

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

## Devizes NHS Treatment Centre

Marshall Road, Devizes, SN10 3UF

Tel: 01179061801

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December 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>Cooperating with other providers</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	UKSH South West Limited
Registered Manager	Mr. Kevin Walsh
Overview of the service	Devizes NHS Treatment Centre is an independent hospital owned by Care UK. It provides a range of surgical and diagnostic services commissioned by the NHS for NHS patients.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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## 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 27 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with three people who used the service, three members of staff and the manager.

People we spoke with told us they were highly satisfied with the service. One person said "they've done a brilliant job. It's a good service." Another told us "it's utterly positive (the experience). I can't see how they can make it any better."

We saw from people's comments on the NHS choices website people had rated the service a maximum of five stars and had provided very favourable comments.

People told us they were involved in their treatment plans and encouraged to ask questions. They said they were kept well informed of the treatment and care they would receive. One person explained how this helped allay their anxiety. People said they received useful written and verbal information at all stages of their treatment journey.

We found the provider had procedures to ensure other healthcare professionals who may have been involved in people's care were kept fully informed of the outcome of the treatment.

People were satisfied with the surroundings which were described as 'comfortable' and 'very clean.'

The provider had systems to promote cleanliness and reduce infection. We observed all areas of the treatment centre were clean and tidy. The provider conducted regular infection control audits to identify areas of risk or in need of improvement.

The provider had an effective quality monitoring system.

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

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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

**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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People we spoke with told us they were involved in their treatment plans and encouraged to ask questions. One person told us they had been worried about vomiting during a procedure. They said the pros and cons of sedation were fully explained by the doctor which had enabled them to make an informed choice about their care. We were told by a member of staff for some surgical interventions people were able to choose on the day the type of anaesthetic they wanted. This meant people had choice and influence in their treatment plan.

People were kept well informed of their treatment and care throughout their treatment journey. One person described how this helped allay their anxiety. They told us "they keep me fully informed about the procedure. If there is a delay, they don't leave you sitting here. They explain everything. It's comforting and I feel safe." Another person said "you get lots of information. Sometimes too much. However it's all very useful and helps you understand what's going to happen."

The information provided for people regarding the facilities, care and treatment was comprehensive and informative. There were copies of the information guide in a number of languages such as Mandarin, Portuguese and Bengali for people where English was not their first language. The manager told us they also had access to translation services. We noted people who had cataract surgery received post-operative information on yellow card. Staff told us this format enabled easier reading.

We observed people received a verbal and written explanation regarding their results following certain investigations. This enabled people to begin to prepare themselves for any further treatment or support and would help to reduce anxiety. We noted there was a room designated for private conversations such as disclosure of examination results which were of concern.

The provider's facilities supported people with mobility and sensory impairment to access all parts of the building safely and effectively. There was a large care park within reach of the main entrance. There were automatic doors, a spacious waiting area and disabled

toilets suitable for wheelchair use. Toilets were identified in braille. Corridors to treatment areas were spacious and light and facilitated the use of mobility aids.

The post-operative care room was designed to maintain privacy and dignity. We observed there was a designated exit route for people having had a local anaesthetic. This meant people who were recovering from sedation or a general anaesthetic were not visible to more mobile post-operative patients. Curtains around each recovery bay were able to close fully to maintain privacy.

The staff we observed were professional and friendly. Staff patient conversations in all areas of the clinic were discreet to maintain confidentiality. Staff told us people were able to have a chaperone during the pre-operative assessment if they wished.

Staff training records demonstrated staff had received training in equality and diversity to prepare them to support people to have a safe, caring and effective treatment experience.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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The provider had a system to ensure co-operation between healthcare providers involved in people's care and treatment journey. To enable people's care to be safe we were told by the manager there was an arrangement with a local hospital for the provision of blood in the event of an emergency. The contact details were available for staff to readily access which minimised delay and enabled the appropriate care to be given.

People requiring an overnight stay would usually be transferred to another treatment centre within the Care group with the appropriate facilities. The provider's IT system enabled staff to access people's electronic treatment records, X-rays and test results. This meant staff were fully informed to make further decisions about a person's treatment plan. The manager told us people requiring emergency treatment at the local district general hospital would be accompanied by an anaesthetist and a copy of their records and X-rays to ensure a safe transfer.

People requiring further treatment or investigation were appropriately referred. We looked at ten people's electronic care records. We noted people's discharge letters to their GP were comprehensive and included sufficient detail to inform the doctor of the person's treatment and the support (if any) required afterwards. We saw referral letters to a specialist if people required further treatment were completed promptly. This meant access to further investigation or treatment was not delayed.

The provider had a system to protect patient confidentiality when transferring patient information. This included IT security, secure fax and confidential transfer packaging.



**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 meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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People told us they were satisfied with the cleanliness of the premises and facilities.

We found the provider had systems to promote cleanliness and reduce infection. We checked the cleanliness of all clinical areas of the treatment centre with the exception of the operating theatres which were in use on the day of the visit. We found the treatment centre to be clean and tidy. Hard to reach areas such as the top of curtain rails and pictures were dust free. Curtains in patient areas were clean, stain free and had a change date reminder for staff to ensure they were changed regularly. Waste bins were emptied regularly and not allowed to become too full. They were foot operated to minimise the risk of contamination to people using them.

Staff had access to facilities and resources to minimise the risk of cross infection. We noted there was sufficient hand scrub available for staff and patients to use in all areas of the treatment centre. There was appropriate hand washing facilities for staff and the necessary personal protective equipment available for staff use. Clinical staff we observed had tidy uniforms, adhered to the bare above the elbow policy, had short nails and wore minimal jewellery to enable hand washing to be carried out effectively.

The provider had a robust infection control audit schedule. Clinical staff told us each department had a designated member of staff who worked as a 'link' with the infection control lead to audit their area. Mandatory observational audits of handwashing techniques were completed monthly. Housekeeping staff also undertook their own audits. We saw the most recent infection control audit results of the five clinical areas and noted there was 100% compliance in each.

We spoke with a member of the facilities staff who outlined their role and responsibilities regarding the cleaning of the treatment centre. They told us the cleaning logs were completed daily and monitored by the department lead. We noted there were removable stickers indicating when equipment had been cleaned. This served as additional audit information.

The provider had a comprehensive range of infection prevention control policies. These were comprehensive, up to date and were a user friendly. They had informative diagrams

and tables to remind staff of the correct way to wash hands and how infection can spread. We observed staff infection control practice was in line with the provider's infection prevention and control policy.

Staff training records demonstrated overall most staff had completed their infection control training in line with the provider's recommendations of an annual update. Training included an on-line programme and classroom based education.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for, by suitably qualified, skilled and experienced staff.

### Reasons for our judgement

We saw the provider had a robust system of recruitment and selection of new employees. Human resources explained there was a central office where recruitment and application processing took place for all of the locations in the region. Successful applicants were selected on appropriate completion of a detailed application form. The site manager was involved in this process. They began to determine the suitability of the candidate because of their knowledge of the location, team and role requirements.

We were only able to look at one staff member's records as they were kept at a central location. The staff record was well organised and included the necessary information to ensure the applicant had been appropriately appointed. The central recruitment service ensured the appropriate security checks had been made. These included a Disclosure and Barring Service (DBS) check, two/three references and three proof of identity documents. Professional registration details and professional qualifications were verified prior to an offer of employment. The successful candidate was expected to have occupational health clearance prior to commencing work. This meant the provider had assurance the employee was appropriately qualified for the role.

The interview process was clearly documented and included a range of questions such as responses to clinical situations to assess the candidate's suitability for the role. The head nurse explained the importance of the individual's attitude as well as knowledge and skills. Staff undertaking the interviews had appropriate training on interview technique to assist the process.

The human resources manager explained some applicants did not have English as their first language. Language competency would be assessed through the interview process and was a condition of any offer made.

The provider had an appropriate mandatory training programme to support staff in their role. Staff told us they thought the training was good. Subjects included e-learning such as equality and diversity and classroom based training for example infection control and moving and handling.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The provider had an effective system to monitor the quality of the service. On the day of the inspection we were able to view the information discussed at the monthly provider quality meeting. Subjects included accidents and incidents, complaints, delays and cancellations of treatment and the actions taken to resolve issues. This meant the quality of service issues were addressed on a regular basis.

People's views were collected as people attended the treatment centre. We saw from the most recent results (September 2013) of a simple survey people were highly satisfied with their care and treatment. People's opinions collected on the NHS choices website confirmed the value people placed on the service. The manager told us people were invited to complete questionnaires as part of an NHS initiative to evaluate the impact of surgery on their health and quality of life post-operatively (patient related outcome measures-PROMS).

The provider monitored any complaints received. We saw there had been very few complaints. The most recent had been dealt with in a timely manner and in line with the provider's policy.

The provider had a robust audit schedule which included, for example, infection control, safeguarding, care records and surgical safety checklist audits. Audit results which did not meet the provider's standard of compliance submitted an action plan. This was reviewed at the following clinical governance meeting to ensure actions were being followed through.

We saw there was a system to minimise risk and keep people and staff safe. The provider had undertaken a detailed and comprehensive risk assessment of the treatment areas. This was reviewed regularly and we noted the completion of actions was monitored regularly.

We saw there were up to date accident and incident reports by location and category. Within each category we found there were no obvious trends. However the incidents were scheduled for discussion and action at the following governance meeting. The provider had a procedure to analyse serious incidents through a robust investigative process.

The provider kept comprehensive, well organised records for all aspects of the treatment centre operations for example equipment testing and waste disposal. We saw staff training records were up to date.

## 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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