

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

Cambridgeshire Community Services NHS Trust at Hinchingsbrooke Hospital

Hinchingsbrooke Park, Huntingdon, PE29 6NT

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

Care and welfare of people who use services

✓ Met this standard

Staffing

✗ Action needed

Details about this location

Registered Provider	Cambridgeshire Community Services NHS Trust
Overview of the service	<p>Holly Ward is registered to provide paediatric treatment and nursing care for 25 patients aged between 0 to 16 year olds (or up to 17 years of age if in full-time education). The ward is organised into different areas. There is a day case area that can accommodate six patients who need minor operations. There are also six assessment beds that can accommodate patients for short periods of time so that their needs for treatment can be established. These assessment beds are normally located in a separate area of the ward. However, if necessary they can be integrated into the inpatient ward. The main inpatient ward can care for 13 patients (including patients who may be receiving an assessment service).</p> <p>A Special Care Baby Unit that has 10 cots is managed as part of the trust's paediatric service provision on the Hinchingsbrooke site. The unit shares a medical staff rota with Holly Ward but has its own separate nursing rota.</p>
Type of services	Acute services with overnight beds Dental service Diagnostic and/or screening service 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 Cambridgeshire Community Services NHS Trust at Hinchingbrooke Hospital had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Staffing

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 13 December 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People received the care and support they required to improve their health and well-being. Care records were written in enough detail, but did not always provide clear guidance for specific care needs that were usually met by patients' relatives.

There were not always enough staff members available to fully open the service to all patients who required care and treatment.

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

What we have told the provider to do

We have asked the provider to send us a report by 13 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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

Our judgement

The provider was meeting this standard.

Care and treatment was usually planned and delivered in a way that was intended to ensure patients' safety and welfare.

Reasons for our judgement

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We examined three patients care records to determine how care needs were assessed, planned for and delivered.

Assessments were completed to assess patients' level of risk for such issues as their mobility and nutritional risks. Basic assessments had been completed when patients were admitted to the ward and appropriately identified the level of risk and action required to reduce that risk. Two of the three records we examined indicated that more detailed moving and handling assessments were required. However, these had not been completed. We spoke with a staff member on duty who confirmed that they should have been completed and that for one patient no additional care needs would have been identified. The other patient had specific care needs associated with their mobility, although the staff member confirmed that their parent stayed with them and took care of the patient's mobility needs.

Care plans were in place for a number of different support and care needs for each person whose care records we examined. The plans contained enough detail to identify actions staff members were required to take to ensure the patient's needs were met.

We spent time observing how staff members cared for and interacted with patients. We found that staff members were polite, they knew patient's needs and how they wanted to be cared for. One visitor we spoke with said that staff members were nice and that they helped with everything they or the patient needed them to. This meant that patients received the care they required when they needed it and that staff members interacted appropriately with everyone involved in the patient's care. We were unable to speak with patients or other visitors due to late timing of our visit.

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

Our judgement

The provider was not meeting this standard.

There were not always enough qualified, skilled and experienced members of staff to meet patient's needs. This was because clinical areas were not always staffed in line with the trust's own calculations, and had not taken into consideration the age and acuity of patients.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were not always enough qualified, skilled and experienced members of staff to meet patient's needs.

During our inspection visit on 05 and 06 February 2013, we found that there was a shortfall of qualified nursing staff to sustain delivery of care and treatment to patients that were admitted to the ward, assessment unit and day unit. We returned on 03 September 2013, and found that the trust had failed to reliably provide the number of medical and nursing staff it considered to be necessary to safely care for patients.

The trust wrote and informed us that they would be compliant with the standard relating to this regulation by 04 December 2013. Prior to our inspection visit on 13 December 2013, we also received some concerns regarding nursing staffing levels on Holly Ward, specifically at night time.

During our inspection visit on 13 December 2013 to Cambridgeshire Community Services at Hinghingbrooke Hospital, we found that some improvements had been made to nursing staffing levels. We visited Holly Ward and a staff member we spoke with informed us that staffing levels at night time had improved over the last two to three weeks. They told us that there were now either three registered nurses or two registered nurses and one healthcare assistant. Staff members confirmed that staffing was calculated on a bed basis of one registered nurse to provide care and treatment to six patients. This was also confirmed by the trust's nursing workforce review. During the evening of our visit, there were three registered nurses and one healthcare assistant working. This meant that there were enough registered nurses according to the trust's calculations to provide care and treatment to the patients on the ward. However, we noted that these calculations did not take into consideration the age of the patients or their acuity (level of dependence required).

We reviewed the staff rota that was planned from 24 November 2013 to 13 December

2013. During this time, we noted that a total of 15 night shifts had two registered nurses and one healthcare assistant. This meant that if a patient needed high dependency support on a one-to-one basis, there was insufficient numbers of staff to provide adequate care and support to the remaining twelve patients. The trust's calculations demonstrated that there was a minimum of four registered nurses and one healthcare assistant during the day; however the staff rota between 24 November 2013 and 13 December 2013 indicated that there had been 13 shifts that had three registered nurses on duty. This meant that there was insufficient staff to support the 13 inpatient beds on the ward as well as the additional assessment area.

One staff member told us that they thought care was sometimes compromised due to the staffing levels, although they felt that resulted in the relevant paperwork not being completed to show what care and treatment had been provided. They also told us that incident reports were completed to reflect this. We examined incident reports for the three months prior to this inspection and found that no issues of concern had been reported.

During our time on Holly Ward, we noted that medical staff were on duty to safely meet the patients' needs. We noted that nursing staff had access to medical staff who were on call throughout each day of the week and that this information was displayed in ward areas.

Staff members we spoke with confirmed that they had received paediatric life support training which was reviewed on a yearly basis. Staff also confirmed that they were able to have time from the ward to complete mandatory training to ensure that their skills and competencies were up to date. This meant that staff were appropriately skilled and experienced to deliver the care and support needed to patients.

We also visited the Special Care Baby Unit (SBCU) and a staff member we spoke with confirmed that staffing levels for each shift was based on national recommendations. During the time of our inspection, staffing levels were at the recognised minimum staffing levels, although the unit had recently recruited senior nurses and was still recruiting to cover a junior registered nurse. However, the staff member stated that there were occasions when there were not enough staff available. At these times the unit closed cots and notified delivery suite and other units in the area. This had most recently occurred earlier in the day of our visit when additional staff were not available to cover a sudden reduction in staff numbers, however it was able to admit babies born at Hinchingbrooke Hospital. When staffing levels were at the appropriate level, cots would be re-opened and babies could be transferred back to the unit.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010
Treatment of disease, disorder or injury	Staffing
	How the regulation was not being met: There were not always enough staff available to provide a full service, resulting in patients having to travel to alternative treatment centres further away.(Regulation 22)

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 by 13 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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