Inspection Report

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

St Mary's Hospital

Hospital Lane, Church Road, St Marys, Isle Of Scilly, TR21 0LQ

Tel: 01726627561

Date of Inspection: 24 September 2012

Date of Publication: November 2012

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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Peninsula Community Health C.I.C.
Registered Manager	Mr. Clive Acraman
Overview of the service	St mary's Community Hospital provides the regulated activities, treatment for disease, disorder or injury, diagnostic and screening and surgical procedures. Peninsula Community Health provides care in 14 community hospitals across Cornwall and the Isles of Scilly.
Type of services	Acute services with overnight beds Dental service Rehabilitation services
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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, reviewed information sent to us by other organisations, carried out a visit on 24 September 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spent time on the ward and talked to people who were receiving treatment in the hospital. People told us they were informed about their care and treatment. They were all positive and complimentary regarding their care. One person told us about the attention given to them by staff and the love and professionalism staff showed to them.

Confidentiality was respected and this was confirmed by people who used the service. Staff we spoke with were aware of the need to respect the person's confidential and personal information.

We asked people who used the service what they would do if they had any concerns and they told us they would speak to the staff or the ward manager. They were confident that the ward manager and staff would address any issues and resolve them immediately. One person told us "I am really well looked after, I feel very safe and cared for".

Through observations we found that the hospital was clean and hygienic. People we spoke with who used the service were full of praise for the cleanliness of the hospital. We were told "they are always busy cleaning and it always looks lovely" and "the hospital is clean everywhere, I have no concerns about hygiene here".

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.

Reasons for our judgement

We spent time on the ward and talked to people who were receiving treatment in the hospital. People told us they were informed about their care and treatment. One person told us they were part of the team and were fully aware of their treatment and were kept in the 'loop' of what was happening. They added that their consent was sought before each treatment.

Another person told us the staff always told them what was happening and why. This person said they were "happy to let staff do what was best".
We heard staff advising people about the care they were providing and what they were going to do, this included personal care and the provision of meals and drinks.

We spoke with the relative of one person who was receiving treatment in the hospital. They told us they were well informed of their relatives care and treatment and the person's consent had been regularly sought throughout their treatment.

We spoke with staff who were on duty and they confirmed the consent of the person was obtained prior to carrying out any treatment or care.

We looked at the care records for three people who used the service. We saw from the daily records that health care staff had recorded that the person who received the care had given their consent prior to investigations and treatment. We saw one care plan that identified the person and their relative had been provided with sufficient information to make an informed choice as to where they received their care. The options were at home or in hospital.

The care plan documentation included detailed admission assessments, care plans and risk assessments. We saw the documentation had been signed by the person who used the service and / or their relative to show their agreement with the information.

We saw a document was completed that recorded the person's wishes regarding resuscitation, should this be needed. The involvement of two health professionals was

clear as the documents were signed and dated. The provider may wish to note that one of the documents identified the involvement of the person and their relative while the other did not.

The care documentation was reviewed and updated regularly to make sure that people received appropriate care.

We spoke with the dentist who provided dental treatment to people who used this service. We were told that all people who used the service completed a medical history form and at each repeat visit the person was required to update this form. The dentist added all proposed treatment was fully explained to people and verbal consent was obtained prior to carrying out any dental work.
Confidentiality was respected and this was confirmed by people who used the service. Staff we spoke with were aware of the need to respect the person's confidential and personal information.

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

At the time of our visit there were three people who were receiving treatment on the ward. We were also able to speak with two of their relatives. They were all positive and complimentary regarding their care. One person told us about the attention given to them by staff and the love and professionalism staff showed to them.

Another person told us they had been admitted to the hospital on several occasions. They said the care they were given was always very good and they were extremely well looked after by the staff at the hospital.

We saw from records on the ward that a quality monitoring survey was undertaken in the hospital during January 2012. As part of this process, an external staff member talked to people who used the service. Comments included in the survey were "fantastic caring team" and "they really care".

We asked people about their care plans. People told us the staff discussed their care with them and as a result they were aware of the care plans. One person said they were not particularly interested in looking at the care plan but were satisfied that the staff did a "good job".

Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. We looked at the care plan documentation of two people who were on the ward at the time of our visit. Both of these care plans were signed by either the person themselves or their relative. The ward staff told us this was to demonstrate their involvement in the care planning process.

The care plans we looked at were detailed and informed and directed staff of the action they had to take to meet the person's health care needs.

We saw that risk assessments were completed for people who used the service. These risk assessments included moving and handling, bed rails, pressure area and nutritional risks. Risk assessments are a tool to identify hazards and the action that staff must take to reduce the risk from the hazard.

We saw from the care plan documentation that people had been asked their wishes and

preferences. The completed forms were personalised and individual and relevant to the care that they were admitted to the hospital for. The provider may wish to note that we did not see specific preferences recorded regarding the person's wishes in regard to personal care for example, whether they preferred a bath or a shower. Therefore, there was limited guidance for staff on how to meet people's personal care needs.

We saw detailed discharge plans were developed to ensure the correct support was in place on the person's return home or to a residential care home.

Staff told us they had lead roles for certain areas of care for example, tissue viability, transfusions, infection control and moving and handling. Additional training had been undertaken by these nurses to ensure that they are up to date with their knowledge when offering support and guidance to other staff.

Staff completed audits of aspects of care delivered to people who used the service. These audits included reviewing the care plans, any incidents of people experiencing pressure damage, meals and patient wrist bands. We saw documentation relating to these audits and any action taken as a result of the finding from the audits.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected form the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service told us they felt safe. One person said "I am really well looked after, I feel very safe and cared for". We asked them what they would do if they had any concerns, and they told us that they would speak to the staff or the ward manager. They were confident the ward manager and staff would address any issues and resolve them immediately.

Staff told us they had been provided with safeguarding training regarding vulnerable adults and children. One member of staff said their safeguarding training was out of date and required updating. Staff demonstrated through discussions with us, that they were confident and informed of the correct reporting procedures and processes they would follow, should they witness any suspected abuse. Staff told us the training included whistle blowing and the procedures associated with this.

The staff in the dental department told us they had all received safeguarding vulnerable adults and child protection training.

The hospital had a safeguarding policy and procedure that was accessible to all staff. This document was comprehensive and informed staff of the local multi agency procedures, included a flow chart to explain clearly the action staff had to take and informed staff of the Mental Capacity Act (MCA) and their responsibilities within this legislation. We also saw guidance for staff around the Deprivation of Liberty Safeguards (DOLS). The MCA and DOLS provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare

One member of staff told us that nobody who currently used the service experienced any deprivation of their liberties.

We were able to speak with staff and the general practitioner about how people with a mental illness would be cared for. Through our discussions with medical and nursing staff, we were told that a planned proactive approach ensured that people's needs would be met safely and within the legal framework; such as the Mental Capacity Act 2008. We were told that support was received from the mainland, both from visits and on the telephone from the mental health teams, including psychiatrists and consultants.

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.

Reasons for our judgement

People we spoke with who used the service were full of praise for the cleanliness of the hospital. We were told "they are always busy cleaning and it always looks lovely", and "the hospital is clean everywhere, I have no concerns about hygiene here". One person compared St Mary's hospital very favourably in comparison to another hospital they had been admitted to.

We saw form the hospitals own audits carried out in January 2012 that positive comments were made by people who used the service. These included "the hospital is spotless", "everywhere is very clean" and "they are always cleaning".

The hospital had an infection control policy and procedure that was accessible to all staff. This was comprehensive and detailed and informed staff on the prevention and control of infection.

We saw hand gel was available at bedside for staff, people who used the service and visitors to the bed side to use. We observed one relative used this gel on arrival. Hand washing facilities were available throughout the wards and departments, with liquid soap, antibacterial gels and paper hand towels. During our visit we saw staff routinely used these facilities before and following interactions with people who used the service. One person who used the service confirmed they regularly saw staff washing their hands thoroughly. Guidance regarding hand washing and gel was in place throughout the hospital.

We were told the hospital had identified one member of staff to lead on infection control and additional training had been provided to this person. We were not able to speak with this person as they were not on duty during our inspection. The hospital had the current and up to date guidelines from the Department of Health regarding infection control to provide guidance and direction for staff.

Audits are regularly undertaken in the hospital regarding infection control and are monitored by the infection control team on the mainland on a weekly basis.

Regular meetings take place in the hospital regarding infection control with minutes held regarding the content. The last meeting we saw minutes for was August 2012.

We saw a hygiene code and cleaning schedule was in place. We were able to speak with the member of cleaning staff on duty during our inspection. They told us they had received infection control training which was informative and relevant to their role. On the day of our inspection there was one domestic staff on duty, we were told there are three people employed but one was on holiday, and one on a day off. They said when only one person was on duty it was manageable, but extra tasks for example, high level dusting did not always get completed.

The laundry was washed on site. We saw the laundry area was equipped to promote the control of infection. Industrial washing machines that washed at sufficiently high temperatures to control infection were in place. The floors and walls were impermeable and hand washing facilities were in place.

The Department of Health published in November 2009 a document called Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). It sets out in detail the processes and practices essential to prevent the transmission of infections and clean safe care. We spoke with the dentist, practice manager and the dental nurse who were aware of this guidance.

One of the dental nurses talked us through the decontamination process and demonstrated the procedure followed. The cleaning was carried out in a dedicated decontamination room. Two sinks had been provided to allow the process of one sink to be used for washing and the other for rinsing instruments. This avoided problems with any residues. Magnifying lights, to assist staff in effective examination of items after cleaning were provided.

Following the cleaning process, items were bagged then sterilised. There was a non-vacuum autoclave in the treatment room. The bagged items were then sealed and dated. The dental nurse had taken responsibility for auditing the bagged items to ensure they did not pass their expiry date.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our inspection we saw people's medicines were stored in locked cupboards at their bedsides. Nobody in the hospital at the time of our inspection managed their own medicines. One person told us the staff administered their medication and they had no comments to make about this. Additional medication, kept as ward stock, was stored securely in the clinical room, or in a locked medication trolley.

Medication Administration Records (MAR) were started when people were admitted to the ward. These were filled out by the general practitioner to inform and direct staff of the medication, dose and times of administration. We were able to see from the MAR sheets when medicine had been administered and if doses had been omitted the reason for this. For example, when the person refused or did not require their medicine.

For medication that was prescribed for when the person required it, for example painkillers, staff recorded the reason it was administered and the dose. This was good practice and reduced the risk of error of over medicating the person.

Medication was ordered through a pharmacy on the mainland and was delivered in a locked box. The order book showed all medication requested, and assisted the ward manager to audit the stock kept on the ward.

Controlled drugs were ordered through the same system with additional safety measures in place, for example the order identified the doctor's signature as well as the nurse on the ward.

We reviewed the controlled drugs register and found this was completed to identify the stock levels on the ward, the administration of each drug including the dose, frequency and who it was administered to. We checked the records for three controlled drugs and found the records and the amount of medication stored balanced.

Staff completed a stock check of the controlled drugs each week. We saw that two members of staff had checked and signed the register to demonstrate the levels recorded, balanced with the medication stored in the controlled drugs cupboard.

From personnel records we saw staff had been provided with training regarding medication. We looked at the training records for five trained nurses and saw they had all

completed additional training regarding emergency drugs, syringe drivers and the administration of medication to a person with anaphylaxis shock.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

At the time of our inspection there were enough qualified, skilled and experienced staff to meet the needs of the three people who used the service, although this was due to current staff covering additional hours.

Reasons for our judgement

We asked people who used the service their views on the staff who provided care to them. One person told us the staff were "good". We asked them what they meant by this, and they told us the staff knew what they were doing and did their jobs well.

One person said if they needed assistance there was always someone there to help them. They told us when they rang the call bell it was answered promptly. Another person had a hand bell to ring if they needed help. They told us they preferred this to the electronic call bell system.

We saw from the duty rota that there were always two members of staff on duty, one of which was always a trained nurse. We were told the hospital manager or the ward sister were always on call. Staff confirmed they knew how to contact the on call person and the system worked well.

On the morning of our inspection there were two trained nurses and a health care assistant on duty on the ward. In the afternoon, two trained nurses were on duty. The hospital manager was also working during our inspection.

Staff told us at the time of our inspection they were doing additional hours as there were staffing vacancies yet to be filled. We talked about this issue with the hospital manager. They said there were staff vacancies for two trained nurses and one health care assistant. We were told that due to the location of the hospital on the Isles of Scilly, there had been difficulties recruiting staff. This was in part, because of limited accommodation to people moving to the hospital and a lack of applicants attending for interview, despite initial interest.

To ensure people received the care they needed, we were told staff worked additional hours. The ward manager acknowledged this was not ideal as staff had become tired, but told us the organisation was working towards solutions to address the recruitment problems.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People who used the service made positive comments about the way in which the staff cared for them.

Staff told us they were provided with sufficient training to carry out their roles. The provider may wish to note that one person said this training was now provided on line as e learning, and they felt this was not as good as face to face training.

We saw from personnel records that staff were generally up to date with their training and reminders were posted in the office about forthcoming training and which staff needed to attend.

Medical cover in the hospital was provided by the local general practitioners. Staff at the hospital also worked in the minor injuries unit and all trained nurses had received appropriate training for this. We were told that annual emergency trauma training was provided by a visiting accident and emergency consultant who attended from the mainland. The specialist team from Cornwall provide anaphylaxis training annually. The hospital sister was a trained trainer, and provided training regarding adult and paediatric life support.

Staff had identified lead nurse roles which involved completing additional training and study in order to share this knowledge with their colleagues and provide support and guidance when necessary.

Staff we spoke with were aware of the additional responsibilities of working on the Isles of Scilly in that the acute hospitals were not readily accessible to transfer acutely ill people to. Staff were clear about the need to keep their skills and knowledge updated and confirmed the support they had from the organisation to do this.

We were told about emergency plans that were in place to transfer people to the mainland and how they would work. Concerns were raised about the effect the cessation of the helicopter service would have on these plans, but we were given information on the action being taken by the local airline to cover some of the services.

Staff told us they felt supported by the ward sister and hospital manager.

One person said relationships with colleagues were "excellent" and they all supported each other. Another told us "everyone was supportive including the general practitioners and ambulance staff, and they all worked together to benefit the patients".

The provider may wish to note that staff said they did not receive formal supervision but there was an 'open door policy' and that they could talk with the hospital or ward manager at any time. They did confirm annual appraisals had taken place and during this process training needs were identified and actioned. We talked about the supervision process with the hospital manager who confirmed formal, recorded supervision had not taken place regularly mainly due to the vacancies of staff.

Staff meetings took place with minutes that showed the content of the meetings. The meetings provided a time when staff raised issues, and actions to address them were identified. One member of staff we spoke with said these meetings were helpful and supportive.

There had not been a staff meeting held since the end of July 2012. The hospital manager told us monthly email updates had been sent. We were shown one such email recently sent to all staff. We saw this provided information to the staff regarding equipment, staffing and recruitment, forthcoming meetings and helicopter issues. Staff told us they found these emails helpful.

Two members of staff told us handovers took place at the start of each shift. They said these were beneficial to the people who used the service as well as a means of peer support, and clinical supervision for each other.

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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