

Inspection Report 2008/2009

Raphael Medical Centre

Hollanden Park, Hildenborough, TN11 9LE

Introduction

Certain independent healthcare providers in England must be registered with the Healthcare 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 Healthcare 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.

Background

The Raphael Medical Centre provides care and treatment to adults with neurological diseases and acquired brain injury. The hospital promotes the anthroposophical approach to rehabilitation and healing in conjunction with traditional therapies and medicines.

- The main unit is in a large converted building arranged over three floors. It has 34 beds and provides care, treatment and rehabilitation for patients with neurological diseases and acquired brain injury. All patients have single rooms.

- Tobias House is a purpose built unit in the grounds of the main hospital. It has 11 beds and provides care and treatment for patients in a persistent vegetative state or with minimal awareness.

The unit is owned by Raphael Medical Centre Limited, who own and manage the adjacent Raphael Special Care Unit (a mental health unit for people with neurological conditions), and another unit in the South East that is registered with CSCI (Commission for Social Care and Inspection).

The Raphael Special Care Unit is registered separately to the main unit. The two units were inspected jointly, as there is some overlap between the two services, but they have separate inspection reports.

The Raphael Medical Centre is in Hildenborough, near Tonbridge, and is a short taxi ride from both these stations. There is adequate parking within the hospital site.

This inspection took place on 13 March 2009, and was unannounced.

Main findings

There are processes in place for the management of risk within the service, but there are gaps in relation to an overarching review of incidents and by providing services to people who are not patients of the Raphael Medical Centre.

A small number of non-patients are receiving services from the hospital including medication and meals. This is not included in the unit's statement of purpose, and there are no policies and procedures in place for supporting patients in an outpatient/day-hospital capacity.

Audits are carried out throughout the establishment. Incidents are recorded, and actions taken to address this. There is a clinical governance system in place, but limited evidence was provided of its role in improving quality and practice within the establishment.

Controlled drugs are rarely used, but there are policies and procedures in place for their management and administration.

There are processes in place for the management of infection control.

There are adequate staffing levels in the unit and a small number of staffing vacancies. The provider stated that pre-employment checks were carried out on all staff, but evidence of this was not provided.

There are policies and procedures in place for the assessment of capacity and consent. Staff have received training in the Mental Capacity Act, and the staff spoken with were familiar with Deprivation of Liberty Safeguards (DOLS).

The complaints policy has not been reviewed within the last three years.

Qualified nursing staff are trained in immediate life support (ILS) and there is resuscitation equipment available. There was no evidence that resuscitation drills had taken place.

The questionnaire for the patients' survey is included in the patients' guide, but the findings have not been summarised, nor have patients' views been used to develop practice.

A preventative maintenance plan is implemented, and health and safety checks carried out.

Any matters of concern identified were discussed with the management team at the time of the inspection.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Acute hospitals (with overnight beds)	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
Only patients with neurological diseases, acquired brain injury and diseases of the central nervous system can be offered treatments, accommodation and rehabilitation in the Raphael Medical Centre.	Met
A medical practitioner will be available on the site Monday to Friday from 9:00 until 17:00 and on call outside of these hours. The on call medical practitioner will be able to attend the Raphael Medical Centre within 30 minutes.	Not inspected
No person under the age of eighteen (18) years can be accommodated or treated at the Raphael Medical Centre.	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 Healthcare 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 Healthcare 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?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- 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

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 Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare 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
C13	Child Protection Procedures	Not inspected
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Standard almost met
C22	Medicines Management	Not inspected
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Standard met
C25	Infection Control	Standard met
C26	Medical Devices and Decontamination	Not inspected
A10	Infection Control	Not inspected
A11	Decontamination	Not inspected
A33	Responsibility for Pharmaceutical Services	Not inspected
A34	Ordering, Storage, Use and Disposal of Medicines	Not inspected
A35	Administration of Medicines	Not inspected
A36	Self administration of Medicines	Not inspected
A37	Medicines Management	Not inspected
A38	Aseptic Dispensing, Non Sterile Manufacture and Repacking	Not inspected
A39	Storage and Supply of Medical Gases	Not inspected

No	Standard	Regulation	Requirement	Time scale
			See requirement number 1 (under clinical and cost effectiveness), and requirement number 3 (under patient focus).	

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Standard almost met
A14	Meeting the Psychological and Social Needs of Children	Not inspected
A15	Staff Qualifications, Training and Availability to Meet the Needs of Children	Not inspected
A16	Facilities and Equipment to Meet the Needs of Children	Not inspected
A17	Meeting Children's Needs During Surgery	Not inspected
A18	Pain Management for Children	Not inspected
A19	Transfer of Children	Not inspected
A20	Documented Procedures for Surgery – General	Not inspected
A21	Documented Procedures for Surgery – Patient Care	Not inspected
A22	Anaesthesia and Recovery	Not inspected
A23	Operating Theatres	Not inspected
A24	Procedures and Facilities Specific to Dental Treatment under General Anaesthesia Facilities	Not inspected
A25	Cardiac Surgery	Not inspected
A26	Cosmetic Surgery	Not inspected
A27	Day Surgery	Not inspected
A28	Transplantation	Not inspected
A29	Arrangements for Immediate Critical Care	Not inspected
A30	Level 2 or Level 3 Critical Care within the Hospital	Not inspected
A31	Published Guidance for the Conduct of Radiology	Not inspected
A32	Training and Qualifications of Staff Providing Radiology Services	Not inspected
A40	Management of Pathology Services	Not inspected
A41	Pathology Services Process	Not inspected
A42	Quality Control of Pathology services	Not inspected
A43	Facilities and Equipment for Pathology Services	Not inspected
A44	Chemotherapy	Not inspected
A45	Radiotherapy	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C4	17	<p>Findings: Audits are carried out and incidents recorded and there is some evidence that action is taken to address these. However, there was no evidence presented that this information is being reviewed to identify wider patterns and themes and incorporated into the overarching clinical governance system.</p> <p>Action Required: The registered provider must ensure and be able to demonstrate the implementation of robust clinical governance systems, so that monitoring of the quality of treatment and care takes place.</p>	31 May 2009

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Standard almost met
C10	Practising Privileges	Not inspected
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Not inspected
C31	Information Management	Not inspected
C32	Research	Not inspected
A3	Qualifications of all Medical Practitioners	Not inspected
A4	Qualifications and Experience of Medical Practitioners Undertaking Independent Private Practice (i.e. without supervision, commonly known as "Consultants")	Not inspected
A5	Practising Privileges and the Medical Advisory Committee	Not inspected
A6	Resident Medical Officers	Not inspected
A7	Allied Health Professions	Not inspected
A8	Training, Experience and Qualifications of Staff	Not inspected

No	Standard	Regulation	Requirement	Time scale
2	C9	19	<p>Findings: Evidence was not provided that the necessary pre-employment checks are carried out for all employees.</p> <p>Action required: The registered provider must ensure and demonstrate that the necessary pre-employment checks are carried out for all employees, so that patients receive treatment from appropriately recruited and qualified health professionals.</p>	30 Apr 2009

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Standard not met
C2	Patient Centred Care	Standard met
C5	Care of the Dying	Not inspected
C14	Complaints Process	Standard almost met
C15	Information for Patients about Complaints	Not inspected
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Standard met
A1	Information for Patients	Not inspected
A2	Advertising	Not inspected
A12	Resuscitation	Standard almost met
A13	Resuscitation Equipment	Not inspected

No	Standard	Regulation	Requirement	Time scale
3	C1	6 9(1)	Findings: The hospital is providing services to people who are not patients of the Raphael Medical Centre. Action required: The registered person must ensure that the hospital only provides services to patients of the unit. If day services are to be provided, these must be clearly described in its Statement or Purpose, and there must be robust policies and procedures in place for these services, so that people receive appropriate care and treatment.	31 Mar 2009
4	C14	9(4)(b)	Findings: The complaints policy has not been reviewed within the last three years. Action required: The registered provider must ensure that the complaints policy is reviewed and made available to staff and patients, so that all patients have access to an effective complaints process.	31 May 2009
5	A12	15(1)	Findings: There was a schedule of resuscitation drills, but no evidence of these taking place. Action required: The registered provider must ensure that regular resuscitation drills are carried out, and that these are recorded and any remedial action taken, so that in the event of a medical emergency patients are resuscitated appropriately.	30 Apr 2009

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Standard not met

No	Standard	Regulation	Requirement	Time scale
6	C6	7(e)	Findings: There is no evidence of a patients' survey – though there is a template for the questionnaire. Action required: The registered provider must ensure that an annual patients' survey is carried out and the results publicised, including in the patients guide, so that patients' views are used to inform the provision of treatment and care and are made available to prospective patients and funders.	31 May 2009

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard met
C21	Health and Safety Measures	Standard met
A9	Health and Safety	Not inspected

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

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