treatment at all times. We were told "they [the staff] always explain what is going to happen".

We looked at the care plan documentation for three patients. Care plans are a tool used to inform and direct staff about people's health and social care needs. Care plans should involve people and/or their relatives and representatives, if necessary, to ensure the information written about a person is individual, reflective of current care needs and up to date. We saw this included detailed admission assessments, records of treatment and /or investigations planned and completed. The ward sister described some of the multi-disciplinary meetings and discussions that took place to ensure people's best interests were met, and advised us of a meeting planned later that day for a GP to meet family members to discuss the use of a Allow a Natural Death (AND) order.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare. The ward sister demonstrated a good understanding of these issues and explained the nature of the planned treatments at Edward Hain Hospital ensured patients arriving for treatment were able to give consent. The ward sister told us they were confident the staff were aware of and took into consideration people's capacity.

The provider might like to note we saw one file where the patient had not signed the documentation to show their agreement with the plan of care. Discussion with the ward sister and staff nurse confirmed this should have happened. Staff had not always recorded where consent had been sought and obtained prior to treatment or care being carried out. The ward sister, matron and director of nursing said they would look at the hospital's documentation to see if it could be amended to show more clearly situations where

consent was needed.

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

Edward Hain Hospital provided 12 inpatient beds and outpatient Clinics for: Psychiatry, Continence, Echocardiograms, Ultrasound, Stroke, Parkinsons, Memory Clinics, Pulmonary rehabilitation and Diabetic Retinal Screening. Edward Hain had a total of 31 staff members (12 whole time equivalent and 19 part-time) from a variety of disciplines. It was open 24 hours per day and outpatients clinics ran from Monday to Friday 9am to 5pm. Edward Hain hospital provided a nurse led service with medical cover provided by the nearby Stennack Surgery. We were told by the ward sister that each week a multi-disciplinary review meeting was held on the ward, regarding the treatment, progress and if relevant discharge plans for the patient's. There was also a weekly ward round by the responsible GP. Visiting hours were from 2.30pm to 5pm and 6pm to 8pm, with protected mealtimes between 12 noon and 1pm and 5pm and 6pm.

We saw from information provided that the average ward occupancy was 89.5% in May 2013, with the average length of stay for patients being just under 17 days.

At the time of our visit there were 11 people who were receiving treatment on the ward. The three patients we spoke with were positive and complimentary regarding their care. We read feedback left by patients who had had treatment at Edward Hain hospital and this was very positive and praised the care, support and treatment provided. We saw a compliment card left by a patient who had just been discharged, which included "amazing staff".

We reviewed the care plans of three patients. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. We asked patients about their care plans. They were aware of the care plans and they told us they had no concerns about their care. The care plans provided staff with information on the action they had to take to meet the person's identified care needs. Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw from the care plan documentation the patients choices and preferences were recorded which meant the completed forms were personalised and individual. We also observed that the documentation was relevant to the care the patient was admitted to the hospital for.

We saw both care plans and risk assessments were used on the ward. We saw risk assessments were in place regarding moving and handling, pressure relief, falls and nutrition. Risk assessments are a tool to identify any hazards and the action that staff must take to reduce the risk from the hazard. Specific equipment that people required to assist with moving and handling was identified within the risk assessment. The provider may like to note we saw one risk assessment had not been updated since the patient had had a fall.

We saw detailed discharge plans were developed to ensure the correct support was in place on the person's return home or to a residential care home.

The hospital also had three rooms available for outpatient clinics five days per week. On the day of the inspection there was a diabetic retinal screening clinic, a speech and language clinic and a physiotherapist available. We spoke with one visiting outpatient after the hospital administrator had offered to make them a cup of tea. They expressed no concerns with accessing the clinics or with the treatment offered.

Safety and suitability of premises

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our inspection we saw clear signage throughout the hospital. Staff were friendly and helpful in providing directions. We walked around the hospital and did not have any concerns regarding the environment. The hospital had some narrow, windy corridors due to the age of the building. Other areas seen, such as the ward and out-patients department, were clean, largely uncluttered and provided sufficient space. There was a small car park to the front and rear of the hospital.

The ward had single and shared rooms available. There was a four-bed room, three two-bed rooms and two single rooms (one with en-suite facilities). The shared rooms were for single sex occupancy only, to ensure the dignity of patients using the hospital.

There was a policy for the management of medical gases such as oxygen. There was a policy for the Control of Substances Hazardous to Health (COSHH) and information and training for staff was given. There was a waste disposal policy to protect the health and safety of patients, staff and visitors.

The hospital had an Infection Prevention and Control Policy. This policy outlined the responsibility of staff and provided guidance to staff on the measures required to prevent the spread of infection in hospitals. The hospital was seen to be clean and free from obstructions, with equipment stored properly although storage space was at a premium. Patients we spoke with told us the wards were "Very clean". We saw the hospital catering department had achieved a five star rating after an Environmental Health Inspection in March 2013.

The hospital had an estates strategy which provided a framework by which the existing estate could be re-designed, modernised and improved. The Patient Environment Action Team (PEAT) focuses on improving the patient experience whilst monitoring to ensure the trust maintains and improves a high quality environment sensitive to the needs of patients.

We saw there were up to date health and safety records that showed suitable systems were in place to ensure fire, heating and the environment were tested and properly maintained. For example, fire doors were clearly marked and were linked to an alarm

system and fire extinguishers were seen and checked as having been serviced in the last year.

However, the provider may like to note monitoring of estates (the buildings) and associated safety checks was not always consistent or robust. We saw a fixed electrical system test dated November 2012, which had identified defects. At the time of the inspection we saw no evidence of any remedial action taken to address the defects identified. The provider's Head of Estates told us "they [the contractor] did not forward the test documentation until late April 2013", but we saw no evidence of steps taken to follow this up in the intervening period. The Head of Estates view was "the site is compliant as a test and inspection has been carried out within the recommended 5 yearly period", but the documentation provided indicated that there should have been on-going monitoring, management and auditing of inspection reports, such as the fixed electrical system testing. Additionally, the information provided told us "Cat 2/3 defects identified are planned in accordance with level of risk". We did not see evidence of a plan of work to remedy the defects identified. The provider has since assured the Care Quality Commission (CQC) that remedial action will be taken to address the work needed on the electrical system.

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

We asked patient's about their views on the staffing at the hospital. Patients were positive in their comments about the staff. One patient expressed concerns about the attitude of one member of care staff, and this was passed to the ward sister for investigation at the time of the inspection.

We inspected the training records of staff who worked on the ward and were provided with the most up to date training matrix. A training matrix is a tool used to monitor the training achievements and needs of a group of staff, providing an overview of dates when training was completed or when a refresher course was due. The programme of training was on-going with some refresher training due annually and some every two or three years. The matrix showed there were some gaps in the training staff had completed. These gaps had been identified and the hospital administrator told us staff were required to arrange dates to attend relevant courses with the training department. We saw training available and/or needed to be completed by individual staff was displayed in the staff room.

We talked with staff about the training they were provided with. All of the staff we spoke with were positive about the training arrangements and said the training was frequent and of a good quality. We were told mandatory training was planned and booked in advance and staff were informed of when they needed to attend such training. Analysis of data collated by the CQC shows completion of mandatory training by staff across all the provider's locations ranged from 70% for Infection Control to 94% for Health & Safety training.

Newly appointed staff had induction training, where they were introduced to staff throughout the hospital and learned more about their role within the organisation. All new staff were expected to become familiar with the relevant policies and procedures to enable them to do their job. The training covered a variety of essential subjects including fire, health and safety, infection control, medical emergency (CPR), moving and handling, safeguarding and other training specific to the department or speciality.

Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. Some

professions have to show they have had formal supervision sessions in order to maintain their right to practice. We were told a formal annual appraisal took place, and we saw documentation to support this, although the provider may like to note the documentation was not consistently dated or signed by the participants. All the staff we spoke with said they felt supported and would feel able to approach the ward sister or the hospital matron. We saw three staff personnel files and these showed records where staff had been offered additional support at work.

The provider may like to note staff and the ward sister confirmed formal supervision with their line manager was not yet in place. This was discussed at the time of the inspection with the ward sister and hospital matron. It is noted that the provider had a supervision system in use at another location, and the provider agreed to ensure frequent and regular supervision was introduced and embedded in the culture of Edward Hain hospital.

Ward meetings occurred and included discussion about changed policies and procedures, training opportunities, development of the hospital, and identification of any issues arising at the time of the meeting. Staff were also kept informed by a weekly bulletin, a monthly publication (Team Focus) and a quarterly publication (Peninsula News) from the provider.

Monthly reports were provided to ward/team level on staff absences together with progress updates on each individual. Managers were supported in absence meetings and there was a staff absence policy.

We saw records that showed professional staff, such as nurses and doctors, were properly registered with their governing organisation (Nursing and Midwifery Council, General Medical Council), and that the status of their registration was constantly monitored. We were advised all medical staff were employed by the local hospital trust (RCHT) and that revalidation of medical staff was being carried out. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis (every 5 years) that they are up to date and fit to 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 received.

Reasons for our judgement

We received no specific comments from patients about assessing and monitoring the quality of service at the trust. Observation of staff showed that they worked using safe practices for example moving people between departments in beds and via wheelchairs and using manual handling equipment to help people from their bed to a chair. Staff told us, and records confirmed that appropriate and relevant training was available and undertaken, and staff felt supported.

Patients could make their views known via national systems such as NHS Choices or via national and in house inpatient and outpatient surveys. We also heard that the patient experience, such as results of the Department of Health Friends and Family test (F&FT) that asks for feedback from patients about their care and treatment, was used to help identify what patients thought of their care and treatment. We saw that patient experience results in June 2013 were consistently high, with 14 of 16 outcomes returning 100% positive responses. The two lower outcomes were: when asked "Have staff talked to you about your discharge from hospital?" 75% of patients said yes, and when asked "Do you think the staff do all they can to help control your pain? 83% of patients said yes".

We spoke with the ward sister, the hospital matron and the director of nursing who outlined the range of quality monitoring systems in place to review the care and treatment offered across the trust. These included a range of clinical and health and safety audits, monitoring of patient feedback, staff training and reviews of all accidents, incidents and complaints. They outlined the committees in place to monitor risks which included medical advisory, clinical governance and health and safety committees.

Each week the nurse in charge of the ward was required to complete checks on the ward. For example, how tidy and clean the ward was, infection control equipment in place and working appropriately and checking of medical equipment. These records were available to the staff and patients on the ward notice board.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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