

# **Inspection Report 2009/2010**

## **The Horder Centre**

***St John's Road, Crowborough, East Sussex, TN6 1XP***

### ***Introduction***

Certain independent healthcare providers in England must be registered with the Care Quality Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Care Quality Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

### **Prescribed Inspections**

The Care Quality Commission is required to inspect every registered service at least once every five years. For services that do not require an inspection due to risks being identified through our annual review of their performance, we may choose to undertake a Prescribed Inspection. These inspections look at a pre-set range of core standards that focus on risk management and patient safety, which are the same for all services that undergo a Prescribed Inspection. Prescribed Inspections also allow us to make sure that our decisions not to inspect are robust. This inspection was a Prescribed Inspection as we did not identify any risks that would, in their own right, have required an inspection.

### ***Background***

The Horder Centre is registered as an acute hospital which mainly provides services for people suffering from rheumatoid arthritis and associated conditions. The hospital is situated on the edge of the Ashdown Forest in extensive grounds. Access to the hospital is by road only with ample parking available. Access for people with limited mobility is via the main entrance adjacent to a car park. In addition to orthopaedic surgery, the hospital provides physiotherapy, hydrotherapy and occupational therapy and has both outpatient and radiology facilities.

This inspection took place on 28<sup>th</sup> April 2009, and was announced.

### ***Main findings***

The Horder Centre has demonstrated that it meets the National Minimum Standards inspected with no areas of non-compliance. The announced inspection found the establishment to be clean, well maintained, and adequately staffed. Equipment and facilities are of a good standard, and staff were helpful, professional and courteous at all times during the inspection. During the course

of the inspection a tour of the hospital was undertaken and departments were visited. Overall the centre is providing a service that meets the needs of its patients within a pleasant environment. Systems are in place for risk management and regular audits of clinical practice are undertaken and there is an annual programme in place. There is adequate provision to ensure that infection control policies are adhered to and staff receive training as part of the mandatory induction programme. There are policies in place to ensure that staff recruitment processes are adhered to and compliance is audited. There is a new registered manager in place since registration.

### **Registration Categories**

This registration is granted within the following categories only

| Description          | Service Category |
|----------------------|------------------|
| Independent Hospital | AH               |

### **Conditions of registration**

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

| Condition   | Assessment |
|---|------------|
| Notification in writing must be provided to the Care Quality Commission at least one month prior to providing any treatment or service not detailed in your Statement of Purpose. | Met        |
| Services may only be provided to persons aged 18 years or over.   | Met        |
| This establishment is registered to provide treatment and care under the following service user categories only:<br><br>Acute hospitals (with overnight beds) AH                  | Met        |
| A maximum of 59 patients may be accommodated overnight.   | Met        |

### **Assessments**

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Care Quality Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Care Quality Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

|                     |   |
|---------------------|---|
| Standard met        | Achieving the required levels of performance in all aspects of the standard   |
| Standard almost met | Not achieving the required levels of performance in some aspects of the standard  |
| Standard not met    | Significant action is needed to achieve the required levels of performance  |
| Not inspected       | This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection. |

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Care environment and amenities - is the place where you are treated well designed and maintained?

### ***Types of Standards***

Each standard number is prefixed by a letter denoting the type of standard it represents:

- C Core Standards
- A Acute Hospitals
- M Mental Health Establishments
- H Hospices
- MC Maternity Hospitals
- TP Termination of Pregnancy Establishments
- P Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
- PD Private Doctors

### ***Requirements***

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Care Quality Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Care Quality Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

## ***Assessments and Requirements***

### ***Safety***

| Number | Standard Topic | Assessment |
|--------|----------------|------------|
|--------|----------------|------------|

| Number | Standard Topic              | Assessment   |
|--------|-----------------------------|--------------|
| C13    | Child Protection Procedures | Standard met |
| C20    | Risk Management Policy      | Standard met |
| C24    | Controlled Drugs            | Standard met |
| C25    | Infection Control           | Standard met |

### ***Clinical and cost effectiveness***

| Number | Standard           | Assessment   |
|--------|--------------------|--------------|
| C4     | Monitoring Quality | Standard met |

### ***Governance***

| Number | Standard                                | Assessment   |
|--------|---|--------------|
| C9     | Human Resources Policies and Procedures | Standard met |

### ***Patient focus***

| Number | Standard             | Assessment   |
|--------|----------------------|--------------|
| C2     | Patient Centred Care | Standard met |

### ***Care environment and amenities***

| Number | Standard Topic       | Assessment   |
|--------|----------------------|--------------|
| C17    | Health Care Premises | Standard met |
| C21    | Health & Safety      | Standard met |

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