

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

Doddington Hospital

Benwick road, Doddington, March, PE15 0UG

Tel: 01480308222

Date of Inspection: 06 February 2013

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

| | |
|--|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Staffing | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Cambridgeshire Community Services NHS Trust |
| Overview of the service | Doddington Hospital is a community hospital offering young people and adult outpatient clinics and a district nursing service to the community. |
| Type of services | Acute services with overnight beds Diagnostic and/or screening service |
| 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

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 6 February 2013, observed how people were being cared for and talked with people who use the service. We were accompanied by a specialist advisor.

What people told us and what we found

Patients we spoke with told us that they were provided with information in a language they easily understood that allowed them to make an informed decision before consenting to their treatment.

Patients' plans of care that we reviewed demonstrated to us that patients' assessed health risks were monitored and reviewed at each visit to the hospital. Patients were only treated where this was safe to do so.

Patients could be sure that the provider had taken all reasonable steps to ensure that they were protected from the risk of any potential abuse. All of the staff who we spoke with were confident in reporting allegations or concerns of abuse.

We spoke with staff who told us that there were not always enough staff available to ensure the health, safety and welfare of patients.

The provider used a variety of methods to obtain the views of staff and patients, including young people, about ways of improving the service. The majority of comments in the patient satisfaction survey which we reviewed were positive about the quality of service provided

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before patients' received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where patients' did not have the capacity to consent, the provider acted in accordance with legal requirements.

During our inspection visit we reviewed three patients' care records and treatment plans. We found that patients' had been provided with information about their treatment options prior to them providing an informed consent to the treatment.

Adult patients' we spoke with confirmed to us that they had had their treatment explained to them in a language that they easily understood. This ensured that people only provided consent to their treatment after they had been given sufficient time to understand everything about their care and treatment. However, the provider may find it useful to note that patient letters we examined which made reference to children and young people, were not written in a way that might be easily understood by them, despite them being of an age to understand. This could impact on their ability to fully understand the treatment options available to them.

One adult patient we spoke with told us, "The doctor was marvellous, he explained everything to me and said that if I had any questions I thought of later then I should just ring the clinic and he would get back to me with an answer".

We spent time in the rehabilitation and falls unit and spoke with adult patients' who were visiting the unit for the morning. They told us that they came to the unit to receive physiotherapy treatment and to practice or be shown their exercise programme. They said that the staff always asked if they understood the information they were given and checked with them before providing care or treatment. We saw that staff members also confirmed with patients' if they did the exercises suggested to them and if they were happy with their treatment plan.

Our observations showed us that there was a relaxed and friendly atmosphere in the unit.

We saw that staff informed patients' of the reason they needed to have treatment as planned or carry out their exercises. We also observed staff helping patients' to make informed decisions about their care.

Adult patients' we spoke with told us that they were provided with information leaflets about their medical procedures. Patients' were also given time and the privacy to decide on their treatment options which ensured they made informed decisions before providing consent to their treatment.

All seven of the consent forms we reviewed had been signed by the patient concerned and dated prior to their admission to hospital.

We also reviewed the policy for patients' who lacked the mental capacity to consent to treatment, and found this contained details for young people and those who lacked capacity. We reviewed records that showed us staff had been trained in the Mental Capacity Act (MCA). Staff who we spoke with told us that where they suspected, or recognised that a patient lacked the capacity to consent, they would refer this to a doctor.

We reviewed records which showed us that patients' had access to interpreters and a language line. Language line is a telephone interpreter service for people who may not use English as a first language. This ensured that patients' provided consent to their treatment only after the treatment and care options had been fully understood. The provider may wish to note that although staff were able to access interpreter services in both the minor injuries unit and out-patients clinics; the use of information technology such as a spider phone/speaker phones (a device used that enables several people to engage in a conference at the same time) to enhance and provide a swifter more inclusive translation service had not been provided.

Patients' using the service told us that the staff were very encouraging and gently persuaded them to do more than they thought they could. One patient said, "If you get tired or have had enough you can just say." Another patient told us, "They have involved me in my goals and helped me to be able to do more than I could do before."

Children and young patients' consent records seen in both minor injuries and out-patients' department ascertained who had parental responsibility. This demonstrated to us that where consent to treatment for children and young adults was required, the provider acted in accordance with legal requirements.

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, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

During our inspection we reviewed patients' treatment and plans of care and found detailed assessments of patients' health. An initial care and treatment needs assessment had been completed in each of the plans of care we reviewed. This assessment formed the basis of patients' care and treatment plans.

Patients' health risks were assessed at each appointment. Health risks associated with proceeding or choosing not to proceed with treatments were explained to patients. This information was used to ensure that patients' treatment was only proceeded with where it was safe to do so. We saw that completed and detailed risk prevention and moving and handling assessments were in place with assessments of the patient's ability to understand and co-operate.

Patients' were also made aware of, and provided with, information to access the Patients' Advice and Liaison Service (PALS). PALS is an organisation to support patients' if they had any concerns about their treatment by the NHS.

Patients' spoken with told us that staff also visited them in their own home to show them how to complete their exercises. Staff members spoken with showed us that they knew how to assist people to regain their confidence and improve their independence through praise and by encouraging them to reach their personal goals. One staff member said, "We talk to each patient and help them to focus on the things they used to do and would like to do again."

We saw from the records we reviewed that patients' allergies and existing health conditions were recorded in a format that highlighted to health care professionals, the assessed health risks for each patient. Records we reviewed showed us that patients were referred to alternative primary or secondary health care where this had been the more appropriate option for the patients' health condition.

We found that records were available that showed that people had completed a self-

assessment health questionnaire. We saw that an assessment of the person's balance and nutritional and fluid intake were recorded and that their pulse and blood pressure were also monitored and recorded. We also saw that patient records contained appropriate detail about their care and treatment needs and personal health circumstances.

We reviewed records which showed us that patients' plans of care were person centred and in a format that helped staff members provide care and treatment safely.

Staff who we spoke with knew what action to take in the event of an emergency and how to keep patients safe, before, during and after the emergency. Patients also told us that they were treated with respect and that their privacy was respected during their visit to Doddington Community hospital.

The provider may find it useful to note that during our inspection we saw that there were no qualified paediatric nursing staff within the department where over two year olds were seen and treated. There were also no paediatric trained or 'up skilled' staff available within the outpatients department when children were seen in the paediatric clinics or the onsite x-ray department. We did not find any evidence of a risk assessment being undertaken to address these risks. This could result in children and young people not having their needs fully assessed and treated.

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

Our judgement

The provider was meeting this standard.

Patients' 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

Patients' 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.

We found evidence during our inspection of patients' plans of care which demonstrated to us that the provider recorded accidents and incidents and implemented improvements where appropriate. This ensured patients' welfare was protected.

Patients who we spoke with told us that the staff were all very kind and that they felt safe visiting the hospital.

During our inspection we saw that information regarding the safeguarding of vulnerable adults (SOVA) was not displayed in various formats throughout the hospital. We were told that the on-going redecoration and refurbishment works had led to a review of information for patients displayed throughout the clinics. Once these works were completed the information would be displayed to provide patients with information on how to report any safeguarding concerns.

We checked the records for safeguarding training for all staff employed at the service and found that the majority of staff had completed safeguarding training. The provider may wish to note that at the time of our inspection the safeguarding of vulnerable adults (SOVA) policy had not been reviewed for two years. We spoke with staff who told us that they were not provided with any updates to SOVA information in between their training cycle. Although staff's SOVA training was in date and for the appropriate level (group) for their role, the content of the training was not up to date. We were told that there were plans in place to improve the quality of training and the content following the appointment of a dedicated trainer.

We spoke with staff and they were all able to describe the various types of abuse that people might be subjected to, and what appropriate action they would take if they had any SOVA concerns. All of the staff who we spoke with knew they could raise a safeguarding issue or concern with their management team, the local authority and the police. We also saw that SOVA was an agenda item at the staff meeting minutes that we reviewed.

Staff explained to us that issues of concern and learning from incidents that had occurred, were discussed at the staff meetings they attended. This was confirmed in the staff meeting minutes that we examined.

Staff in the minor injuries unit were able to identify through the shared records with GPs, if children or young people were known to children's social care services. They were also able to identify the care status of any child or young person who might be known to children's social care services.

The needs of looked after children were identified within the minor injuries department with appropriate action taken. We also found from the records we reviewed that there was good identification of 'frequent attendees' within the minor injuries department. Patterns and frequency of children's visits were monitored and reviewed. Staff who were spoken with told us that they were able to access named health professionals for SOVA and child protection if required. This ensured the safety and protection of children.

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

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

We viewed the staffing rota for the outpatient clinics and rehabilitation and falls unit and found that adequate numbers of staff were employed. We saw that one registered nurse was provided for each of the outpatient treatment clinics and that they were assisted by healthcare assistants. Staff members spoken with confirmed that there were enough staff working in the outpatient clinics and rehabilitation and falls unit to assist the people who attended.

We also reviewed staff's training records and found that staff maintained their professional development to maintain registration with the National Midwifery Council (NMC). We found from the training records we reviewed that staff completed mandatory training in line with Department of Health (DH) guidelines. Staff who were spoken with told us that they felt supported to maintain their competencies.

We spoke with people using services provided by Doddington Hospital. They told us they did not have to wait for a long time to be seen by staff members at the hospital. They also told us that staff took time to discuss their care and support with them at a pace that suited their needs.

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 who use the service and others. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Patients' who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider took account of complaints and comments to improve the service.

During our inspection visit we reviewed the complaints policy and found that it met the needs of the service. Patients' were provided with information on how and where to complain.

We saw that a complaints, comments and compliments facility had been provided for patients to use. A facility was also available in a suitable format for children and young people to complete. The provider gathered information from patient surveys. The records we reviewed showed us that the majority of comments were positive. There were no trends that had been identified or evidence that suggested any targeted improvements were required. Patients' who we spoke with confirmed to us that they had been given a copy of the patient satisfaction questionnaire.

We spoke with staff members in the rehabilitation and falls unit who explained that patients' using the service were given feedback questionnaires each year to complete. They showed us that an action plan of improvements was compiled from the issues patients' identified and the suggestions made. Patients' using the service told us that staff members regularly checked with them that they were happy with the treatment they received. They said that they had no complaints and that they were confident that the staff would resolve any issues of concern they had to their satisfaction.

We noted that staff members' mandatory training and competencies were regularly assessed. Staff mandatory training was recorded and checks were in place which ensured staff completed their training when required.

Patients' care plans that we reviewed demonstrated to us that the risks to patients' health had been gathered and that changes had been made to patients' care where there was a health risk associated with their care and treatment.

The provider used an electronic recording system to record and analyse adverse events, incidents and errors. Records we reviewed showed us where the system had been used to reduce or eliminate future impacts on patients' who used the service and ensured patients' safety. Staff members spoken with told us that they had access to the IT system that provided governance information from the provider.

We found that there had been a limited audit programme within the minor injuries unit. These audits had not resulted in any changes to practice as no necessary changes were identified. Staff who we spoke with told us that they generally felt that there was good communication with opportunity for them to feedback their comments to management and CEO. However, the provider may find it useful to note that, due to the large number and range of communication media, there was a potential for key information to be lost. Key information could also be missed.

We saw in the weekly communication cascade brief that the Trust's CEO had undertaken 'back to the floor' visits with prompt feedback which the staff valued. Staff who we spoke with confirmed to us that this happened.

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.

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