

Review of compliance

Cornwall & Isles of Scilly Primary Care Trust Edward Hain Community Hospital

Region:	South West
Location address:	Edward Hain Community Hospital Albany Terrace St. Ives Cornwall TR26 2BS
Type of service:	Acute Services
Date the review was completed:	March 2011
Overview of the service:	Cornwall and Isles of Scilly Primary Care Trust provides care in 18 community placements, these include community hospitals. Edward Hain Community Hospital provides the regulated activity of treatment for disease, disorder and injury. Edward Hain Community Hospital provides services to adults and may admit people as inpatients at short notice or in an emergency . There are 12 beds in the hospital, currently there are 12 beds available for admission. They are divided into single,

	<p>double and one three bedded room. Each room is for single sex occupancy. People can also be seen on an appointment basis at the outpatient department. People are also able to be admitted for the day for the purpose of infusions and transfusions. The hospital also maintains one bed for people who are withdrawing from alcohol, and who need medical support. This detox facility is occupied on a weekly basis.</p> <p>The Primary Care Trust was registered with the Care Quality Commission in 2010.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Edward Hain Community Hospital was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and we asked for information relating to specific outcome areas. We also asked for specific information where gaps in information were identified. We carried out a visit on 21 March 2011 and looked at the environment. We observed how people were being cared for, talked to people who use services and some of their relatives. We also talked to staff and looked at records of people who use services.

What people told us

People using the service described the care as 'A1' and 'really excellent'. A relative told us that 'They have time to spend with you here, staff are lovely'.

People told us about how their choices and preferences were listened to. One person told us 'We consider ourselves fortunate; everybody explains what is going on'.

People said that they understood about the care and treatment they were receiving because staff told them what was planned and happening to them. People told us that they felt they were treated with dignity and respect. One relative described how they observed that staff always spoke respectfully to everybody and that their relatives dignity was always considered when care was being given, blinds were closed and the person's consent was gained before care was given.

People told us about the meals provided at the hospital, saying that they had enough choice and variety and that the standard of the food was adequate. For those people who were not able to talk with us, because they had a diminished level of capacity, we observed how they were supported to eat and drink and how their preferences were managed.

Staff and people who use the service told us that their care was coordinated between different departments and different health professionals. We observed how discharge planning took place and how people using the service were involved.

People told us they felt safe and protected and that they could tell people if they had any concerns. They told us that all of the staff were very approachable and they had confidence that staff would respond appropriately.

People and staff told us that the hospital was clean. One person using the service told us that the floor was cleaned twice everyday and that there was never any unpleasant smells.

People told us about the staff, they told us that they were kind, thoughtful and that they were skilled to meet all of their needs. They told us that it was a regular staff who they had come to know. They said that there were enough staff at all times and that they responded promptly to requests for help. One person told us, 'They don't give the impression of ever being short staffed'. Another person told us that staff were 'Worth every penny, [there is] always someone around'.

We saw that the people's records were stored securely but were located so that they were accessible to staff should they need them quickly. However, we observed that some records were not accurate. The provider has already acknowledged shortfalls in this area and is making changes to the current documentation used.

What we found about the standards we reviewed and how well Edward Hain Community Hospital was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Staff in the hospital respect peoples choices and preferences and care is provided in a manner which supports these. However, records are not maintained by the hospital to confirm these choices are agreed by the patient or their representative to ensure that the patient is at the centre of those decisions.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People using the service who are able told us that they felt part of the decisions about their care, however, these decisions and agreement is not recorded. For those people who do not have the capacity to make those decisions, records for them do not consistently record how the persons consent has been agreed or reviewed.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People using the service were happy with the care they were receiving. Records were not in place to support staff and provide them with all the information they would need to ensure each persons care needs were met.

- Overall, we found that improvements are needed for this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

People are supported to have adequate food and drink of their choice; however any choices, specific needs and preferences are not recorded in the care plan. This means that that support with eating and drinking and choices and preferences may be inconsistent.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

The staff appropriately support people who use the service to access other health and social care services they may need.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

Staff are trained and have demonstrated knowledge that will help to protect people from any risks of abuse. People feel their rights are respected and they told us they feel safe.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

The standard of hygiene is good. Systems are in place to reduce the risk of cross infection and staff have receive appropriate training to manage and prevent the spread of infection.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Storage of medication was not safe in all areas. Records of medication did not provide staff with clear instructions and this may place people using the service at risk.

Overall, we found that improvements are needed for this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People using the service are in safe and accessible surroundings. The environment is not well suited to people who are confused or staying in hospital for more than a few days. There is no where to sit away from the bed and no dining area. The notices and information that is around the hospital do not help people find their way around or tell them things they need to know.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

People using the service benefit from equipment that meets their needs.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Recruitment procedures are complete and ensure the safety of people using the service.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People who use the service are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People using the service are supported by well trained staff. Staff supervision is sufficient for staff to feel they are well supported.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The management of the service monitors the quality of service provided and takes appropriate action where needed to ensure that a quality service is provided.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

Comments and complaints are listened to. Further evidence of actions taken is available to demonstrate that the complaints policy is followed in each instance.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Some personal records are securely stored and remain confidential; some monitoring records remain accessible at the end of each bed. Care records are not fit for purpose in that they do not accurately reflect the plans of care needed for each person.

Overall, we found that Edward Hain Community Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made

Action we have asked the service to take

We have identified that Edward Hain Community Hospital is meeting all but two of the essential standards of quality and safety, compliance actions have been made for outcomes 4 and 9. However, we would consider that there is room for some improvement in outcomes 1,2,10 and 21 and as such four improvement actions and have been made.

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Other information

As part of this planned review a site visit was undertaken, issues relating to documentation and medication were identified. We were assured by the Matron and Deputy Director of Nursing and Community Services, that these issues would be addressed. We are assured that the provider of this service is keen to promote and develop all aspects of care delivery to meet the essential standards of quality and safety.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that when staff provided care, they had their privacy and dignity maintained. One relative described how, each time care was provided for the person using the service, the blinds were closed so that people could not be overlooked from outside. They told us that the bed curtains and door were used to ensure privacy and dignity from people on the ward.

We spoke with some people, who were able, who said they were supported by staff to make decisions about their care and how they lived their lives. They told us that staff always referred to them by the correct name and that staff told them what they were doing and sought their permission.

We observed care being given and saw that people’s views were taken into account in the way the service is provided and delivered. We saw staff ask people questions and listen carefully to the answers. We saw staff managing a person with a level of confusion. We saw that they treated the person respectfully and staff went to good lengths to ensure that the person was supported through the period of confusion to

have their questions answered.

Other evidence

We looked at care records for three people using the service. These care plans were very limited in how they identified people's choices and preferences and they did not identify if people understood and agreed with the care and treatment they received.

Those people who could not be involved in their care plan because of a diminished level of capacity should have the input of a relative or representative or have an assessment of their capacity to ensure that the care provided would reflect their values, lifestyle and preferences. This input and agreement was not seen to be in place and recorded and so it could not be identified who had consented to the care and treatment being provided. The provider had told us that they are currently reviewing the documentation they are using and how care plans are completed to develop a more person centred approach to care planning.

Our judgement

Staff in the hospital respect peoples choices and preferences and care is provided in a manner which supports these. However, records are not maintained by the hospital to confirm these choices are agreed by the patient or their representative to ensure that the patient is at the centre of those decisions.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with outcome 2: Consent to care and treatment .

Our findings

What people who use the service experienced and told us
People using the service, who were able, told us that staff ask them before they provide care. We saw staff ask people’s consent to have care provided, for example when people needed to have a change of position for pressure relief. We saw staff providing reassurance and providing people with choices of meals and drinks.

One relative told us that in their case, the person admitted was not well enough to discuss or consent to care and treatment. They told us that they had been involved in the decision making and agreement to care.

Other evidence
We looked at three people’s care records. We saw that each person was assessed on admission and then regularly evaluated. The records we looked at stated ‘This assessment will take place with the patient at their bedside by the Registered Nurse’. Staff told us that ‘When [people] come in – they have an admission assessment carried out with the patient- if necessary we ring the Next of Kin. [When possible] we get consent of patient’.

There was no record of if this procedure is followed and there is no recorded agreement or consent obtained at this time from the person or their relative/representative. We looked back at the records for the person stated above

whose relative had been actively involved on admission with agreement to care. There were no records to confirm this. It was however noted that, each person has recorded a decision about the level of resuscitation they would prefer. When the person was unable to make the decision it was recorded that the persons family had made that decision for them.

We saw that records are regularly reviewed, the ones seen had been re reviewed each week or before if needs had changed, however when care plans had changed there was no record that this change had been agreed with the person using the service or their representative.

Our judgement

People using the service who are able told us that they felt part of the decisions about their care, however, these decisions and agreement is not recorded. For those people who do not have the capacity to make those decisions, records for them do not consistently record how the persons consent has been agreed or reviewed.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People and their relatives told us that on their admission they were not given any information about the ward and services available to them, but they confirmed that staff were able to answer any questions they may have had. In one room we saw a folder containing some information about the hospital. We are told by the provider that his information is required to be updated to accurately reflect the services provided. Each bedside cabinet includes details of how to contact the Matron and Deputy Matron at any time. There are various signs around the ward relating to visiting times and other ward routines, like cleaning times, hand hygiene and clinical waste arrangements and how to make a complaint.

People said that they understood about the care and treatment they were receiving because staff told them what was planned and happening to them. People using the service told us that they did not have any input into their care plan and did not know what was included in the care plan. They had not agreed or consented the plan of care in place. They had access to the observation and monitoring records at the end of each bed, but did not all understand what they meant or were not interested in their content.

People using the service, who were able told us that they were happy with the standard of care they were receiving. People told us that they felt they were treated with dignity and respect. One relative described how they observed that staff always spoke respectfully to everybody and that their relatives dignity was always

considered when care was being given, blinds were closed and the person's consent was gained before care was given.

Staff told us that as soon as a person is admitted a doctor's review is organised and the person is reviewed, medication records commenced and a plan of care started to meet the person's needs. The hospital has medical cover supplied by one local General Practitioners Surgery. The doctors visit three days each week and emergency doctor cover is available out of surgery hours.

Other evidence

We looked at three plans of care and found that whilst they contained a significant amount of information, in each instance the records did not contain a clear plan of care for staff to follow, for each area of identified need. There was no audit trail of care needs that had been met and were no longer needed to be managed, this made records confusing with some needs having been met and some not met.

One person's records identified that they has a level of incontinence. The care plan did not provide a plan of care for staff to follow to manage the occasional incontinence. The person also was at high risk of pressure damage. A monitoring tool was being used which told staff that the person's pressure risk areas must be checked every two hours. Records show that this did not consistently take place. On one day the checks took place four times and on another day the records show only one check. This person also had a risk assessment for nutritional needs which they scored highly indicating that they were at risk of nutritional needs not being met. This person did not have a plan of care to ensure that staff knew what care to provide.

We looked at other persons records who were recorded as needing foot care. The person had two similar care plans with duplicated notes; staff could not offer any explanation for this. We spoke with the individual, who was not wearing any foot wear. The person told us that they rarely wore anything on their feet, and that this had been their habit since a child. In the care plan it stated that "foot wear was to be fitted and checked", there was no reference to this person not wishing to wear foot wear. The person also had a pressure risk calculator tool being used. It was identified that staff have copied the same score for three consecutive weeks, as the addition in the calculation was incorrect and had been copied from week to week. This means that staff were not aware of the actual risk to the individual of developing a pressure sore, and therefore might not take appropriate preventative measures.

Staff told us that activities are provided by staff using 'Arts for Health ' guidance. On the day of the site visit, we observed that staff were keen to interact and support activities but this was not possible because there were so many visitors. Staff assured us that when possible they like to undertake this role.

Our judgement

People using the service were happy with the care they were receiving. Records were not in place to support staff and provide them with all the information they would need to ensure each persons care needs were met.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People’s responses to the question ‘What s the food like?’ were varied and they described the food as ‘Nice enough’ , ‘Not too bad’, ‘Lovely’ and ‘adequate’.

People told us that the food is served hot and that they have choices at each mealtime. They told us that if they do not like the choice on offer, the staff will ensure that an alternative is made available. They told us that the choice of meal is made the previous day. Food on the wards is provided by an outside catering service and the meals are reheated at the hospital. Some stock is available at the hospital; we saw a last minute alternative of baked beans on toast being supplied for evening meal where a person changed their mind about what was on offer.

They told us that breakfast is a choice of cereals and toast, cooked breakfast is not an option. They told us that staff come around the ward regularly with tea and coffee and that water and squash is always available. Visitors told us that they are always offered a cup of tea. Specialist diets are available such as puree meals and vegetarian options. The staff provide specialist cutlery were there is an identified need.

As part of the site visit, we ate the evening meal served to the patients; we ate in the day room. We saw that nobody else ate in the day room and there was no facility to sit at a dining table. We found the meal to be plentiful, however, one meal served at the beginning of the supper time was hot but the second meal served at the end of

the mealtime was not hot. We were advised that seasoning of meals is left to personal preference.

One relative told us that 'The only issue is the menu, they need to make it plainer sounding, red wine and mustard puts old people off and this limits the choices to them'. We discussed this with the management of the hospital who took this advice and will review this area.

Other evidence

The provider informed us that 'Edward Hain Hospital implemented a monitoring system for diet and nutrition and process for picking up and acting if patients are not getting enough to eat'. Actions taken include 'in an effort to increase patients' calorie intake and stimulate their appetite and desire for food, small fresh cakes are served in all hospitals for afternoon tea. A variety of small cakes are served from a plate with using serving tongs to enable patients to choose. For patients on a soft diet, pureed puddings such as blancmange are available'.

People's cultural and medical dietary and hydration requirements are required to be identified on admission but we did not see any recorded in the three care plans we looked at. Staff told us that they asked people for their preferences and variations were always supported as necessary, we saw this to be the case throughout the day. Staff told us that currently no person on the ward needed help to eat and drink, but that if this was identified as required, staff would support as necessary.

Care records show that a risk assessment tool is used to identify if the person is at risk of poor nutrition and hydration. As previously stated, in one instance seen, this risk was seen to be high but no further action was taken and so there is a risk that the person was not appropriately supported by staff to eat and drink a sufficient amount.

As noted above the provider had informed us that the development of afternoon tea was being implemented to increase nutrition and dining experience. We saw that small cakes and snacks were being served with the afternoon tea and people told us that they enjoyed this.

Our judgement

People are supported to have adequate food and drink of their choice; however any choices, specific needs and preferences are not recorded in the care plan. This means that that support with eating and drinking and choices and preferences may be inconsistent.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
People using the service told us that following admission they were seen by a doctor. One relative described how ‘The doctor took time to speak to the daughter who lives away, we so appreciated this’.

Staff told us that the doctor from the local surgery visits the ward three times each week and that an emergency doctor service is used out of hours.

People told us that staff told them when they were planned to be discharged and if they had any questions they would ask the nurse in charge. People told us that they did not know who was the lead person coordinating their care or how to contact them, however people were confident that if they asked staff would be able to advise them of this. We saw the discharge process taking place and observed that both the person using the service and their relative were involved in discussion and agreement of the care to be provided.

We saw that when people are being admitted and discharged from the hospital, community health professionals are involved. We saw one person having a discussion about the equipment needed and agreeing to the care package being put in place prior to being discharged. We also saw somebody preparing to be transferred to a nursing home and looked at the plans in place to support this discharge. The discharge records included the input of other health professions such as at physiotherapist and occupational therapist.

Other evidence

Care plans recorded the visits and input of visiting health professionals and doctor's visits which take place on a day to day basis. Instructions are recorded in care notes by visiting health professionals to support the people using the service.

Should a person transfer between areas of the hospital and wider community, there is a clear plan of action in place which involves the cooperation of the health professional involved to ensure that the care, treatment and support of the person are managed effectively.

Information relating to each person is shared in a confidential manner with the relevant services to enable the treatment and support needs of the person to be met.

Our judgement

The staff appropriately support people who use the service to access other health and social care services that they may need.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People using the service, who were able to, told us that they felt safe. People told us that if they had any problems or concerns they would talk to a member of staff and they said they felt confident that staff would respond. We spoke with staff who all demonstrated a good understanding of the correct process to undertake should any concerns arise to ensure the safety and protection of people using the service.

Each staff member on duty told us that they had undertaken abuse awareness training and felt confident to act should they have any concerns. Staff told us of the procedure they would follow if they had any concerns and also advised us of their understanding of the primary care trust’s “whistle blowing” procedure.

Other evidence
The Government and local guidance about safeguarding people from abuse is accessible to all staff. The hospital management have been involved in safeguarding action and is aware of the process to follow.

Our judgement
Staff are trained and have demonstrated knowledge that will help to protect people from any risks of abuse. People feel their rights are respected and they told us they feel safe.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People using the service told us that they felt the hospital appeared clean. One person using the service told us ‘The hospital is always clean, this floor has been cleaned twice today and floor cleaner smells very nice’.

We looked around the hospital and found there was a good standard of general cleanliness. There were no offensive smells. We saw that on each ward and department there is a sluice and hand wash facility for staff and that staff were seen to use these facilities. Protective equipment such as gloves and aprons was used appropriately. We saw that due to the constraints of the building the ward sluice room was also used as a store room. Whilst this is not ideal because of the storage of clean items in a room used for the disposal of waste items, we understand that there is currently no alternative available.

Other evidence
There were two cleaning staff on duty on the ward. The Matron is the lead infection control person was and cleaning staff have a responsibility to report to that person. We saw that each room has a sink, clinical waste, hand wash, paper towels and foot operated bin, and signs advising that visitors do not sit on beds.

There have been no incidents of infection which have required wards to be closed to the public over a period of time.

Staff training in the management and control of infection is undertaken and staff told

us that they have all had this training and know how to put this into practice.

We are advised by the management of the hospital that medical equipment is cleaned by the appropriate staff member or maintenance personnel and all items of contaminated matter are disposed of correctly.

We had information that Edward Hain Community Hospital score much worse than expected on Percentage score for site against National Specifications for Cleanliness of NHS (10037), however our site visit did not raise any concerns about the standard of hygiene.

Our judgement

The standard of hygiene is good. Systems are in place to reduce the risk of cross infection and staff have received appropriate training to manage and prevent the spread of infection.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
We were advised by the nurse in charge that, at present no people using the service manage their own medication. People using the service told us that they did not choose to manage their own medication and preferred that they were managed by the ward staff. We saw that medications are stored safely and appropriately in a lockable facility by each bed.

The hospital management have implemented a change in medication arrangements which helps to facilitate a smoother discharge, in that, people are not waiting for medications to take home with them.

We were told by the matron that on arrival to the ward all medications are stored in a medication trolley and dispensed as required from the trolley. As people's health becomes more stable the medications are transferred to the storage boxes by each bed. This system is in place to ensure that when the person is on a stable medication regime there are sufficient stocks available for them and this would aid a more efficient discharge process by not having to wait for medications to become available.

Other evidence
We looked at when medication charts were started and how those charts were maintained. We found that medication charts were set up on admission or when

medication was first prescribed. The staff record all medication given and include the doses and any changes or omissions.

We noted that the records for the administration of controlled medication were not always clear. The prescribed dose and frequency were not clear on the medication records. In one instance a person could be administered a variable dose of medication every 2 hours, there were no instructions for staff as to the upper limit which would be safe for the person receiving the medication. There was also an instance when the abbreviations for time of administration were also not consistent, with the abbreviation of '0' being used as hourly on some occasions and written fully in others. This use of abbreviations may increase the risk of error in administration.

Staff also pointed out to us that should the doctor not sign a discontinued medication as stopped, the design of the charts in that the folded sheets would cover up the instructions, the charts would not be clear to staff and there would be a risk that the medication would be continued. We are advised by the management of the hospital that the records currently in use are being revised, and alternative record sheets considered.

We received information from the provider about how medications are audited. We saw records relating to how controlled medications are managed which included prescribing, dispensing, administration, monitoring and disposal. We did not see that the issues noted above had been observed on the auditing records.

We looked at the way medication was stored in two fridges. One fridge was adjacent to a landing, with the plug socket within easy reach of any one passing. We looked at the temperature record for this fridge and found that it had been too warm to store medication in, on a number of days, and whilst there was a note to say it had been reported, it was not clear if it had been repaired or not. The key for this medication fridge was kept beside the fridge. We were told that the fridge was used for storing vaccines, and was empty at the time of our visit. We noted that the controlled medication cupboard was being replaced to ensure it meets current pharmaceutical guidelines.

We also saw that some doors of cupboards should be locked. The medications room and further storage room containing medical supplies are open and accessible and this may place the people using the service and member of the public at risk.

Our judgement

Storage of medication was not safe in all areas. Records of medication did not consistently provide staff with clear instructions and this may place people using the service at risk.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are minor concerns with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

Edward Hain Community Hospital is a small hospital based in the centre of St Ives. This is an older building which has adapted and changed to meet the needs of the hospital. There is one main building with clinics based on the ground floor and the ward being based on the upper floor.

The hospital has outpatient clinics Monday to Friday which has three rooms and is used for Retinal clinic and has an Ultra Sound facility supplied by Peninsula Ultrasound.

There is free parking available and disabled parking access. The hospital has an inpatient unit with 12. There are two single rooms, one four bedded room and three two bedded rooms. One of the single rooms has an en suite bathroom, this room is used primarily for people who are admitted to use the detox facility and staff told us that the people using this facility generally stay for four days, with admissions on a Monday and discharge on a Thursday. We were told that people attending the hospital for the day for transfusions and infusions, are given one of the beds on a ward.

The remaining rooms do not have an en suite facility but there are bathrooms and toilets available within a short distance of all of the rooms. There is a day room available for use by people using the service and their relatives; there is a television and some magazines and books. We did not see this dayroom in use other by

people using the service and its primary use appears to be for the dispensing of meals from a heated trolley and for storing equipment.

There are no facilities for people to sit at a dining table; There was space to put up a table if needed. There are no comfortable chairs to enable people to sit with their relatives away from the ward area.

In patient visiting times are between 14:00 and 20:00 and mealtimes are protected in that visitors are asked not to attend between 17:30 and 18:30. In the afternoon we saw that each person had visitors and they were made welcome by staff. People using the service told us that at night the curtains are closed around them for privacy and that they found the ward to be quiet and suitable for rest.

Other evidence

The front door, external doors and kitchen all have secure access to ensure the safety of people using the service. There is key pad access at the top of the inner stairs to ensure the safety of people using the service. CCTV is in place to enable staff on the ward to see who is outside of the building. Security staff are available if needed.

Risk assessments are in place within each persons care plan to support any risks relating to the environment and are used to support independence whilst minimising risk.

We saw that the décor of the ward is not clear for people using the service who may have some dementia care needs. Signage for bathrooms and toilets is not clear and many of the signs are about staff related issues such as falls and infection control.

Our judgement

People using the service are in safe and accessible surroundings. The environment is not well suited to people who are confused and lack an understanding of their own safety within the ward.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
We observed that hoists and other lifting aids were available but not used during our visit. We checked and saw that equipment was serviced at appropriate intervals. Pressure relieving equipment such as mattresses and cushions were seen in use. We looked underneath the zipped cover on one mattress cover and two cushions and all were found to be in good condition.

The management of the hospital maintain systems to identify when equipment has been used and requires cleaning. The 'Green tabs' indicate by date when the equipment is cleaned and ready for re use. As noted in Outcome 8, some cleaned equipment is having to be stored in the sluice area.

The hospital does not have a laundry on site but does have a washing machine and dryer available for hoist slings and for instances when people have no available relatives to take their laundry home. All bed linen is laundered externally and there are generally there are no facilities for the laundry of personal items. We are advised that relatives are advised that personal laundry must be taken home.

We were told that all curtains on the ward are changed routinely and the housekeeper has an audit to ensure that this is maintained.

People told us that they have access to a portable phone which is a pay phone and this can be moved around both wards.

Some people has small items of electrical equipment with them and we are told that all electrical equipment is checked for safety before it can be used in the ward.

Other evidence

The provider has informed us that they are compliant in this area and that – equipment is suitable for purpose, available, maintained, comfortable, used correctly and safely to promote independence.

Our judgement

People using the service benefit from equipment that meets their needs.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
The people we spoke with were pleased with the staff at the hospital; they told us that the staff were kind and helpful and that they felt their needs were being met. They told us that they felt they were treated with dignity and respect.

We observed staff working and noted that they appeared competent and caring. They demonstrated knowledge of people’s specific needs and appear kind and respectful.

Staff told us that they had undergone the recruitment procedures and that the appropriate checks had been received before they could work at the hospital.

As part of this inspection we did not look at the recruitment files of staff members. As part of our review of locations within the Primary Care Trust we have identified that all recruitment procedures are the same. As such we will review recruitment files at another location and ensure that the practice is consistent across all of the locations.

Other evidence
The provider has informed us that people who use the service benefit from staff who are recruited through a selection process that complies with the relevant guidelines and legislation.

The provider has informed us that 'Mandatory training rates have improved.' Staff told us that more training is now done at home, on line; this was due in part to time constraints.

Our judgement

Recruitment procedures are complete and ensure the safety of people using the service.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People told us that there were enough staff to meet their needs. They told us that the level of staffing was consistent and that staff appeared well trained and competent.

Staff told us that they felt there were sufficient staff to meet the needs of the people in a timely way. People using the service confirmed this. One person told us that staff ‘Don’t give the impression of being short staffed’. Another relative told us ‘they have time to spend with you here, staff are lovely’.

Other evidence
We had information from a patients survey May 2010 Edward Hayne - comments were "Many delays due to staff shortage", "staff shortages make it very difficult for both residents and routine"

On the day of the visit we were told that on the wards each morning is one qualified nurse and two care staff. There are also the matron and deputy matron. The matron and deputy also cover three other community hospitals and so divide their time to enable a senior figure to be at each location each day. Ancillary staff include the housekeeper, cleaning staff and kitchen staff. Administrative staff are available and cover the main reception area for both in patients and outpatient clinics.

Each afternoon and evening has one qualified nurse and two health care assistants

on the inpatient unit. Overnight there are one qualified nurse and one health care assistant.

The Matron uses a bank staff (staff who are available to work when the need arises), to meet any staffing shortfall and also has access to agency staff if needed. The provider has used agency staff recently to cover staff absence. Recruitment remains ongoing to ensure sufficient staff are available consistently.

Our judgement

People who use the service are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
Staff told us that they undergo a comprehensive induction process which is relevant to their role and the workplace. This induction is completed prior to them being allowed to work unsupervised.

Care staff told us that they felt supported by the management structure of the hospital. They said they are supported by being supervised regularly by means of staff meetings. Staff told us that this happens routinely and that this is an opportunity to discuss training needs and any other relevant issues. They also told us that they could request an individual meeting with a senior member of staff at any time to discuss any further matters

Other evidence
Staff training and supervision records were made available to us and showed that training and supervision are organised and showed that staff are suitably trained and supported with personal development

Our judgement
People using the service are supported by well trained staff. Staff supervision is sufficient for staff to feel they are well supported.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We spoke with people using the service who told us they were happy with the quality of service provided. Staff told us that they are confident in the management of the service and that the standard of care is monitored. They feel that concerns raised would be addressed and appropriate action taken.

Other evidence
The provider has provided information about the monitoring of the service provided and has included information relating to any actions taken and outcomes which have changed practice. The provider is keen to learn from incidents and errors and seeks to improve quality and safety through regular monitoring of all aspects of care. There are audits of accidents and incidents which look at how accident prevention can be promoted

Our judgement
The management of the service monitors the quality of service provided and takes appropriate action where needed to ensure that a quality service is provided.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
We asked people, who were able, if they felt they could raise any concerns and complaints with the staff and they all said they felt they could. There is a copy of the hospital complaints procedure on a hallway wall, this is not prominently displayed and not provided to people as routine when they are admitted to the hospital. However, the contact details for the matron and deputy matron are available on the locker adjacent to each bed should people wish to raise any concerns.

Staff also confirmed that they felt able to raise concerns with senior staff and that appropriate action would be taken. Staff were all aware of the hospitals whistle blowing policy so were informed how to raise concerns anonymously.

Other evidence
The hospital has received one complaint in the previous year. The provider told us that they had learned lessons from all complaints. All complaints received have been investigated and addressed with a response in writing being sent to the complainant providing a full explanation of all areas of concern.

Our judgement
Comments and complaints are listened to. Further evidence of actions taken is available to demonstrate that the complaints policy is followed in each instance.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are minor concerns with outcome 21: Records

Our findings

What people who use the service experienced and told us
We asked people if they had access to their records, they told us that there are some records available at the end of the beds but most people were not interested in what they meant. People told us that their records were not explained or agreed with them.

Other evidence
We looked at records relating to the care provided to people using the service. These records were not consistently completed and this may pose a risk to the health and well being of people using the service (see outcome one, two and four). Records were seen to be stored in an accessible way to staff that allows them to be located quickly but not easily accessible to members of the public.

Our judgement
Some personal records are securely stored and remain confidential; some monitoring records remain accessible at the end of each bed. Care records are not fit for purpose in that they do not accurately reflect the plans of care needed for each person.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of Disease, Disorder and Injury.	17	Outcome 1
	<p>Why we have concerns: Staff in the hospital respect peoples choices and preferences and care is provided in a manner which supports these. However, records are not maintained by the hospital to confirm these choices are agreed by the patient or their representative to ensure that the patient is at the centre of those decisions.</p>	
Treatment of Disease, Disorder and Injury.	18	Outcome 2
	<p>Why we have concerns: People using the service who are able told us that they felt part of the decisions about their care, however, these decisions and agreement is not recorded. For those people who do not have the capacity to make those decisions, records for them do not consistently record how the persons consent has been agreed or reviewed.</p>	
Treatment of Disease, Disorder and Injury.	15	Outcome 10
	<p>Why we have concerns: People using the service are in safe, accessible surroundings that support their wellbeing. Storage of some equipment, in some areas is not safe to people using the service and members of the public.</p>	

Treatment of Disease, Disorder and Injury.	20	Outcome 21
<p>Why we have concerns: Some personal records are securely stored and remain confidential; some monitoring records remain accessible at the end of each bed. Care records are not fit for purpose in that they do not accurately reflect the plans of care needed for each person.</p>		

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Treatment of Disease, Disorder and Injury.	9	Outcome 4
	Why we have concerns: People using the service were happy with the care they were receiving. Records were not in place to support staff and provide them with all the information they would need to ensure each persons care needs were met.	
Treatment of Disease, Disorder and Injury.	13	Outcome 9
	Why we have concerns: Storage of medication was not safe in all areas. Records of medication did not consistently provide staff with clear instructions and this may place people using the service at risk	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

Enforcement action we are taking

The table below shows enforcement action we have taken because the service provider is not meeting the essential standards of quality and safety shown below. Where the action is a Warning Notice, a timescale for compliance will also be shown.

Enforcement action being taken

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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