

Review of compliance

Hospital of St John and St Elizabeth Hospital of St John & St Elizabeth	
Region:	London
Location address:	60 Grove End Road St John's Wood London NW8 9NH
Type of service:	Acute services with overnight beds
Date of Publication:	December 2011
Overview of the service:	The Hospital of St John and St Elizabeth provides a wide range of health services. These include medical and surgical services, emergency and high dependency care, elderly care, paediatrics, urgent care, diagnostic services and clinical support services. The hospital carries out its christian commitment to maintaining a charity hospice.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Hospital of St John & St Elizabeth was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 4 November 2011, talked to staff and talked to people who use services.

What people told us

Patients told us the hospital gave them adequate information about the wards prior to their admission and treated them with respect and dignity. Most, but not all patients told us that they were very satisfied with the quality of care received and spoke highly about the staff. Patients described staff as polite and courteous and stated that felt safe on the wards. Patients and carers told us that they had not seen their care plans and were not sure if the had one.

What we found about the standards we reviewed and how well Hospital of St John & St Elizabeth was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Patients understand the care, treatment and support available to them. Patients have their privacy and dignity maintained and their independence is respected. Overall, the Hospital of St John and St Elizabeth, was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Most patients experience effective, safe and appropriate care that meets their needs. However, care plans are not created with patient involvement where appropriate and fluid balance charts are not always accurate. Overall, we have suggested improvements with this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Although staff had not attended recent training on assessing the mental capacity of patients or the deprivation of liberty safeguards, patients are protected from abuse, or the risk of abuse. Overall, the Hospital of St John and St Elizabeth, was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Patients are safe and their health and welfare needs are met by competent staff. Overall, the Hospital of St John and St Elizabeth, was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Patients benefit from safe quality care, treatment and support due to ongoing quality monitoring processes. Overall, the Hospital of St John and St Elizabeth, was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Patients told us the hospital gave them adequate information about the wards prior to their admission and treated them with respect and dignity. Patients told us that nurses and other staff members explained procedures to them before carrying out the procedures.

Other evidence

Staff told us that following surgery, patients are given health promotion leaflets, specific to the operation they had. We observed that patients' privacy was maintained and their independence to do the things they can for themselves was encouraged.

Our judgement

Patients understand the care, treatment and support available to them. Patients have their privacy and dignity maintained and their independence is respected. Overall, the Hospital of St John and St Elizabeth, was meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Most, but not all patients told us that they were very satisfied with the quality of care received. Most patients spoke highly about the staff and the care they received. Patients described staff as polite and courteous. Patients and carers told us that they had not seen their care plans and were not sure if they had one.

Other evidence

Each patient had individual risk assessments completed. These included assessments of pressure areas and nutritional status. Each patient had pre-prepared generic care plans for physical health problems. Additional specific care plans were included where necessary on some occasions. There was limited involvement of the patients in the development of care plans. Care plans, mostly, but not always reflected the care given. For example, due to their generic nature, care plans often identified problems that were not relevant to the individual patient, or patients had specific care delivered for a problem, that was not reflected in their care plan.

Records of the patients' progress were documented in chronological order in the medical record. Each patient had call buzzers to summon assistance, within their easy reach. Nurses mostly, but not always, responded quickly to call buzzers. In the event of emergencies, nurses are fully versed with the procedure to be followed. We observed that fluid balance charts were not always accurately totalled.

Our judgement

Most patients experience effective, safe and appropriate care that meets their needs.

However, care plans are not created with patient involvement where appropriate and fluid balance charts are not always accurate. Overall, we have suggested improvements with this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

Patients told us that they felt safe on the wards. They said that if they did not feel safe, they would report any concerns to the nurses in charge of the wards.

Other evidence

We saw that the hospital had appropriate policies and procedures for safeguarding children and vulnerable adults. Training on safeguarding children and vulnerable adults is included in the induction programme for all staff. Staff told us that 87% of staff had attended safeguarding update training in the past year. Staff we spoke with knew the procedure to be followed if they suspected a patient was being abused.

There is a policy on the Deprivation of Liberty Safeguards that correctly includes the need to notify the Care Quality Commission of any applications and outcomes. Staff told us that they have not attended recent training on the deprivation of liberty safeguards or assessing the mental capacity of patients.

Our judgement

Although staff had not attended recent training on assessing the mental capacity of patients or the deprivation of liberty safeguards, patients are protected from abuse, or the risk of abuse. Overall, the Hospital of St John and St Elizabeth, was meeting this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not speak to patients about this outcome on this occasion.

Other evidence

Staff we spoke with told us that they have attended mandatory training including, manual handling, fire safety, resuscitation and infection control. Staff training needs are identified during annual appraisals on their performance.

Clinical supervision of nursing staff takes place informally or in a group setting such as during team meetings. Nursing staff who were new to the clinical areas told us that they received support from senior members of staff in order to build up their competence.

Our judgement

Patients are safe and their health and welfare needs are met by competent staff. Overall, the Hospital of St John and St Elizabeth, was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not speak to patients about this outcome on this occasion.

Other evidence

Patients are aware of and do make complaints when necessary. Feedback forms are given to patients upon their discharge, who give feedback about their experience in the hospital. Half yearly, post discharge telephone calls are also carried out with patients, in order to audit their experience. An annual patient survey for the hospice was completed for the year 2010-11.

There are health and safety representatives on the wards that carry out half yearly environmental inspection checklists. These lists are mostly, but not always fully completed. Hand washing audits are carried out by the infection control nurse. A staff satisfaction survey was completed by consultants and most rated the range of services as good. An information governance survey was conducted amongst staff. This survey covered issues such as patient data and the secure use of fax machines. The results of the survey was largely positive.

Our judgement

Patients benefit from safe quality care, treatment and support due to ongoing quality monitoring processes. Overall, the Hospital of St John and St Elizabeth, was meeting this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Care plans are not created with patient involvement where appropriate and fluid balance charts are not always accurate.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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