Inspection Report

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

Hospital of St John & St Elizabeth

60 Grove End Road, St John's Wood, London, NW8 9NH

Tel: 02078064000

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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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Hospital of St John and St Elizabeth
Registered Manager	Mrs. Christine Malcolmson
Overview of the service	The Hospital of St John and St Elizabeth is private hospital that provides a wide range of healthcare services. These include medicine, surgery, orthopaedics, urology, paediatrics, urgent care and a charitable hospice. We visited the St. Joseph's ward and St John's Hospice.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Management of supply of blood and blood derived products Maternity and midwifery services Surgical 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'.

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 3 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Patients told us that staff asked for their permission before carrying out care activities. Staff obtained patients written consent before examinations or surgery was carried out. On St Johns' Hospice, staff did not always consult with patients or their relatives when a decision had been made by staff not to attempt resuscitation. The consultant told us that there were clinical reasons for not informing patients of the decision for staff not to attempt resuscitation but these were not documented in patients' medical records.

Each patient had an individual care plan and an allocated nurse during each shift. Patients were aware who their allocated nurse was and stated they were treated "very well".

There were infection control policies and staff had completed training on infection control. The areas we visited were clean and well maintained. Patients told us that all areas were always "very clean" and they observed staff regularly carrying out cleaning duties.

The hospital carried out background checks on all employees that included, obtaining two references from previous employers, checking qualifications and that membership of professional organisations were up to date.

Patient records were kept secure, appropriately completed with the entries dated and signed by the relevant staff member. Staff files were easily accessible by managers if required and were kept in a mixture of paper and electronic formats.

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.

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

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. Patients told us that staff asked for their permission before carrying out care activities. Staff obtained patients written consent before examinations or surgery was carried out. There was a policy on consent that covered the arrangements for obtaining consent from children. Staff were trained on the principles of obtaining consent during the induction process and this formed part of the competencies for new staff.

There was a policy and arrangements for when not to attempt to resuscitate patients. This included obtaining the wishes from the patient. On St Johns' Hospice, staff did not always inform patients or their relatives when a decision had been made by staff not to attempt resuscitation. The consultant told us that there were clinical reasons for not informing patients of the decision for staff not to attempt resuscitation but these were not documented in patients' medical records.

Where patients did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff were aware of the requirements of the Mental Capacity Act (2005). There were arrangements to assess the mental capacity of patients and make best interest decisions where appropriate. Staff told us that induction training for new staff members included training on the Mental Capacity Act and this training was updated yearly.

The provider may find it useful to note that staff did not always inform patients or their relatives when a decision had been made not to attempt resuscitation. Clinical reasons for 'do not attempt resuscitation' decisions or the reasons for not informing patients were not always documented in patients' medical records.

Care and welfare of people who use services ✓ Met this standard

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

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff carried out risk assessments on patients on areas such as pressure area care, eating, drinking and mobility. Each patient had an individual care plan and an allocated nurse during each shift. Patients were aware who their allocated nurse was and stated they were treated "very well". One patient said that staff had been "terrific" towards her.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Patients told us that they were satisfied with the care they received. There were call buzzers at each bedside and used by patients when they required assistance. Patients told us that staff responded in a timely manner when called.

There were arrangements in place to deal with foreseeable emergencies. Emergency policies, medicines and equipment and including oxygen were available. Staff knew where these were kept and they were checked and recorded on a daily basis. Staff had attended training on resuscitation and knew what to do in the event of an emergency.

The provider may find it useful to note that not all patients were aware of their written care plan and in one example, a patient's assessed communication need was not included in their written care plan.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. There was nominated person that led on infection control and although that person was on leave, the matron provided adequate cover. Each ward had infection control link nurses who provided support and advice in relation to infection control. There were infection control policies and staff had completed training on infection control.

The areas we visited were clean and well maintained. Patients told us that all areas were always "very clean" and they observed staff regularly carrying out cleaning duties. One patient said that staff did a "good job" at keeping the areas clean.

There were suitable information and equipment on infection control. These included alcohol hand rubs inside or outside each bay/bedroom for staff and visitors to use. Isolation facilities were available where patients with infectious illnesses were nursed. There were adequate disposable aprons, gloves and hand washing facilities for staff to use and help control the spread of infection.

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, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. The Human Resources manager told us that the hospital operated an effective recruitment process to ensure that all staff recruited had the relevant experience, skills and qualifications for their job role.

Appropriate checks were undertaken before staff began work. The hospital carried out background checks on all employees that included, obtaining two references from previous employers, checking qualifications and that membership of professional organisations were up to date. Other pre-recruitment checks included checking that the person had the legal right to be employed in the UK. Criminal Record Bureau (CRB) checks were carried out and employment was only offered after clearance had been received. Staff confirmed that they were not allowed to start employment before the hospital had received their CRB disclosure.

All candidates were interviewed before an offer of employment was made and a record of the interview notes was kept on their personal file. All new employees attended an induction programme which lasted for up to two weeks depending on the job role. The induction programme included getting to know the hospital, information governance, reading policies and procedures and shadowing more experienced members of staff.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

There were policies and procedures in place on record keeping and each patient had individual medical records. Records were kept secure in the staff office on the hospice which had restricted access. On St. Joseph's ward, current patient records were stored in a trolley and discharged patient records in a cupboard. Both sets of records were stored securely behind the nurse's station and locked with a key. Patient records were appropriately completed with the entries dated and signed by the relevant staff member.

Personal staff files were held centrally in the hospital's human resources department. Files were easily accessible by managers if required and were kept in a mixture of paper and electronic formats.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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