

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

## Calderdale Royal Hospital

The Calderdale Royal Hospital, Salterhebble,  
Halifax, HX3 0PW

Tel: 01422357171

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2014

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

**Safety and suitability of premises**



Met this standard

## Details about this location

Registered Provider	Calderdale and Huddersfield NHS Foundation Trust
Overview of the service	Calderdale Royal Hospital is situated about 1.5 miles south of Halifax town centre. The hospital offers a full range of day case and outpatient services and an accident and emergency department. It is also the specialist centre for planned orthopaedic and general surgery for the residents of Calderdale and Kirklees.
Type of services	Acute services with overnight beds Community healthcare service Diagnostic and/or screening service Community based services for people with mental health needs Rehabilitation services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Management of supply of blood and blood derived products Maternity and midwifery services Nursing care Surgical procedures Termination of pregnancies Transport services, triage and medical advice provided remotely 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 Calderdale Royal Hospital had taken action to meet the following essential standards:

- Safety and suitability of premises

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 5 February 2014, talked with staff and were accompanied by a specialist advisor.

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### What people told us and what we found

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Calderdale Royal Hospital is part of Calderdale and Huddersfield NHS Foundation Trust (CHFT). The hospital was built for CHFT under the auspices of the governments private finance initiative (PFI). PFI is a way of creating public/private partnerships by funding public buildings with private capital.

When we carried out an inspection of the Calderdale Royal Hospital in August 2013 we found improvements were needed relating to the safety and suitability of premises. We made this visit to see what actions had been taken.

Since our last visit we found that improvements had been made in relation to the safety and suitability of premises.

We spoke with the Trusts Director of Planning Performance Estates & Facilities and they told us since our last visit attempts to recruit a permanent Chartered Engineer to support them had not been successful. However as an interim measure a Consultant Chartered Engineer had been employed full time until a permanent replacement is recruited. We saw from the information provided the trust had re-advertised for an Assistant Director of Estates & Facilities of a Chartered Engineering status on 17th January 2014.

During the visit we looked at a range of written evidence and undertook a physical inspection of the endoscopy suite and one recently upgraded ward. We also gathered evidence using a combination of, interviews and meetings with a number of managers and clinical staff from the trust and private partnerships. They included the Trusts Director of Planning Performance Estates & Facilities, Consultant Chartered Engineer, Acting Head of Estates Operations, Compliance and Service Performance Manager, Estates and Facilities Matron and nursing staff. Representatives from the trusts private partnerships included the Deputy General Manager Calderdale Special Purpose Company, Head of Estates and Estates Manager.

Overall the meetings with the managers and staff were positive and everyone we spoke with was open honest and frank about the actions the trust had taken to improve the safety

and suitability of the premises. The Director of Planning Performance Estates & Facilities showed us evidence to demonstrate that a suitable management and communication structure that adequately addressed roles and responsibilities between the trust and their private Estates & Facilities partners were in place.

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

### Safety and suitability of premises

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

When we inspected the service in August 2013 we found the provider had not taken steps to provide care in an environment that is suitably designed and adequately maintained. We made this visit to see what actions had been taken.

We spoke with the Director of Planning Performance Estates & Facilities, Consultant Chartered Engineer and Acting Head of Estates Operations and Compliance for the trust. They showed us a range of estates and facilities information in relation to lines of accountability and governance procedures.

We looked at copies of the Management of the CHFT Estates Policy, dated January 2014, Estates & Facilities Organisational Chart, Authorising Engineer Estates Structure, Estates & facilities Management Plan Structure and Consultation talks with CHFT management and estates staff. We also looked at legislation and guidance for example; Fire Code, Health Technical Memorandums (HTM), Health Building Notes (HBN) and approved codes of practice for example building regulations.

We saw from this information guidance and legislation had been used in the development of capital projects and the procedures surrounding them. Additionally HTM's and legislation had been demonstrated through the trusts Authorising Engineer programme and in the standards required for operational estates management.

We also saw from the information provided a suitable Authorising Engineer structure that adequately addressed the roles and responsibilities of Estates & Facilities requirements for Authorising Engineers, Authorised Engineers and Competent Persons was in place across the trust. For example, we saw the letter confirming the appointment of an Authorising Engineer for HTM 03 Heating & Ventilation 07 October 2013 and the subsequent action plan developed following their audit of the trusts ventilation systems.

We also spoke with the trusts appointed Estates Matron who told us they acted as a bridge

to strengthen communication between clinical staff and estates and to improve service and quality in line with the Matron's Charter 2004. The role also involved being part of project steering groups and being involved in making clinical decisions on estates and capital maintenance programmes.

Overall this meant the trust had a clearly defined authorising engineer structure, with clear lines of accountability and governance procedures in place in line with statutory, mandatory and best practice guidance and legislation.

The Director of Planning Performance Estates & Facilities told us a team of external consultants had been commissioned to carry out a survey to establish the condition and suitability of its premises to meet the needs of people with physical disabilities. The survey was currently underway and partially completed at the time of our visit. The Director showed us copies of the disability assessment report, specification of the survey, current survey results and progress of the survey. They told us once the survey is completed the trust will prioritise actions to address the outcomes/requirements from the survey.

We looked at the trust's Fire Safety Update Document December 2013 and weekly fire training statistics up to 24 January 2014. We saw positive progress had been maintained since our last visit in fire warden training, fire safety awareness training, fire evacuation training and fire risk assessments. We spoke with a number of the nursing staff on the wards we visited and they confirmed that fire training had been carried out and they were able to provide us with a general awareness of what to do in the event of a fire.

We spoke with the estates managers about the theatre staff not being informed of planned maintenance at our last visit. The managers told us about and we were provided with examples of the standard notices issued to theatre managers/staff to obtain permission to disconnect/interrupt theatre services prior to any maintenance being carried out. We were also provided with examples of email exchanges between theatre and estates staff of the planned arrangements to undertake maintenance work. The managers also told us the estates staff physically attended theatres immediately prior to any maintenance to establish it was safe to carry out the work.

We revisited the endoscopy unit and saw since our last visit and in accordance with best practice a fully compliant dirty utility room had been installed along with all appropriate services. We also saw the electrical outlets close to sink and water taps in the endoscopy kitchen had been appropriately rated and fitted with the correct electrical outlet to protect against the risks of electrical shock in accordance with electrical regulations.

During the course of our visit to the endoscopy unit and the ward the provider may wish to note that we made a number of general observations, which we brought to the attention of the Head of Estates and Estates Manager at the time. They included concerns about aerators which were seen present in all water taps inspected. Water quality guidance from the Chief Medical Officer recommended that tap aerators and other devices that can cause water aerosol/atomisation should be removed to minimise the colonisation of legionella, pseudomonas and other water borne contaminants.

We also saw some minor wall and decoration damage just above the main wash sinks in the utility area of the Endoscopy unit. Both endoscopy unit clean and dirty utility areas had laminated A4 notices stuck to the walls and the trust may wish to consider installing sealed display cabinets for this purpose.

The cabinets in the ward dirty utility room were flat topped and the trust may wish to consider installing angled/sloping tops to these cabinets in order to reduce dust and dirt retention and to minimise the risks of cross infection. We also saw in the dirty utility room the window mounted extraction fan was obstructed by window blinds and therefore reduced the ventilation within the room. The trust may wish to consider removing the window blind to increase ventilation. We also spoke with the Director of Planning Performance Estates & Facilities and they confirmed these issues would be addressed immediately.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

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

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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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