

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

## Addenbrookes and the Rosie Hospitals

Addenbrooke's Hospital, Hills Road, Cambridge,  
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Date of Inspection: 10 December 2012

Date of Publication:  
December 2012

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Cambridge University Hospitals NHS Foundation Trust
Overview of the service	Addenbrookes Hospital is a large teaching hospital with many specialist departments and over 1000 beds. It is the main location for Cambridge University Hospitals NHS Foundation Trust.
Type of services	Acute services with overnight beds Diagnostic and/or screening service Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Accommodation for persons who require treatment for substance misuse Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Termination of pregnancies 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

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### Why we carried out this inspection

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We carried out this inspection to check whether Addenbrookes and the Rosie Hospitals had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2012, observed how people were being cared for and talked with staff.

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### What people told us and what we found

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During this inspection on the 10 December 2012 we visited three wards and spoke with several staff who were working on these wards. We visited two operating theatres and although we did not speak with people who were receiving care and treatment, we spoke with nursing staff, surgeons and consultants involved in the surgical procedures that were being undertaken during our inspection.

We found clear evidence of an improvement in the application of the World Health Organisation (WHO) checklist within operating theatres. We found staff were enthusiastic and focussed on maintaining people's safety through the improved use of the WHO checklist. We found significant improvements in the completion and retention of specific surgical safety records relating to the individual responsibilities, which has led to greater safety for people and improved quality assurance.

Safeguarding arrangements for children and for vulnerable adults were inspected on the three wards that we visited and found to be fit for purpose. We found that staff knowledge about safeguarding was robust on the children's ward we visited and that appropriate safeguarding arrangements were in place on older people's wards.

The initiation of an extended and improved system of safety checks at each stage of the WHO checklist had ensured better safety for people in operating theatres. Quality assurance monitoring and auditing processes showed that continuous improvements in theatre safety had been achieved.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

During our previous inspection in April 2012 we found moderate concerns, which related to the use and application of the World Health Organisation (WHO) surgical safety checklist, recommended for use in operating theatre environments to improve the safety of operations. As a result we set a compliance action. Cambridge University Hospital Trust sent us an action plan that stated they would be fully compliant with the associated regulation by 31 October 2012.

During this inspection on 10 December 2012 we inspected the concerns that we identified in April 2012. We visited two operating theatres where we observed surgical teams using the checklist over five scheduled operations. We found that suitable improvements had been made to how the WHO checklist was applied and that the provider was compliant with the regulation related to this outcome.

We found the checklist was applied in a sound and careful manner over the five stages: 'team brief'; 'sign in'; 'time out'; 'surgical pause'; and 'sign out'. We noted that in each operating theatre, and in the scrub rooms, there were three wall mounted posters displaying the WHO procedures that must be followed; the critical stop points that must be carried out; and a reminder about maintaining a safety culture in theatres.

The team brief that we observed demonstrated that purposeful conversation between each member of the clinical team was promoted and that each team member participated in the process and had every opportunity to ask questions. The team brief was announced loudly and clearly by the surgeon and each team member introduced themselves and was asked if they had any questions or comments. Staff who we spoke with told us they valued the team brief because it had become more overt and they felt more inclined to speak up than they had previously felt. We saw that a hand written record of the team briefing communication sheet was evidence of the team brief taking place and as such was a record of the planning and delivery of care and surgical treatment. The provider may find it useful to note this record was not retained as a permanent record within people's perioperative care notes.

We observed that each stage of the WHO checklist was applied and recorded as a paper record. We saw that the surgeon, the anaesthetic practitioner and the scrub nurse had signed, dated and timed their agreement on this record to show they had each applied and carried out the relevant stages of the surgical safety checklist they were individually responsible for. We observed these stages were announced, so that all theatre clinicians and staff were aware and included in the process. This meant that safety for people had been improved and that all staff had been clearly informed of the imminent surgical procedure and of the process they were expected to follow. This record was marked, 'Must be filed in the patient's medical record with their operation note' and we saw that people's care notes included this record.

We observed that attention to people's safety was also evident in a surgical safety checklist audit proforma. This checklist was used to account for the 27 actions that cross referenced to the five stages in their WHO checklist. A record of these 27 itemised checks was retained, but not in each person's care notes. This record included confirmation by the scrub nurse that instruments and swab counts had been checked and accounted for.

We observed that the scrub nurse was in charge of the count of swabs and instruments that had been used during each operation. A record of the identification of the sealed package of surgical instruments had also been retained as part of this checking process to ensure that the same instruments had been accurately checked in and checked out of the theatre. The provider may find it useful to note that although the numerical count of the swabs used during the operations had been checked and accounted for by the scrub nurse and was written on the white board in the theatres, there was not a permanent record of the number of swabs that had been used.

All the staff who we spoke with told us that they had assimilated the continuous practice of referring to the checklist. They reported that the increased reference to and application of the WHO checklist was an essential element to maintaining and improving people's safety.

We observed staff speaking to people in a considerate and compassionate manner when asking them for confirmation of their name and their operation details during the sign in stage. We noted that people's dignity was upheld at all times during their operation by ensuring that appropriate covering was used and their body exposure was minimal.

We saw that much work had been carried out by senior managers and embraced by staff in the department, to promote the culture of continuous safety for people.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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As a result of an inspection we carried out in June 2011 we found a minor concern relating to this outcome and we made a compliance action. Cambridge University Hospital Trust sent us an action plan which stated they were compliant with the regulation.

During this inspection on 10 December we found that suitable arrangements were in place to ensure that children and vulnerable adults were protected from the risk of abuse and that the trust was compliant with this outcome.

We inspected two adult wards and one children's ward. We spoke with one person and with staff working on each ward. We found that effective safeguarding precautions were in place on the children's ward where there was a daily presence of a dedicated safeguarding nurse. Staff we spoke with demonstrated they were aware of the correct safeguarding procedures to follow, should there be any concerns that a child was at risk. Staff on this ward had received regular safeguarding training and knew the appropriate safeguarding procedures to follow to ensure children were protected.

We visited an adult ward and found that two nursing staff we spoke with demonstrated they would take the appropriate action to protect people, should they suspect any vulnerable person has been harmed or was at risk of harm. The provider may find it useful to note that one person's care notes on this ward did not include the entire safeguarding plan that was in place for them, which we were informed of by staff. It was not clear in the care notes whether the person had been informed of the plan that was in place to keep them safe. However, we found that suitable precautions had been put into action to ensure the person was safe. We discussed this matter with the ward manager who advised us that the care notes would be amended to include all of the actions that staff were taking to ensure this person was safe.

On another adult ward we found there were prominent information posters on display with the contact telephone numbers for the Local Authority where any safeguarding concerns could be reported. This meant that people's relatives and visitors as well as staff were provided with information and guidance about how to respond to abuse. Three staff we spoke with demonstrated they would follow the correct procedures to safeguard people, should they suspect somebody was at risk or had been harmed.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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During our previous inspection in April 2012 we found moderate concerns relating to this outcome because of issues relating to the system that was used to monitor the surgical safety practices in operating theatres. As a result we set a compliance action. Cambridge University Hospital Trust sent us an action plan that stated they would be compliant with the associated regulation by 31 October 2012.

During this inspection on the 10 December 2012 we found that adequate and suitable improvements had been made to ensure the hospital was compliant with the regulation relating to this outcome. We found there were policies for the revised procedures to ensure that improvements to people's safety had been implemented. We read three revised policies for: generating theatre operating lists in all theatres; completing the WHO checklist; and surgical count (of instruments, swabs and sharps) that had been issued by the Emergency and Critical Care and the Perioperative Care Directorates within the trust. We found these were being adhered to by theatre staff and had been incorporated into the revised instructions for all theatre staff to follow. The policy for the surgical count included the process of how Cambridge University Hospital Trust was effectively monitoring to assure people's safety. We saw that monitoring referred to in this policy for the practice of conducting surgical counts had commenced and that continued monitoring by a variety of methods had been planned for the future. Additional audit personnel were in the process of being employed to ensure increased monitoring.

We found there was a system in place for each person's perioperative care notes to include a record of the five stages of the WHO checklist. This meant there was an audit trail of the surgical safety procedures, showing which staff had been involved and what they were each responsible for, to ensure that people's safety was being achieved at every surgical procedure and operation.

We saw the system that was in place to monitor, by observation, the competencies of all theatre staff. Their competencies were measured in regard to the five stages of the WHO checklist. We read a report of the three observational audits that had been carried out by the trust in August, September and October 2012 and the trends of any findings that were emerging. The results of these audits were managed through a Patient Safety Co-ordinator for surgery and had been used to inform theatre staff and divisional directors

responsible for quality assurance within emergency and perioperative care settings. Any necessary follow up action was conveyed to staff, had they not met the quality standards expected by the trust.

The policies and other documentation that we were shown were part of the improvements made to ensure the trust's systems had been made more robust and that audits were put in place to track progress. We were informed of the networking that had been initiated with other NHS institutions for theatre staff to exchange concepts of best practice. We were advised of visits that had been arranged for staff to attend training sessions on safety issues, with non-NHS organisations, specialising in related aspects of quality assurance processes.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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