

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

## Clevedon Community Hospital

Old Street, Clevedon, BS21 6BS

Tel: 01275872212

Date of Inspection: 21 February 2014

Date of Publication: March 2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✗	Action needed
<b>Supporting workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	North Somerset Community Partnership CIC
Registered Manager	Mrs. Thelma Howell
Overview of the service	Clevedon Community Hospital delivers rehabilitation care and the prevention of acute hospital admission for people from North Somerset. They offer outpatient services and provide a Minor Injury service in daytime hours.
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

## 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
<hr/>	
<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
What we have told the provider to do	5
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	8
Cleanliness and infection control	11
Supporting workers	12
Complaints	14
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	16
<hr/>	
<b>About CQC Inspections</b>	17
<hr/>	
<b>How we define our judgements</b>	18
<hr/>	
<b>Glossary of terms we use in this report</b>	20
<hr/>	
<b>Contact us</b>	22

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 February 2014, 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 carers and / or family members, talked with staff and reviewed information given to us by the provider.

Other healthcare professionals

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### What people told us and what we found

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Clevedon Community hospital provided a wide range of outpatient services, rehabilitation inpatient care and a minor injury service for the people of North Somerset. We looked at service provision in these three areas of the hospital.

During the inspection we spoke with eight patients, 14 staff and reviewed 16 care records. All the people we spoke with told us they were treated with dignity and respect and staff were "kind" and "helpful". One person told us "it's been a very good service and they have been very attentive". Another person told us "it's a pleasant change being treated and seen as an equal". While a third person told us "I have been happy with my treatment".

The people who used the inpatient services told us they were not always given appropriate information and involved in making decisions about their care and treatment. However, people we spoke with in the outpatients department (OPD) and minor injury unit (MIU) told us everything had been explained and they had been fully involved in treatment decisions.

We spoke with a visiting healthcare professional who told us "patients were delighted to be here". Their opinion of the service provided was "they get good results". We found from our inspection, overall people and relatives seemed very satisfied with the service being provided by Clevedon Hospital.

We looked around the hospital and saw people were not always protected from the risk of infection because appropriate guidance had not always been followed.

We spoke with staff and saw people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We reviewed the complaint system and saw there was a complaint process available. However information about how to complain was not easily accessible.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 05 April 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.

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### **More information about the provider**

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

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

## Our judgements for each standard inspected

### 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

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### 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.

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### Reasons for our judgement

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

We looked at how staff obtained consent from patients who used the podiatry, musculoskeletal (MSK) and physiotherapy services. We saw the referral process from the GP for patients which was taken as an implied consent to treatment. However, staff we spoke with confirmed they would always ask the patient for consent before any treatment was given, if people refused, then treatment would be withheld.

One patient told us the treatment required had been explained to them and they had been treated courteously. They said "It's been a good service. It is a pleasant change being treated as an equal". One member of staff said "we give people all the information about the benefits of treatment and then it is patient choice".

We asked a member of staff to describe the process they used to obtain consent. We were told the practitioner would discuss with the patient the type of treatment options available. We saw there was an information leaflet with both text and pictures to aid understanding. We saw verbal consent was recorded in patients' records as having been given after every appointment. We were shown consent forms for invasive procedures which patients signed.

In the minor injury unit we looked at 10 care records to see if the practitioner had obtained patient consent to treatment. 50% of the records seen showed consent had been obtained. All staff we spoke with told us they would obtain verbal consent from people before any treatment. People we spoke with and practice observed corroborated this.

We asked staff how consent to treat children and young people were obtained. We were told there were very few young people who used the service. Young people under 16 years of age needed to be accompanied by an appropriate adult. Practitioners told us they would not treat people under this age if they were unaccompanied. One member of staff

said "I always get consent before I undertake any care and treatment",

The provider may find it useful to note in the inpatient area we saw the care plan records did not show consent was obtained or documented consistently. We saw a number of forms and places where people should have been asked for their consent and a signature obtained to demonstrate their consent. However we saw few entries which showed the patient had consented to their care and treatment.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Staff who spoke with us knew how to respond to patients who could not fully understand the information about their diagnosis and treatment. The staff told us they had received training about the provisions of the Mental Capacity Act 2005 and acting in patient's best interests. If a patient came for a consultation and did not have the mental capacity at the time to make an informed decision, the clinical practitioner then involved others who spoke for the person.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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

We saw the podiatry service used a computerised system for patient records. The system allowed for patient records to be tagged to alert staff to any specialist condition or treatment. All patient records were on the computer system with a facility for any paper documents, which were received by the hospital, to be scanned onto the patient record.

We looked at the computerised medical records system and briefly at sections of patient records. We saw these contained areas for recording assessments, past medical history, medicines, personal and social factors and diversity. We saw there were systems to alert staff about information of importance; for example allergies and other important medical information. Records we saw were easy to use and understand. We were told by one member of staff "all podiatry patient records are completed as a contemporaneous record and this is audited so we can match entries to patient appointment times. This means there is less opportunity for things to be missed."

We also looked at records completed by the musculoskeletal (MSK) and physiotherapy services. We were told these were written by hand and later scanned onto a computer system. The member of staff told us they were not sure how long this process took but if patients were treated in another location then the patient file was taken to the location. We asked the manager for specialist services about these record keeping processes. They confirmed the patient information was recorded in different ways.

The provider may find it useful to note we saw and heard across all departments there was more than one system in place for recording care plans, provision and treatment. This meant people were not always able to see the full information pertaining to a patient and their treatment when needed. However North Somerset Community Partnership told us they planned for a new system to be introduced later in 2014 so information would be stored on the same system. This would mean all of the patients' records would be available to clinical staff during consultations to inform clinical decisions.

Patients we spoke with were generally happy with the care they received. One person told



us the service was "personal and friendly" and "the staff have the ability to provide a personal experience".

The provider may find it useful to note in the 'inpatient' records we saw there was inconsistent evidence which showed an initial assessment of care needs and formulation of care plans, had not always been appropriately completed. This meant people's safety and welfare were potentially at risk due to lack of individual planned care to meet their needs. We saw some aspects of care and treatment provided was documented within the daily records sheets but there was no follow up of some identified needs. For example in one care record we saw an entry "patient refused to have hip dressing changed"; there was no further entry to indicate the wound had been assessed and if it was healing appropriately.

One inpatient we spoke with told us they had already started to be involved in their discharge even though they didn't have a date for discharge. They told us the equipment they needed at home had already been ordered and sent to their home. All people we spoke with told us they received a consistent and responsive service.

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

We saw in care records that where there were potential risks to the welfare and safety of people specific risk assessments had been completed. In these assessments the risks had been identified and actions planned to minimise the risk for people. Staff spoken with demonstrated an awareness of the potential risks for specific patients and how to minimise those risk for their safety and welfare.

People's care and treatment reflected relevant research and guidance.

The MSK and physiotherapy services were provided to the whole population of North Somerset. It was introduced as a specialist service in order to triage patients and direct them to appropriate treatment. The member of staff who spoke with us told us about the processes for developing patient treatment pathways which reflected latest research.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Curtains were in treatment rooms and around patient beds to screen patients and provide privacy when patients needed to remove clothing. We saw patients were offered the services of a chaperone. The staff we spoke with were aware of the importance of treating patients with respect and dignity. We observed staff always knocked before entering the consultation and treatment rooms.

Patient's diversity, values and human rights were respected. The hospital had access to translation services. We were told patients could express a choice about the gender of the general practitioner they consulted. We saw the entrance to the hospital was accessible with automatic doors. Within the hospital there were good access routes for patients with physical disabilities or mobility issues. There was a passenger lift to the first floor consultation rooms and an accessible toilet for patients with physical disabilities.

There were arrangements in place to deal with foreseeable emergencies. Emergency equipment, including oxygen, a defibrillator and emergency medicines were available and had been well maintained. We saw staff had received training and updates in basic life support.

The hospital had a contingency plan in place to deal with emergencies. For example the plan included information about how to manage loss of computer systems, telephone systems, failure of services such as gas and electricity and what to do if any staff were incapacitated. This meant there were no risks to patient care should this type of emergency occur.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed.

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

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**Reasons for our judgement**

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People were not always cared for in a clean, hygienic environment.

We visited the outpatient department and looked at the precautions taken to prevent infection. We saw areas in the outpatient department including the reception, waiting room, clinicians' rooms, and toilets were clean, pleasant and odour-free.

We saw there was equipment and supplies stored on the floor. We observed there were balls of fluff trapped around boxes which indicated they had not been moved for cleaning. We noted the department was used for the 'out of hours' service which meant there was limited time when the department was not in use for deep cleaning.

The provider had procedures and clear guidelines about managing infection control however we saw these were not always followed. We saw the cleaning rotas for the cleanliness of the premises and equipment. The rota had been completed to demonstrate cleaning had been done, however the cleaner we spoke with was not able to appropriately describe how the various areas were to be cleaned. We observed in the inpatient area cleaning buckets were stacked, but not dried, in an open area of the corridor and the cleaning cupboard was dirty. We observed hand washing signage was displayed in some but not all areas of the hospital. We observed staff washed their hands in an appropriate manner. The staff had a good supply of gloves and other personal protective equipment and knew when they should be used.

There were not effective systems in place to reduce the risk and spread of infection. We toured the hospital and saw the building had a number of areas in clinical use that did not meet the required standards for infection prevent and control. For example we saw the sluice in the minor injury unit did not have a sink for hand washing; the clinical room on one of the wards had damp on the walls and a rotting window frame and flooring in various areas of the hospital did not meet the required standard of unbroken washable surfaces to promote cleanliness and the control of infection.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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During our inspection of the outpatient area we spoke with the manager for specialist services, the administrative manager for musculoskeletal (MSK) and physiotherapy services, and three clinical practitioners working in the services. We also spoke with staff in a variety of roles in the hospital. All 14 staff we spoke with told us they enjoyed their work and felt they had a positive impact on the patients they treated.

Staff received appropriate professional development. We spoke with the staff about the training and supervision provided in the service. The staff confirmed they had completed an induction programme. They said they had support and opportunities to attend training relevant to their role and the needs of the patients receiving treatment. For example, one staff member had attended an acupuncture course. We saw the number of sessions this was used was recorded so staff had sufficient practice to maintain their competence.

Staff received appropriate professional development.

We asked staff if they had a formal one to one supervision with their manager. They told us this happened regularly throughout the year. We saw a record had been kept to show staff had attended supervision and group staff meetings. One staff member told us "I feel very supported by all of the management team" and "I can rely on other members of the team – we support each other."

We were shown some staff training records which indicated the staff had completed essential training courses. Staff were very positive about the support and training they received. We were told "there is always training going on, we have lots of opportunity for training." We heard about the updates for staff in their essential training and specific training to maintain registration requirements. One staff member told us "I feel supported by the organisation to develop my skills and use them to enhance patient's experience of treatment."

The manager for specialist services and the administrative manager showed us the staff intranet which could be readily accessed for organisational policies and procedures. All staff spoken with told us they had access to the managed learning system (MLE) for information about aspects of practice and to update their knowledge and skills.

We were told how training opportunities and working practices at the service were discussed in clinical specialist meetings. This meant the service took steps to ensure staff shared good practice, and people who used the service had their needs met by a trained and informed staff team. One member of staff told us "we have in-service days where specialists come to talk". Staff also said they felt able to ask their peers for guidance and support if required.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People were made aware of the complaints system.

The hospital had produced a complaint, concern, compliment and questions leaflet. However this was not available throughout the hospital on our visit. Staff said that if anyone mentioned any concerns relating to a complaint then they would listen and document it there and then. One member of staff said "there was a Patient Advice and Liaison Service leaflet available (PALs)" which they could give to patients. People we spoke with told us they all felt able to complain verbally if they needed. However they did not know of any other way to complain should they not be happy with the service they received.

We saw the podiatry service provided each patient with information relating to the treatment they received. This leaflet included details of how to make a complaint. We were told people who used the podiatry service were also contacted at random by telephone to obtain feedback about the service. We were told by staff we spoke with that patients were asked about the service throughout the treatment session to ensure they understood the treatment and could raise any concerns. The manager for this service told us no complaints had been received.

We asked other staff in the out patients department how they would record complaints. We were told an electronic system could be used to record incidents, but they were unclear how issues of concern or complaints could be raised. They confirmed to us they had not received any complaints.

People's complaints were fully investigated and resolved, where possible, to their satisfaction.

We asked for and received a summary of complaints patients had made and the provider response for the musculoskeletal (MSK) and physiotherapy services. We received the detail of the single complaint which had been received from April 2013. This related to the conduct of a clinical professional during a consultation. The complaint was upheld and an apology issued. All of the issues raised by the patient's letter had been addressed. This demonstrated the organisation used information from complaints to improve practice.

The provider may find it useful to note we spoke with a patient and their relative on Elton Ward who told us about their experience of raising issues of concern. These were shared with the clinical manager of the service who was aware of the concerns. We invited the clinical manager to submit evidence of the organisational response but this had not been received by CQC at the time of writing the report.

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	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Cleanliness and infection control</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> Effective operating systems were not in place to assess the risk of and to prevent, detect and control the spread of health care associated infection.  Regulation 12 (1)(2)(a)

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 05 April 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.

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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