

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

## North Cambridgeshire Hospital

The Park, Wisbech, PE13 3AB

Tel: 01480308222

Date of Inspection: 05 February 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<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>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Cambridgeshire Community Services NHS Trust
Overview of the service	North Cambridgeshire Hospital is a community hospital that provides a wide range of outpatient clinics and inpatient services to people living in the community.
Type of services	Acute services with overnight beds Diagnostic and/or screening service Hospice services Rehabilitation services
Regulated activities	Diagnostic and screening procedures 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Staffing	10
Assessing and monitoring the quality of service provision	11
<b>About CQC Inspections</b>	13
<b>How we define our judgements</b>	14
<b>Glossary of terms we use in this report</b>	16
<b>Contact us</b>	18

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 5 February 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 and talked with staff.

---

### What people told us and what we found

---

This report is based on a visit that was carried out as part of a co-ordinated responsive inspection. As part of this inspection visit we concentrated on the inpatient services provided on Trafford Ward.

We found that people were consulted and involved in planning their care and treatment. People told us that their dignity was protected by the use of a curtain around each bed but their privacy was not always assured when conversations about their health and treatment were discussed.

Care, treatment and support records were complete and up to date. People said that nursing staff were excellent and provided them with the care and treatment they required.

We found that there were arrangements in place to deal with foreseeable emergencies and that episodes of potential or actual risk to people receiving care and treatment were recorded, discussed and preventative measures were put in place to ensure they were safe.

There were adequate numbers of skilled and qualified nursing and health care staff to assist people and meet their needs.

People told us that they were regularly asked if they were satisfied with the care, attention and treatment they received. Audits were carried out that ensured that the quality of care and treatment people received was monitored.

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](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

**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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and treatment.

---

### Reasons for our judgement

---

We were unable to speak with as many people as we would have wished to because on the day of our visit the ward had a suspected outbreak of the Winter Vomiting Virus. We spoke with people in an unaffected bay. People expressed their views and were involved in making decisions about their care and treatment. We found that people admitted to Trafford ward and spoken with understood the care, support and treatment choices available to them.

One person receiving care and treatment told us, "I transferred from another hospital and the staff explained everything to me and gave me time to decide to come here." Another person receiving care and treatment said, "The nursing staff here are excellent and they keep me and my family up to date with what is happening to my health."

People spoken with also told us that the medical staff consulted them and respected the decisions they made. Our observations showed us that people were given appropriate information and support regarding their care or treatment. We saw that information about the routine of Trafford ward and the rights and responsibilities of patients and medical staff members were provided in an inpatient booklet that each person admitted to Trafford ward was given. We found that a visitor's charter, philosophy of care and the Cambridgeshire Community Services (CCS) five year business plan were displayed on the notice board in the communal hallways of the ward for everyone to see and read.

We looked at four people's end of bed records and plans of care and saw that the information they contained was complete and clearly told us of the choices people had made regarding their personal, health and treatment needs. We found that people were involved in completing the records, that they were consulted, their views recorded and that they had signed the plan of care to show they agreed to the written plan of action to be carried out. Evidence of family involvement was demonstrated to us in people's plans of care and for one person we saw that relatives had provided information on what the person liked and disliked.

We found the atmosphere on Trafford ward to be calm and saw that nursing staff spoke with people in a polite and respectful manner. People who used the service told us that staff members included and involved them in such things as making choices and decisions in all things that affected them. One person said, "Staff always close the curtains around my bed when they are assisting me to ensure that my privacy and dignity is respected." Another person told us, "The doctors and nurses close the curtains every time, but I think they forget that other people in the bay can hear your conversation. I think we should be offered a private room when we have to discuss personal and health details." Everyone spoken with agreed that their dignity was protected and told us that they all "Knew each other's personal business."

Nursing staff members spoken with told us that they ensured that people's privacy, dignity and independence were respected by ensuring that the curtain was completely closed around the bed and by checking with the person that they agreed with the care or treatment they were about to provide. Our observations and the people we spoke with who used the service confirmed this. However, the provider may find it useful to note that nursing staff confirmed that patients could request to be spoken with privately in a room but that most times discussion took place around the person's bed. This means that for some people their privacy may not be fully protected at all times.

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

---

**Our judgement**

---

The provider was meeting this standard.

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

---

**Reasons for our judgement**

---

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We spoke with people accommodated in a ward bay who told us that they received the care, attention and treatment that they required. One person receiving care and treatment told us, "The nurses are always writing in my care notes and change my care, treatment and support as directed by the doctor who visits me regularly." Another person said, "The nursing staff notice if I am not so well and I am given more care and they arrange for the doctor to visit me again."

From our observation we found that people were encouraged and supported to maintain their level of independence. Our observations showed us that people were given the support and attention they needed and had a positive experience of being included in conversations with medical staff members and decision making.

People's needs were assessed to ensure that their care and support was planned and delivered in line with their individual plan of care. We looked at a sample of four sets of people's care records and found that the plans of care held complete information and detailed care and risk assessments that included assessments made by specialist health professionals such as a physiotherapist. The records viewed explained the health history of the person, the care, treatment and support they needed, monitored their general health and held a daily record of their wellbeing and changing needs. We saw that for one person a record was held of their end of life decisions about their care and treatment. Nursing staff spoken with explained to us that this ensured that the person's wishes would be respected.

Our observation showed us that people were offered the personal care and attention they needed and that nursing staff members used praise and encouragement appropriately when assisting a person. Nursing staff members spoken with showed us that they knew how to provide care and treatment to people receiving treatment on the ward.

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

---

**Our judgement**

---

The provider was meeting this standard.

People who use 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.

---

**Reasons for our judgement**

---

The provider responded appropriately to any allegation of abuse.

We found that there were arrangements in place to deal with foreseeable emergencies and that episodes of potential or actual risk to people receiving care and treatment were recorded, discussed and preventative measures were put in place to ensure they were safe.

Staff we spoke with showed us that they knew how to ensure that the people were safe and how to access the information they needed to ensure they received the nursing care, treatment and support they required. They demonstrated that they knew how to protect each person's human rights through choice and that they knew how to recognise, prevent and report abuse. The records held confirmed that staff members had completed training in the safeguarding of vulnerable adults.

## Staffing

✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

---

### Reasons for our judgement

---

We viewed staff rotas and they showed us that enough qualified, skilled and experienced nursing and health care staff were provided to meet people's needs. The ward manager told us that staff levels were determined by the care, support and treatment needs of the people accommodated on Trafford ward. Staff spoken with confirmed that there were sufficient numbers of staff provided to meet the needs of people on the ward.

People admitted to Trafford ward told us that they received the nursing care, treatment and support they needed and that they did not have to wait long for staff to respond to the call bell when they rang for assistance. Staff told us that staff absence was covered and that improvements had been made to the staffing level.

The manager told us that recruitment of new staff had taken place and was continuing. They said that the provider had a bank of staff that they could ask to work on the ward. This was confirmed in the records held.

## 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

---

### Our judgement

---

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 using the service and others.

---

### Reasons for our judgement

---

Decisions about care and treatment were made by the appropriate staff at the appropriate level. People accommodated in the bay told us that they felt listened to and included in the planning and carrying out of their care and treatment. They told us that all of the medical staff checked with them that they were happy with the care and treatment they received. This was confirmed in the individual records we viewed.

We saw that improvements had been made to the patient experience of being in hospital as a result of the use of the '15 Steps Challenge'. The manager told us that the Challenge toolkit helped staff and management to gain an understanding of how people felt about the care provided and to identify the actions that gave them confidence. They explained that it was designed to also help organisations to understand and identify the key components of high quality care that were important to patients, services users and carers from their first contact with a hospital care setting.

The manager showed us that they completed monthly internal audits of record keeping, pressure care, wound management, medication administration, infection control and call bell answer times. They told us that audits were also completed on the number of falls people had on the ward, risk assessments and updated national guidelines. We saw that patient satisfaction questionnaires were given to each person who received care and treatment and that an improvement action plan was compiled from the suggestions and issues of concern highlighted by people. We found that the completed sample of questionnaires we viewed recorded mainly positive comments.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The provider took account of complaints and comments to improve the service. People spoken with told us that they did not have any complaints. We saw information on how to make a complaint on the communal notice board on the ward and in the patient information booklet. The information clearly recorded how people could complain and told them who to contact.

We found that appropriate action had been taken to contain and isolate the suspected Winter Vomiting Virus. We saw that notification of the problem had been prominently

displayed on all external doors and that non essential admission to the ward was stopped. The manager told us that the last infection outbreak had been over a year ago. During our review of records we found that where an infection outbreak occurred, investigation was completed to identify the root cause of the infection and action taken to reduce or prevent further occurrences. This meant that people could be assured that whenever an infection occurred that their safety was the priority.

Staff spoken with told us that they generally felt that there was good communication between themselves and their manager. They said that through their manager they had opportunities for them to keep up to date with governance issues and to feedback their comments to the Board. Staff told us that the Chief Executive Officer (CEO) 'back to the floor' visits to the ward that were now in place were positive and that this had assisted in ensuring that their concerns had been answered.

## 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.

---

**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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) 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.

---