

Inspection Report 2009/2010

Hospital of St John and St Elizabeth

60 Grove End Road

London

NW8 9NH

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.

Background

The Hospital of St John and St Elizabeth has been registered with the Care Quality Commission as an acute hospital since February 2002. The hospital is over 150 years old and has a Roman Catholic ethos. The hospital has 110 beds and offer the following services: medical, surgical, maternity, endoscopy, dialysis, hospice for adults, cosmetic, surgical lasers, paediatric and hyperbaric therapy. The hospice service also has a day centre that is opened 4 days per week for patients with cancer or HIV.

The wards and departments in the hospital are: St Claire's Day Surgery unit, which has 12 general surgical beds. St Elizabeth's which is an 18 bed orthopaedic ward. St Joseph's which has 13 beds for gynaecology, medical and elective paediatric patients. St Francis, which is a 15 bed urology, general surgery, stroke and medical ward. The renal unit has 14 stations and is opened six days per week on an out-patient basis only. The London diving chamber is a specialist hyperbaric therapeutic service that specialises in diving therapy. This service is available 24 hours per day and treats divers for decompression illnesses. There are also physiotherapy, cardiology and cardiac diagnostic services available at the hospital.

There are 5 theatres in the hospital. Endoscopy services are currently delivered from within the theatre department.

The hospital is located in north west London and is easily accessible by public transport. There are no on-site parking facilities but there is pay and display parking on the streets nearby.

This inspection took place on Friday 9 October 2009, and was announced.

Main findings

This inspection took place as a result of risks identified in the establishment's submitted self-assessment.

Fourteen National Minimum Standards inspected during this visit. Of these, eleven were 'met' and three were 'almost met'. The requirements as a result of the 'almost met' standards are stated later in this report. Two Private and Voluntary Health (PVH) 2001 Regulations were also inspected. Regulation 6 (Statement of Purpose) is 'met' as the document is in line with the requirements of the Regulation. However, Regulation 26 (Responsible Individual visits) is 'not met', as no such visits have taken place in the past year. The registered person must ensure that these unannounced visits take place as considered necessary and the reports are submitted to the Care Quality Commission. Following the recent departure of the Responsible Individual, the hospital must ensure that an application for an alternative Responsible Individual is submitted to the Care Quality Commission as soon as possible.

The Hospital of St John and St Elizabeth is very clean, well maintained and has mechanisms in place for controlling infection, including alcohol gel for use by all staff, patients and visitors on entry and exit. Staff at the establishment were professional and welcoming and we would like to thank them for their assistance in carrying out this inspection.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Independent Hospital	IH
Acute hospitals (with overnight beds)	AH
Cosmetic surgery (overnight)	CSO
Class 3B/4 lasers (surg)	PT (L)
Hyperbaric type 1& 2	PT (HBO)
Hospices for adults	H (A)
Maternity hospitals/clinics	MAT
Prescribed techniques or prescribed technology: establishments providing dialysis	PT (DL)
Prescribed techniques or prescribed technology: establishments using endoscopy	PT (E)

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
None	

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?
- 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 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
MC2	Infection control	Standard met

Clinical and cost effectiveness

Number	Standard	Assessment
MC1	Human Resources	Standard met
MC4	Antenatal care	Standard met
MC5	Additional standards for midwife led units	Standard met
MC6	Childbirth	Standard met
MC7	Maternal death or stillbirth	Standard met
MC8	Care of the newborn	Standard met

Governance

Number	Standard	Assessment
C31	Information management	Standard almost met
A3	Qualifications of all Medical Practitioners	Standard met
MC3	Records management	Standard met
P7	Arrangements for hyperbaric oxygen treatment in Type 1, 2 and 3 chambers	Standard met

No	Standard	Regulation	Requirement	Time scale
1	C31	21	<p>Findings: On one occasion, a patient's medical report was sent to her GP without her consent.</p> <p>Action required: The registered person must ensure that patients' medical reports are not sent to a third party without their consent, so that patients are assured that all information is managed within the hospital to ensure patient</p>	13 November 2009

No	Standard	Regulation	Requirement	Time scale
			confidentiality.	

Patient focus

Number	Standard	Assessment
C14	Complaints Process	Standard almost met

No	Standard	Regulation	Requirement	Time scale
2	C14	23 (2)	<p>Findings: Responses to complaints are not always sent within 20 working days and when this happens a holding letter is not sent explaining the reason for the delay.</p> <p>Action required: The registered person must ensure that when responses to complaints are not sent within 20 working days, a holding letter is sent explaining the reason for the delay, so that patients have access to an effective complaints process.</p>	13 November 2009

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Standard met

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard almost met

No	Standard	Regulation	Requirement	Time scale
3	C17	25 (2) (d)	<p>Findings: One window in the lounge of the maternity unit does not have restrictors on it, so as to prevent individuals falling out of it.</p> <p>Action required: The registered person must ensure that the window in the lounge of the maternity unit has restrictors on it, so as to prevent individuals falling out of it.</p>	13 November 2009

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