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: 16 July 2013

Date of Publication: August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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, carried out a visit on 16 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spent time on the ward and talked to the patient receiving treatment in the hospital. We were told people were informed about their care and treatment. The patient we spoke with was positive and complimentary regarding their care, and told us they felt fully involved in their care and treatment.

Staff we spoke with were aware of the need to respect the person's confidential and personal information. One patient described the staff as "marvellous".

The patient and staff were confident that any issues or concerns would be addressed and resolved.

We saw the hospital was clean and hygienic. People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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

The management of the service monitored the quality of the service provided and took appropriate action where needed to ensure that a quality service was provided.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

One patient told us "I am involved in everything" and said they felt involved in their care and treatment. We were told they were aware of their care and treatment plan and the nurses kept them informed of plans for discharge from hospital. There was recorded evidence, which showed that staff had explained health conditions and treatment to the patient. We saw patients were provided with an information leaflet about the hospital and also information pertinent to the Isles of Scilly. For example, if a patient was admitted with sea sickness there was information about how they would get home.

Staff we spoke with were aware of the need to respect patient's confidential and personal information. One patient told us they had access to relevant information about their care and treatment and how to obtain further support. They confirmed they had seen their care plan.

We watched part of the morning routine around the hospital. We saw the atmosphere was calm and relaxed and staff carried out their duties in a quiet, unhurried manner. We saw staff knock on the patient's door before entering and we heard them being polite and respectful.

Privacy screens were available on the ward around beds for use when assistance was given to patients with personal care. We saw the ward provided two single rooms, four beds for male patients and four beds for female patients. This showed patients diversity, values, human rights and privacy and dignity were respected.

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

St Mary's community hospital provided one ward on the ground floor, out-patient clinics which were accessible from the ground floor (which may include minor surgical and non-surgical procedures under local anaesthetic, including those provided by other organisations), and therapies staff provided both in-patient and out-patient services. There was also a Minor Injuries unit (MIU), X-ray facility and an in-patient alcohol detox programme provided.

At the time of our visit there was one patient receiving treatment on the ward. We were told about the attention given to them by staff and the professionalism shown by staff. They said the care they were given was very good and they were extremely well looked after by the staff at the hospital, and described the care as "marvellous". We were told the staff discussed their care with them and they confirmed they had seen their care plan.

We spoke with the hospital cook who told us they went to see patients every day to discuss the menu and their choices. The cook also told us all the food was prepared on site, fresh from local sources, where possible, and that they provided 15 meals for people in the community every day.

We spoke with two cardiac rehabilitation staff who told us about the rehabilitation service provided in the local gym. Patients were screened for suitability by the cardiac rehabilitation specialist nurse prior to joining the programme.
One of the GP's with medical responsibility told us about mental health care provision on the island and the new mental health care pathway that had been developed, which included multi-agency consultation and cooperation. We were told a community psychiatric nurse also attended the islands every fortnight.

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 one patient on the ward at the time of our visit. The care plan was signed by the person themselves. The ward staff told us this was to demonstrate their involvement in the care planning process.

The care plans provided staff with information on the action they had to take to meet the person's identified care needs. Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw from the care plan documentation the patients choices and preferences were recorded which meant the completed forms were personalised and individual. We also observed that the documentation was relevant to the care the patient was admitted to the hospital for.

We saw both care plans and risk assessments were used on the ward. We saw risk assessments were in place regarding moving and handling, pressure relief, falls and nutrition. Risk assessments are a tool to identify any hazards and the action that staff must take to reduce the risk from the hazard.

The provider may like to note we were told the frequency of observations, such as blood pressure and pulse for example, was determined by hospital policy, but was not included in the patient's care plan. This showed a generic approach rather than a patient centred approach, which reflected the assessment of the patient's care needs.

We saw detailed discharge plans were developed, which involved the multi-disciplinary team and were relevant to the individual's circumstances.

Patient experience responses provided by Peninsula CIC showed a generally high satisfaction rate with the care provided at St Mary's hospital. However, the provider might like to note there were five areas were patient satisfaction was 67% or below in June 2013. These areas related to the amount of ward noise at night, the provision of information about medication, the provision of information about conditions and treatment, discussions about discharge from hospital and discussions about any concerns the patient may have.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our inspection we saw clear signage throughout the hospital. Staff were friendly and helpful in providing directions. We walked around the hospital and did not have any concerns regarding the environment. The hospital ward and out-patients department was clean, uncluttered and provided sufficient space.

The ward had single and shared rooms available. There were two single rooms, a four-bed bay for male patients and a four-bed bay (with two side rooms) for female patients. The bays were for single sex occupancy only, to ensure the dignity of patients using the hospital. We saw there was disabled access to and from the ward.

There was a policy for the management of medical gases such as oxygen. There was a policy for the Control of Substances Hazardous to Health (COSHH) and information and training for staff was given. There was a waste disposal policy to protect the health and safety of patients, staff and visitors.

The hospital had an Infection Prevention and Control Policy. This policy outlined the responsibility of staff and provided guidance to staff on the measures required to prevent the spread of infection in hospitals. The hospital was seen to be clean and free from obstructions, with equipment stored properly. We saw an infection control noticeboard, which included relevant information and the 100% pass result of a recent hand hygiene audit. Audits were regularly undertaken in the hospital regarding infection control and the results were monitored by the infection control team on the mainland on a weekly basis. Hand washing facilities were available throughout the wards and departments, with liquid soap, antibacterial gels and paper hand towels.

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

The hospital had an estates strategy which provided a framework by which the existing estate could be re-designed, modernised and improved. The Patient Environment Action Team (PEAT) focuses on improving the patient experience whilst monitoring to ensure the

trust maintains and improves a high quality environment sensitive to the needs of patients.

We saw there were up to date health and safety records that showed suitable systems were in place to ensure fire equipment, heating and the environment were tested and properly maintained. We spoke with the hospital maintenance person and he confirmed the completion of a number of daily, weekly and monthly checks to ensure patient safety. For example, the checking of thermostatic valves fitted to hot water outlets. We saw fire doors were clearly marked and were linked to an alarm system and fire extinguishers were seen and checked as having been serviced in the last year.

The provider may like to note we saw 'emergency' and 'attack' buttons located around the hospital, intended to notify staff if there was a crisis situation. Staff were not confident about the warning sounds, whether they were the same or different, or if there was a procedure to follow when responding to these. The ward sister confirmed the use of this alarm system was not practised.

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

One patient told us the staff always asked if there was "anything else you need?" and also said they [the staff] "involve me in everything".

Staff told us there were good opportunities for training courses that would meet professional responsibilities or enhance their abilities to carry out their roles. The provider may wish to note we were told the staffing levels had been, and continued to be low and that this had hindered access to the training available at times. The ward sister confirmed a new staff nurse was due to commence work at the hospital later this year. We were also told the fluctuating care needs and numbers of patients at the hospital meant there could be periods when staff did not get the opportunity to practice a particular skill and that it was important they had access to refresher training (for example, suturing).

We saw from training records that staff did have training opportunities and reminders were posted in the office about forthcoming training available. There were a large number of clinical text books available on the hospital ward, for example, trauma injuries and palliative care.

Medical cover in the hospital was provided by three local general practitioners. The staff we spoke with were positive in their comments regarding the support received from the GPs. 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 provided anaphylaxis training annually. The hospital sister was a trained trainer, and provided training regarding adult and paediatric life support.

Staff told us they had lead roles for certain areas of care. For example, blood transfusions and syringe drivers. Additional training had been undertaken by these nurses to ensure that they were up to date with their knowledge when offering support and guidance to other staff. The provider may like to note we were told staffing levels meant attendance at meetings relevant to lead roles was not always possible.

We were told about emergency plans that were in place to transfer people to the mainland and how they would work. This included arrangements with other agencies for travel by sea and air.

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 worked together to benefit the patients".

Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. Some professions have to show they have had formal supervision sessions in order to maintain their right to practice. 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. Staff did confirm annual appraisals had taken place and during this process training needs were identified. It is noted that the provider had a supervision system in use at another location, and the provider stated their intent to ensure frequent and regular supervision was introduced and embedded in the culture of St Mary's hospital. The ward sister confirmed clinical supervision training was arranged for later in the year.

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.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

We received no specific comments from patients about assessing and monitoring the quality of service at the hospital. Observation of staff showed that they worked using safe practices, for example, moving people using manual handling equipment. Staff told us, and records confirmed that appropriate and relevant training was available and undertaken, and staff felt supported.

Patients could make their views known via national systems such as NHS Choices or via national and in house inpatient and outpatient surveys. We also heard that the patient experience, such as results of the Department of Health Friends and Family test (F&FT) (instigated by the trust before the required deadline), which asks for feedback from patients about their care and treatment, was used to help inform the trust board of what patients thought of their care and treatment.

We were told about the range of quality monitoring systems in place to review the care and treatment offered at the hospital. These included a range of clinical and health and safety audits, monitoring of patient feedback, staff training and reviews of all accidents, incidents and complaints. There were committees in place to monitor risks, which included medical advisory, clinical governance and health and safety committees.

Each week the nurse in charge of the ward was required to complete checks on the ward. For example, how tidy and clean the ward was, whether infection control equipment was in place and working appropriately and checking of medical equipment. These records were available to the staff and patients on the notice board. The hospital matron also carried out a monitoring visit to the ward and completed a written record evidencing the findings from these visits.

Patients had been requested to take part in the quality monitoring exercises. We were shown records, which identified the views of patients. For example regarding the cleanliness of the ward, how well staff followed the hand hygiene procedures, the food provided, the noise, response by the staff to the call bells, privacy and support from staff.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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