### Hinchingbrooke Health Care NHS Trust
**Hinchingbrooke Park**  
**Huntingdon, Cambridgeshire PE29 6NT**

<table>
<thead>
<tr>
<th>Region:</th>
<th>East</th>
</tr>
</thead>
</table>
| Location address:     | Hinchingbrooke Park, Huntingdon  
                        | Cambridgeshire PE29 6NT |
| Type of service:      | Acute services with the following regulated activities;  
                        | Treatment for disease, disorder or injury  
                        | Assessment or medical treatment of persons detained under the Mental Health Act 1983  
                        | Surgical Procedures  
                        | Diagnostic and screening procedures  
                        | Maternity and midwifery services |
| Date the review was completed: | 14 December 2010 |
| Overview of the service: | Hinchingbrooke Hospital is the smallest district general hospital in the east of England. The trust provides health care for the 161,000 people of Huntingdonshire and surrounding areas. There are 254 beds, including 24 |
specifically for day cases. December 2001 saw the opening of a £1.2 million medical assessment unit and a new £22 million treatment centre was opened in November 2005.

96% of trusts services is purchased by Cambridgeshire PCT with remaining 4% coming from PCTs across Peterborough, Bedfordshire, Northamptonshire, Norfolk, Lincolnshire and Suffolk

The hospital will be the first in the country to be run under an operating franchise. Circle have been appointed to take on this process for a 10 year period from 1 June 2011 subject to final approval by the Department of Health and CQC registration. The hospital will remain within the NHS
What we found overall

We found that Hinchingbrooke Health Care NHS Trust was not meeting one essential standard. 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 to check whether Hinchingbrooke Health Care NHS Trust had made improvements in relation to:

- Safeguarding people who use services from abuse

This was because the trust stated they were not compliant during preparations for registration by 1st April 2010. At that time they had developed an action plan to ensure they reached compliance by the end of September 2010.

How we carried out this review

We reviewed all the information we hold about this provider and requested the trust send us an update of their action plan to achieve compliance with some supporting evidence. Upon receipt of the action plan we requested additional information.

What people told us

We have not spoken directly to people who use this service about this essential standard. Some information has been received in the form of alert notices from the National Patient Safety Agency that demonstrates examples of outcomes for people who use the service.
What we found about the standards we reviewed and how well Hinchingbrooke Health Care NHS Trust was meeting them

**Outcome 7**

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

The trust are unable to demonstrate that staff are trained and competent to protect people who use services from abuse, the risk of abuse and ensure their human rights are respected and upheld.

The trust did not demonstrate that national and local guidance about safeguarding people from abuse is put into practice by staff when caring for patients who are agitated and aggressive. The trust did not have suitable arrangements in place to ensure that forms of control or restraint used afforded protection to people using services.

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

**Action we have asked the service to take**

We have asked the provider to send us a report with 28 days of them receiving this report, setting out the action they will take to improve. We will make sure that the improvements have been made.

**Other information**

- *There are no outstanding improvement, compliance or enforcement actions in relation to other outcomes not reviewed in this report.*
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 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

<table>
<thead>
<tr>
<th>Our judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are major concerns with outcome 7: Safeguarding people who use services from abuse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>What people who use the service experienced and told us</td>
</tr>
<tr>
<td>We have not spoken directly to people who use this service. Some information has been received in the form of alert notices from the National Patient Safety Agency and this demonstrates examples of patient outcomes.</td>
</tr>
<tr>
<td>Other evidence</td>
</tr>
<tr>
<td>At the time of registration the trust advised that it was not fully compliant with this outcome area but would be by the end of September 2010. The areas of non compliance were related to adult safeguarding only. They were registered on this basis without any conditions attached to their registration and then in September we requested an updated action plan so that we could assess progress. Two documents were received from the trust which we used to review our initial assessment and check on progress. These declared that the trust were now compliant with this outcome.</td>
</tr>
<tr>
<td>The trust action plan indicated that some areas of good progress had been achieved since registration. It did not indicate how much of the training plan had been achieved and did not refer to any checks being carried out by the trust to ensure that their policies and procedures meet the needs of the people who use the trusts services. The provider compliance assessment (which is document that the provider</td>
</tr>
</tbody>
</table>
uses to advise us how they or how they will become compliant with essential standards), summarised progress achieved. It provided very limited evidence that outcomes for people who use services have been monitored or that staff training has been completed.

We asked the trust to provide us with further information to show they had reviewed two specific incidents that had been reported to the National Patient Safety Agency (NPSA). They supplied a risk management summary report for each one. These did not make any reference to safeguarding concerns or demonstrate that any learning had taken place in relation to staff actions or trust policies. This conflicts with some information contained in their own provider compliance assessment which describes the reporting line for incidents and safeguarding issues.

We also requested some additional evidence of training plans, the internal audit report for safeguarding that was completed in July and the subsequent action plan. Analysis of the information showed that some staff had been trained but it did not show how many staff still require training or when they expect to complete it. The trusts updated action plan demonstrates some progress towards compliance with this regulation but also identifies the following concerns in respect of training:

- A need for training in dementia care is identified but it does not state which staff require this or whether it is in place.
- A need for training in restraint/physical intervention techniques for staff in ‘risk’ areas is identified but it does not state this has been completed.

A policy on the use of physical interventions is being developed but is not yet in place to guide staff

- The above policy is to include the risk assessment process for use to ensure appropriate methods are used. It is therefore, not yet available to staff.
- A procedure guiding staff on the use of rapid tranquillisation in the emergency department is being reviewed.

A final request to cover the gaps in the information supplied was made on 29th November 2010.

The trust supplied a range of information in relation to managing patient safety but this did not support that learning had taken place following the NPSA incidents that had occurred earlier in the year. There is no evidence that the incidents were brought to the attention of the Safeguarding of Vulnerable Adults (SOVA) strategy group or Lead Nurse in line with the process described by the trust in other documents.

An update on their progress with safeguarding training for staff indicated that 22% of the staff have completed the current programme that was introduced in August 2010 and that this is expected to be completed by May 2012.

The training needs analysis does not state that specific training is available to assist staff to manage challenging behaviours.

We have received two notifications from the National Patient Safety Agency (NPSA) reporting two incidents that occurred in the trust in May and September. They were about patients who had become agitated and aggressive and neither report contains
reference to risk assessments or how attempts had been made to calm the individual down. The report for one of the incidents describes staff using a form of restraint that is specifically detailed in another trust document as not one that the trust staff would use. This raises concerns about trust’s policy to safeguard patients and staff training in the management of behaviour that presents a risk.

**Our judgement**
The trust are unable to demonstrate that staff are trained and competent to protect people who use services from abuse, the risk of abuse and ensure their human rights are respected and upheld.

The trust did not demonstrate that national and local guidance about safeguarding people from abuse is put into practice by staff when caring for patients who are agitated and aggressive. The trust did not have suitable arrangements in place to ensure that forms of control or restraint used afforded protection to people using services.

---

**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.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of disease disorder or injury.</td>
<td>Regulation 11</td>
<td>Outcome 7 : Safeguarding people who use services from abuse</td>
</tr>
</tbody>
</table>
### Maternity and midwifery

### Surgical procedures

### Assessment or medical treatment for persons detained under the Mental Health Act 1983

### Diagnostic and screening procedures

<table>
<thead>
<tr>
<th>How the regulation is not being met:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trust are unable to demonstrate that staff are trained and competent to protect people who use services from abuse, the risk of abuse and ensure their human rights are respected and upheld.</td>
</tr>
</tbody>
</table>

The trust did not demonstrate that national and local guidance about safeguarding people from abuse is put into practice by staff when caring for patients who are agitated and aggressive. The trust did not have suitable arrangements in place to ensure that forms of control or restraint used afforded protection to people using services.

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 28 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.
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

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>Audience</td>
<td>The general public</td>
</tr>
<tr>
<td>Further copies from</td>
<td>03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
<tr>
<td>Copyright</td>
<td>Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.</td>
</tr>
</tbody>
</table>

Care Quality Commission

<table>
<thead>
<tr>
<th>Website</th>
<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>03000 616161</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
<tr>
<td>Postal address</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td></td>
<td>Citygate</td>
</tr>
<tr>
<td></td>
<td>Gallowgate</td>
</tr>
<tr>
<td></td>
<td>Newcastle upon Tyne</td>
</tr>
<tr>
<td></td>
<td>NE1 4PA</td>
</tr>
</tbody>
</table>