

Inspection Report 2009/2010

St Mary's Hospital

Floyd Drive, Warrington, WA2 8DB

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.

Prescribed Inspections

The Care Quality Commission is required to inspect every registered service at least once every five years. For services that do not require an inspection due to risks being identified through our annual review of their performance, we may choose to undertake a Prescribed Inspection. These inspections look at a pre-set range of core standards that focus on risk management and patient safety, which are the same for all services that undergo a Prescribed Inspection. Prescribed Inspections also allow us to make sure that our decisions not to inspect are robust. This inspection was a Prescribed Inspection as we did not identify any risks that would, in their own right, have required an inspection.

Background

St Mary's Hospital is a purpose built psychiatric hospital owned and managed by St Georges Healthcare Group, it incorporates three levels of security across two buildings. The establishment is registered to accommodate up to fifty one male patients aged 18 to 65 years of age, liable to be detained under the Mental Health Act 1983 and voluntary admission. The establishment currently comprises the Phineas Gage unit and The James Pullin centre. Each unit is staffed and operated separately from each other and has designated external recreational spaces. The hospital has separate visiting rooms for carers and children in the Phileas Gage unit.

This inspection took place on 28/04/2009, and was unannounced.

Main findings

The inspection was undertaken as a result of an automatic trigger following the issue of a Regulation 51 notice at the previous inspection. Therefore it was a semi-structured inspection and followed the process for a Prescribed Inspection with additional standards included that were

identified as not met in the previous inspection report. The inspection was unannounced. The establishment demonstrated that considerable steps have been taken to improve the governance arrangements with the appointment of a governance manager. The development of systems to capture and monitor training and development of staff and to capture and analyse audit data are proving to be a benefit. On the day of the inspection the environment was clean, well maintained and in a good state of repair. Staff were helpful, professional and courteous at all times.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Mental Health Treatment establishments, not including those where people are liable to be detained	MH Mental Health Non Detained
Mental Health establishments, taking people who are liable to be detained	MH(D) Mental Health Can Detain

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
This establishment is registered to provide treatment and care under the following service user categories only Mental health establishment taking people liable to be detained MH(D) Patients who are not liable to be detained may also be admitted Services may only be provided to male persons aged 18 years and over:	Met
Notification in writing must be provided to the Care Quality Commission at least one month prior to providing any treatment or service not detailed in your Statement of Purpose.	Met
A maximum of 51 male persons may be accommodated overnight	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 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?
- 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
- PD Private Doctors

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
C13	Child Protection Procedures	Not Inspected
C20	Risk Management Policy	Standard almost met
C24	Controlled Drugs	Standard met
C25	Infection Control	Standard Met
M7	Risk Assessment and Management	Standard almost met
M9	Infection Control	Standard met
M32	Management of Serious/Untoward Incidents, Adverse Health Events and Near Misses	Standard met
M35	Patient Restraint and Physical Interventions	Standard met

No	Standard	Regulation	Requirement	Time scale
1	C20/M7	9 (1) (e) (d)	<p>Findings There is a system for disseminating information from alerts, hazard notices and medical devices but this does not include notifying the governance manager of action taken.</p> <p>Action Required The registered person must ensure that all risks connected with the establishment, facilities and equipment are managed and assessed. So that patients, staff and the general public are ensured of a safe environment</p>	30 June 2009

Clinical and cost effectiveness

Number	Standard	Assessment
C4	Monitoring Quality	Standard met
M4	Clinical Audit	Standard met

Governance

Number	Standard	Assessment
C9	Human Resources Policies and Procedures	Standard almost met
M6	Staff Training	Standard almost met

No	Standard	Regulation	Requirement	Time scale
2	C9/M6	18. (2) (a)	<p>Findings A data base has been developed to log and monitor all staff training, this did identify some gaps where staff required refresher training. Some staff recruited up to twelve months ago have not provided evidence of</p>	30 June 2009

No	Standard	Regulation	Requirement	Time scale
			<p>previous training.</p> <p>Action Required The registered person must ensure that training records of all educational and professional activities are kept for each member of staff. So that patients receive treatment from appropriately trained staff.</p>	

Patient focus

Number	Standard	Assessment
C2	Patient Centred Care	Standard met
M14	Information for Patients on their Treatment	Standard met
M23	Empowerment	Standard met
M28	Patients Money	Standard almost met

No	Standard	Regulation	Requirement	Time scale
3	M28	16 (2)	<p>Findings A systematic process is not in place to record how patients with capacity wished to manage their money. In particular a formal record was not in place to indicate when a patient opted to use the ward safe to store their money.</p> <p>Action Required The registered person must ensure that a robust system is put in place which addresses how individual patients' money will be managed. This is to ensure that patients' financial interests are safeguarded.</p>	30 June 2009

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard met
C21	Health & Safety	Standard met

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