

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

Claremont Hospital

401 Sandygate Road, Crosspool, Sheffield, S10
5UB

Tel: 01142630330

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2014

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

Cooperating with other providers ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Aspen Health Care Limited
Registered Managers	Mr. Tony Barrett Mr. Andrew Davey
Overview of the service	<p>Claremont Hospital is part of Aspen Health Care Limited. It is situated in the Crosspool area of Sheffield. Claremont Hospital provides a wide range of medical and surgical treatment to people who are funded by NHS and private plans.</p> <p>In this report the name of a registered manager appears who was not in post and not managing the regulated activities at this location at the time of this inspection. This name appears because they were still a registered manager on our register at the time of the inspection.</p>
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'.

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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 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by other regulators or the Department of Health. We talked with other regulators or the Department of Health.

What people told us and what we found

During this inspection we focused on the outpatients departments where patients arrived for appointments before or after treatment. We spent time speaking with patients and their relatives. We interviewed staff which included doctors.

Patients told us that the treatment they had received was their choice and they were not pressurised into making any decisions that they did not agree to. Patients said that they expressed their views and were able to be involved in making decisions.

Treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. Patients' decisions were followed up by risk assessments to ensure the treatment plan minimised the risk to patients. Doctors and nurses said, when choosing treatment all associated risks were discussed with patients before they made the final decision.

To maintain continuity staff at the hospital worked in co-operation with other outside agencies.

Patients were cared for in a clean, hygienic environment. Dedicated members of staff carried out cleaning duties. The infection control lead for the hospital encouraged staff to take ownership for maintaining good practices and promoting infection control. Patients were cared for by staff who had been appropriately checked for their fitness before staff began work.

Patients were aware of the complaints policy. They had their comments listened to without the fear of being discriminated against for making a complaint.

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.

Patients' privacy, dignity and independence were respected.

Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care and treatment.

Reasons for our judgement

Patients who used the service understood the care and treatment choices available to them. Patients told us that the treatment they had received was their choice and they were not pressurised into making any decisions that they did not agree with.

The doctors and nurses said they helped patients make informed decisions by ensuring patients were aware of the risks involved in the treatment options. They told us patients were given information so that they were able to balance any risks against their preferred treatment options. Doctors told us that patients were given time to think about the available options and enabled to decide on a suitable treatment. One of the examples we were given was, when a patient requested surgery to solve a health problem and expressed their preference for a quick surgical solution. A surgeon explained they gave the patient options appropriate for the condition and it was not necessarily surgery. They said it could well be physiotherapy or alternative treatment. This meant patients were given choices to make the right decision for them.

Patients were given information in a way they were able to understand. Patients said that they expressed their views and were involved in making decisions about their treatment. Doctors told us they used different methods when explaining their diagnosis to patients and the way each treatment option would benefit them. They said often they used diagrams that illustrated the patient's condition. Staff told us that most patients had a good understanding of English. However for those who needed help they used interpreters. This was identified at the pre-admission stage and they made appropriate arrangements. Patients said they were also given plenty of time to consider the treatment plans before having to decide. They were able to discuss the treatment plan with their family members and explore other options. This meant patients were able to understand the treatment options.

Patients were supported in promoting their independence. Patients explained that doctors, nurses and other professionals who came into contact with them respected their rights to maintain independence and encouraged them to influence their treatment. One patient said, "I want to get back to what I was like. I like keeping busy and being independent. Once I get better at walking I know I will get my independence back." Patients we spoke with were confident that their life would be better once they received the treatment and recuperation.

Patients received necessary support when they were discharged from the hospital. We were informed by the medical and nursing staff that the pre-operative assessment gave them an opportunity to find out the home circumstances and the family support patients were able to receive. They said this was taken into account at the point of discharge so that they were able to involve appropriate services to ensure patients received the necessary support on discharge. They said they involved the patient's GP and community services, such as occupational therapists, physiotherapist and the district nurses to help with patient's recuperation.

Patients' diversity, values and human rights were respected. We were given examples where staff had taken action to ensure patients' diversity and human rights were respected and protected. Staff told us where patients had difficulty communicating or understanding what was said they sought help from family members or advocates. The hospital managers told us that staff had received training on equality, diversity and human rights. Staff were knowledgeable and appreciative of the importance of valuing people's rights and respecting diversity. Patients told us that most staff valued their rights and treated them with respect.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plans. Patients we spoke with remembered being involved in their pre-operative assessments by the doctor and agreeing to the treatment. Files we checked confirmed that pre-operation assessments had been carried out by the doctors and nurses with the help of the patient, and in some cases their family members. The information took note of patients' social and psychological needs.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. Patients' care needs were followed up by risk assessments to make sure the treatment plan minimised the risk to patients. Doctors and nurses told us that all associated risks when choosing treatment were discussed with patients and patients made the final decision. This was evidenced by the consent to treatment forms patients had signed.

Patients' care and treatment reflected relevant research and guidance. There were systems in place for staff to access the research governance framework from the Department of Health and other government departments. Governance in this context refers to processes and decisions that seek to define actions, grant power, and verify performance by the hospital governance board. There were also structures in place for professionals to access relevant policies and good practice guidance published by the Department of Health. Staff who spoke with us said that they used relevant, evidence-based guidance on good practice. They told us that medical alerts published were discussed at team meetings and at training sessions so that negative incidents were avoided.

Care and treatment was planned and delivered in a way that protected patients from unlawful discrimination. Staff we spoke with had a good understanding of equality and diversity. One staff said, "We are here to take care of the patients and make sure they are fit for discharge. I treat each person as an individual and appreciate no two people are alike." Most patients we consulted assured us that staff were respectful and delivered care in a way that was non-discriminative. However, there were some comments by patients which highlighted that some staff would benefit by customer care awareness. We shared

the comments with the hospital manager and the director of nursing.

There were arrangements in place to deal with foreseeable emergencies. Staff we spoke with were knowledgeable about the procedures to follow if a person required immediate medical attention. Heads of departments said that they had policies in place to deal with emergencies and that staff had training on this. They told us they had plans in place to cope with severe weather conditions so that patients would continue to receive service.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

Patients' health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Patients' health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when patients moved between different services. This was because the provider worked in co-operation with others.

We were informed that staff employed in the admissions office were responsible for making appointments and organising patients' admission to the hospital. Admissions staff told us that internal transfers and referrals were also organised through their department to ensure there was a clear audit trail of patient movement. They said transfer of patients to outside the hospital was arranged between medical staff responsible before they organised the transport arrangements. . This ensured appropriate information was shared with correct people and necessary arrangements were made before patients were transferred between services.

Patients were aware of who they should contact if they needed information about their admission or their treatment. Two patients we spoke with said they were referred by their GP for treatment to the hospital. They said doctors and nurses from the hospital kept their GP aware of their treatment. This helped them get access to other community services such as community occupational therapy, physiotherapy, or the district nurses to help with their progress and recovery. This meant patients' recovery was enabled by staff from the hospital working in partnership with outside organisations.

We saw that information about patients was held electronically and also in paper format. Patients we spoke with were aware of their personal information being held at the hospital. They knew their rights and they said if they wish to, they could ask to see their medical notes. They were happy for the doctors to share the information with other relevant professionals in their best interest. One of the patients said, "I know the information they hold about me. I have read the referral letter and I am fully aware of the treatment plans. My consultant keeps me informed. I know sometimes they have to discuss among them to decide on the best treatment. I have no objection." This meant patients were made aware that their personal information may be shared with relevant professionals in order to provide them with an appropriate service.

Patients who used the services were confident that when more than one service was involved in their care and treatment, the transfer of information about them was handled in a way that maintained their confidentiality. We were informed by staff that information was transferred safely and securely. They said that they followed the hospital policies and procedures when transferring patients' information.

The hospital manager and the director of nursing told us that they attended regular meetings with the stakeholders, commissioners and other outside personnel who were involved in the services provided by the hospital. They said that they often discussed how they worked with other agencies to maintain co-operation and effective delivery of service.

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

Our judgement

The provider was meeting this standard.

Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw the policy on infection prevention and control for staff working at the hospital. We were informed by the director of nursing that all staff working at the hospital had information about their responsibilities to maintain effective infection control and they had received training. They told us that they had identified the outpatient manager as their infection control lead for the hospital.

The infection control lead said each department had a named person who was responsible for ensuring staff had received training and completed audits on practices relating to the control and prevention of infection. Audits were carried out monthly or every three months, depending on local policies. The infection control lead told us they received the analysed findings for each department with an overview. Therefore they were able to identify where there were gaps, take action and use the information when organising training and practical sessions for staff groups. They showed us the last training agenda. We noted that the day was organised so that staff from different departments with different levels of responsibility were able to get involved. They accommodated different styles of learning to reflect those who attended the sessions. Some staff who attended the day said, "It was really good. I now check the things I did without thinking.", "It was fun and at the same time important messages were given out." "It brought it home that it was not just the nurses and support workers who had to follow the procedures. It should be applied right across the board including patients." This meant staff groups were encouraged to take ownership, maintain good practices and promote infection control.

We carried out a tour of the premise and spoke with patients and staff to find out their views on the cleanliness of the hospital. One patient said they had always found the areas they had visited to be clean and well maintained. Another patient said that they expected good facilities, as this is an independent hospital and they had not been disappointed.

The director of nursing and the out patients manager explained their planned refurbishment and replacement of floor covering to promote cleanliness and hygiene. They also explained that most surgical instruments were disposable and therefore the sterilisation of instruments had been minimised. This was one of the measures taken to

avoid the spread of any infection.

Dedicated members of staff were seen carrying out cleaning duties throughout the hospital during our inspection. The director of estates was responsible for the maintenance of cleanliness and hygiene standards in the hospital. They told us that they received audits from each department and they analysed them and ensured necessary actions were taken when required. Communal areas and treatment rooms we looked at were clean and smelt fresh. There were hand washing facilities and bins were provided to dispose of domestic and clinical waste. Sharps bins were made available where necessary. The domestic staff we spoke with explained their responsibilities in maintaining the cleanliness of the hospital and how their duties had been arranged to achieve this. One of the staff told us that the consulting rooms were occupied most days and therefore these areas were cleaned during the evening or in the morning before the start of appointments. This meant services within the hospital were organised to ensure patients and relatives experienced less disruption.

We noticed staff using personal protective equipment (PPE) such as gloves, masks and aprons appropriately. The outpatient manager said they carried out spot checks on staff within all departments to ensure staff had attended refresher training on 'correct hand washing technique'. They had records of these checks and analysis on how departments were performing.

The doctors we spoke with said they had attended training on the control of infection. They said they closely monitored their individual infection statistics on wounds of patients they had treated. They said that they had suggested certain recommendations as a proactive measure to avoid infection during surgery. The hospital manager and director of nursing were aware of the recommendations and informed us that they were taking action to address the issues.

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.

Patients were cared for or supported by staff who had been appropriately checked for their fitness before staff began work.

Reasons for our judgement

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. We spoke with two staff who worked in the human resource department. They said they were responsible for ensuring all recruitment records were sought and maintained. We asked staff working at the hospital about the recruitment process. They explained the process which they underwent before securing a job at the hospital.

There was an effective recruitment and selection policy in place. The heads of departments had followed the hospital policy when recruiting staff. Eligibility checks on staff were undertaken. Professional registration status had been checked and revalidation position had been monitored. Revalidation is the process by which professionals holding registration with a license to practice have to demonstrate to their professional bodies that they are up-to-date, fit to practice and comply with the relevant professional standards.

The registered manager, who was also the hospital manager and the director of nursing confirmed that necessary checks had been carried out and satisfactory outcomes had been sought before staff had been recruited. They told us the process they would follow to deal with staff who were no longer fit to work in health care settings and how they would refer them to the appropriate bodies. They said such processes would be carried out with the help of the provider's human resource department to ensure action taken by them was proportionate and legally sound.

We asked for recruitment information on ten staff. This included doctors, nurses, pharmacist, physiotherapist, admin staff and domestic staff. The information we looked for included; proof of identity, a recent photograph, an enhanced disclosure and barring scheme check, satisfactory evidence of conduct in previous employment; any relevant qualification, a full employment history and declaration of physical and mental health status fitness to carry out the job. Records we saw had the necessary information.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients were made aware of the complaints system. Staff told us they were able to provide information in a different format if needed. We saw leaflets on how to raise a concern. There was detailed information on what patients should do if they were dissatisfied with the outcome of an investigation.

Patients were given support by the staff to make a comment or complaint where they needed assistance. Patients were given a feedback form on discharge, following treatment. This enabled patients to share their experience with the hospital staff and make any suggestions to improve the service. We also found that the director of nursing visited all in-patients at least once during their stay to ensure patients were able to meet and make any comments to them. Patients told us if they had any problems they spoke with the staff or the reception staff and sorted them out. Two people said that they knew the formal process and they did not need to use it.

Patients had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We were informed that feedback forms completed by the patients on discharge were reviewed by the director of nursing. They said that with the help of the heads of departments they took necessary action. We saw evidence of this during our inspection.

We asked for and received a summary of complaints patients had made and the provider's responses. Patients' complaints were fully investigated and resolved, where possible, to their satisfaction. We had access to all the compliments and concerns received at the hospital in the last 12 months. There had been an analysis of the comments and complaints. We were told by the director of nursing and the hospital manager that they had identified areas for improvement and these were discussed at the governance meetings which were attended by heads of departments. They told us that plans had been devised to address the areas for development. One of the managers told us that they treated complaints as an indication to look at the practices and ensure staff did not become complacent.

We were informed by patients and relatives that they were not kept informed when clinics were "running late". Family members said they had been waiting for over three hours

outside the hospital. All the people who raised such concerns appreciated the reasons for the delays but wanted to be informed, so that they were able to make alternative arrangements. The provider may find it useful to note that people and their relatives were not always kept up to date with the delays in clinic appointments.

Where different services were involved in delivering care or treatment the provider took appropriate action to co-ordinate a response to the person raising the complaint. There had been examples where the staff from the hospital had worked in partnership to resolve patient's concerns and ensured lessons were learnt by all involved.

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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