

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

Princess of Wales Hospital

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safety, availability and suitability of equipment ✓ Met this standard

Details about this location

Registered Provider	Cambridgeshire Community Services NHS Trust
Overview of the service	Princess of Wales Hospital – Welney Ward provides medical, nursing and personal care for 20 patients who are older people. Most patients are admitted for short periods of rehabilitation before going home. Some patients receive palliative care. The hospital is close to the centre of Ely.
Type of services	Acute services with overnight beds Long term conditions services Rehabilitation services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Princess of Wales Hospital had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safety, availability and suitability of equipment

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We completed this follow up inspection to check that the trust had acted on improvements that we said needed to be made after our inspection of 2 August 2012. The current inspection was delayed because the trust closed the ward on 31 January 2013 so that it could be refurbished. The ward re-opened on 17 May 2013. Before it was re-opened the trust wrote to us and said that it had completed all of the necessary improvements.

During our inspection of 29 May 2013, patients said that they received all of the medical, nursing and personal care they needed. A patient said, "I really can't speak too highly about the staff because they're so helpful and kind". Another patient said, "I feel that I'm in safe hands here and that they'll get me home as soon as possible. I've seen the occupational therapist and she's helping me with exercises to get better".

We saw that patients were treated with dignity and respect. Records showed that there was a clear emphasis on rehabilitation with patients being supported to develop their independence.

Documents and records showed that patients' needs for medical, nursing and personal care had been assessed and that care had been delivered in a reliable and consistent way.

We saw that the ward was equipped with a modern call bell system and that patients promptly received help from staff when they called for assistance.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients' privacy, dignity and independence were being respected.

Reasons for our judgement

Our inspection of 2 August 2012 found there was a lack of training for staff in promoting aspects of patients' dignity and independence. We saw that some people were routinely asked to wear disposable protective aprons at lunch time to help keep their clothes clean. We observed that some patients who needed to use a walking frame did not always have ready access to them. This was because staff had put them to one side so that the patients in question would wait for direct assistance before leaving their chairs. As a result there was a reasonably foreseeable risk that patients' needs for dignity and independence were not being acknowledged and respected.

Our inspection of 29 May 2013 found that staff had attended a special training course on how to promote the dignity and independence of patients. We observed how the lunchtime meal was taken and saw that patients dined wearing their own clothes without the use of protective aprons. We also saw that patients who needed to walk with assistance had unrestricted access to their walking frames.

All of the five patients we spoke with about this matter said that staff treated them with respect and promoted their independence. One of them said, "I get on well with the staff because they're all kind and genuinely caring people".

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Our inspection of 2 August 2012 found that on some occasions staff entered the ward lounge to collect items of equipment without checking that patients were comfortable. We also noted some patients' individual plans of nursing care were not sufficiently detailed. The shortfalls included how to effectively support patients who were at risk of falling, developing sore skin and not having enough to drink. As a result there was a reasonably foreseeable risk that staff would not be fully supported to ensure that patients consistently received all of the care they needed.

During our inspection of 29 May 2013 we looked in detail at aspects of the care needed by four patients and we assessed how well this was described in their individual plans of nursing care. Documents showed that staff had been given suitably detailed guidance about how best to care for patients who were at risk of falling, who had sore skin and who needed extra help to make sure that they had enough to drink. Records and our observations showed that this care was being provided in a reliable and consistent way.

All of the seven patients we spoke with about this matter said that they received the medical and nursing care they needed. One of them said, "The staff can't do enough for you here. They're always willing to help".

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

Patients were protected from unsafe or unsuitable equipment.

Reasons for our judgement

Our inspection of 2 August 2012 found that the ward did not have an effective call bell system. We saw that patients who were using the lounge had to use hand-bells to call for assistance. These bells were not always accessible and they were not audible from all parts of the ward. Patients said that this arrangement had resulted in them sometimes not being able to call for the assistance they needed.

Our inspection of 29 May 2013 found that a new call bell system had been installed. We saw that the system extended into the lounge and could readily be used by patients who needed to call for assistance. We observed patients confidently using the call bell system and we noted that staff promptly responded to their requests for assistance.

All of the six patients we spoke with about this matter said that they had ready access to the call bell system, had been shown how to use it and had found that staff promptly responded to their requests for assistance. One of them said, "If you need help you've only got to ring and the staff are there, day and night. I find that reassuring".

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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