

Regulatory Assessment Statement 2009/2010

Storthfield House

Storth Lane, South Normanton, Alfreton, Derbyshire.

Introduction

The Care Standards Act 2000 sets out those Independent healthcare providers in England that must be registered with the Care Quality Commission. To register, they need to demonstrate compliance with the Care Standards Act 2000 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.

Background

Storthfield House hospital is owned and managed by Cambian Healthcare Ltd. It was registered in March 2004 to provide mental health rehabilitation services. There are 22 private en-suite rooms provided, including some with disabled access. The patients are all men aged between 18 and 65 years who are either informal or who have been detained under the Mental Health Act 1083. The unit is situated in a residential area, a few minutes from the M1 motorway and has good public transport links to local areas. The hospital was inspected by the Care Quality Commissions Mental Health Act Commissioners in 2009.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Independent Hospital	IH
Mental Health (Detained)	MH(D)

Conditions of registration

This registration is subject to the following conditions.

Condition of Registration:
Registration is for people aged eighteen years and over.

Assessments

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. 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.

This establishment has been assessed as not needing an inspection during the period 1 April 2009 to 31 March 2010.

We have reviewed a range of information about this establishment during the year, including information provided by the establishment and information about it from other sources. When we reviewed all of this information we did not identify any serious issues that indicated that we should inspect the establishment. The establishment will continue to provide information to us during the year from 1 April 2009 to 31 March 2010, to help us identify any risks to its compliance with the National Minimum Standards. If during the year we identify serious risks that the establishment is not meeting the National Minimum Standards, we may decide to inspect it to check compliance with the standards.

Below are some of the sources of information we considered that underlies our decision not to inspect this establishment in 2009/10.

Where the Care Quality Commission has carried out on-site inspections, these are available on our web site. This service was last subject to an on-site inspection on 11th and 12th September 2006.

Information reviewed		What this tells us
Self-Assessment	<input checked="" type="checkbox"/>	The first stage in the annual assessment process is for registered providers to complete a comprehensive self-assessment against all the National Minimum Standards that relate to their service. We ask providers to describe what systems and evidence they have to assure themselves they are complying with these. We look at their responses and judge whether we feel confident that the systems and evidence they have is sufficient to demonstrate compliance. Where we find gaps we may ask the provider to submit more evidence to us, where no such evidence can be provided we may undertake an inspection to check for ourselves.
Previous year's report	<input type="checkbox"/>	<input checked="" type="checkbox"/> Not applicable as no previous report We look back to the assessment process for last year. Where issues were identified with the provider's performance we will, this year, look at the evidence they submit about these, in some detail. We are looking to see if the same problems seem to continue. Where this is the case we may inspect to decide whether more formal action is required to bring about improvement..
Action Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/> Not applicable as no previous action plans requested Wherever we write a report about a provider's performance, that contains requirements, we ask the provider to develop an action plan setting out how the requirements will be met. We will look at this during the annual assessment process to see how progress is being made. Where a provider was asked to write an action plan but failed to do so, we will assess whether the issues they were asked to cover should be inspected instead. This will not always be the case and sometimes providers will address the issues in the Self Assessment form making the action plan, itself, less important.

<p>Previous 12 month history of notifications</p>	<p style="text-align: center;">☒</p>	<p>Regulations 8,11,14,28,29,30,31,32 and 41 require the registered provider to notify the Commission of certain events. Most events that must be notified through the provisions of these regulations are in connection with the registration of an establishment or agency, to ensure that the business is operated and managed so that it does not compromise the health, safety and welfare of patients. These notifications may include events such as a patient death or a serious untoward incident. The notifications are reviewed at the time we receive them and the Care Quality Commission may have already taken action. However, during the annual assessment process we review these notifications again, looking for trends or patterns that may require us to ask for further information or carry out an inspection.</p>
<p>Registered provider visit reports</p>	<p style="text-align: center;">☒</p>	<p>Regulation 26 of the Private and Voluntary Healthcare [England] Regulations 2001 requires any registered provider, who is not in day-to-day charge of the establishment, to make visits to the establishment on an unannounced basis, once every 6 months. The regulations set out areas that they must review and these include discussing the quality of care with patients, reviewing complaints and discussing the management of the establishment with the staff. The provider is then required to compile a report regarding the visit and submit this to the Care Quality Commission. These reports are reviewed at the time we receive them and the Care Quality Commission may have already followed issues up. However, during the annual assessment process we review these reports again, looking for trends or patterns that may require inspection. Failure to submit these reports may also be a cause for inspection.</p>
<p>Concerning Information & Local intelligence</p>	<p style="text-align: center;">☒</p>	<p>Whilst the Care Quality Commission is not a complaints handling or arbitration service, we welcome any feedback from patients and the public on the performance of providers as they found it. This may include information about complaints raised with the provider or general concerns about things they saw or experienced. This information is reviewed at the time we receive it and the Care Quality Commission may have already taken action. However, during the annual assessment process we review this information again, looking for trends or patterns that may require inspection.</p>

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