

Inspection Report 2010

Vista Healthcare Independent Hospital Odiham Road, Winchfield, Hampshire RG27 8BS

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

Vista Healthcare Independent Hospital was previously known as Warby Hospital. The hospital is part of the Vista Healthcare care group and is registered as an independent mental health hospital, specialising in the care and treatment of patients with a learning disability who also have a mental disorder. Patients detained under the Mental Health Act (1983) may be admitted. It is located close to Winchfield in Hampshire and is set in a woodland area with private fenced gardens.

The hospital comprises of four wards; Warby House, Linton House, Watson House and Prandle House. All bedrooms at the hospital offer single en-suite accommodation. Warby House provides two gender segregated areas for six and eleven male or female patients and offers rehabilitation services. Each area has a communal lounge and dining room.

Linton House provides accommodation for males aged 18-25 in two separate areas of the house. One area offers transitional services to young adults and the other short term emergency assessment. Communal areas include lounges and a dining room.

Watson House and Prandle House each provide accommodation for 18 male patients. Prandle House admits patients who exhibit challenging behaviour. Watson House admits patients with a forensic history. Located within each ward is a specialised area for six male patients who may have autistic spectrum disorder and who require a greater level of support. Communal areas are also available. All wards have secure garden areas to which patients have access.

The main kitchen is located in Linton House and all meals are supplied from here. Laundry services are provided in a separate laundry in the grounds of the hospital. A domestic washing machine is available at Linton House for patients to use as part of a treatment programme with staff support.

The hospital employs a therapeutic development officer who facilitates activities for patients in the activities chalet. Patients also have access to psychology services and speech and language therapy. Activities in the local community are encouraged.

This inspection was risk based as the hospital has been without a registered manager since November 2009. Also the responsible individual is retiring in the summer.

This inspection took place on 5 May 2010, and was unannounced.

Main findings

Applications have been recently received for both the registered manager and responsible individual positions. The current clinical services manager has applied to become the registered manager. The chief executive officer has applied to become the responsible individual.

Since the last inspection in 2009, the hospital has reviewed the treatments provided and care has been streamlined to enable patients to follow care pathways.

Overall the hospital is meeting the National Minimum Standards inspected. However, more work is needed to ensure that care plans accurately reflect patient's current needs and that risk assessments are carried out. Some areas of the environment, specifically the viewing panels in bedroom doors, require attention to ensure that privacy and dignity are upheld at all times.

An activity programme was in evidence that was personalised for individual patients.

Overall, the governance arrangements at the hospital appeared to be more structured. An audit programme is in place and results from audits, changes to practise following complaints and incidents are agenda items at clinical governance meetings. The chief executive officer provides a weekly team brief to staff.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Mental health establishments taking people liable to be detained	MH (D).

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 establishments taking people liable to be detained MH(D). Patients who are not liable to be detained may also be admitted	Met
Services and treatment are only to be offered to people with a learning disability.	Met
The establishment may provide overnight accommodation for a maximum of 69 persons at any one time.	Met
This establishment may only provide treatment and services for 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

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
 Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
- P 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
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Not inspected
C22	Medicines Management	Standard met
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Not inspected
C25	Infection Control	Not inspected
C26	Medical Devices and Decontamination	Not inspected
M7	Risk assessment and management	Standard almost met
M8	Suicide Prevention	Not inspected
M9	Infection Control	Not inspected
M17	Administration of Medicines	Not inspected
M18	Self administration of Medicines	Not inspected
M30	Levels of Observation	Standard met
M31	Managing Disturbed Behaviour	Not inspected
M32	Management of Serious/Untoward Incidents, Adverse Health Events and Near Misses	Standard met
M33	Unexpected Patient Death	Not inspected
M34	Patients Absconding	Not inspected
M35	Patient Restraint and Physical Interventions	Standard met
M36	Safeguarding Children in mental health settings	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	M7	44 (1)(a)(b), (2); 45	<p>Findings: In one set of patient records reviewed there was no evidence that a comprehensive risk assessment had been carried out.</p> <p>Action Required: The registered person must ensure that all patients have a documented risk assessment</p>	30 June 2010

No	Standard	Regulation	Requirement	Time scale
			that is available for staff to reference. This is so that patient risks are identified and managed appropriately.	

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Standard met
M1	Working with the Mental Health National Service Framework	Not inspected
M4	Clinical Audit	Standard met
M11	The Care Programme Approach/Care Management	Not inspected
M12	Admission and assessment	Not inspected
M15	Patients with Developmental Disabilities	Not inspected
M16	Electro-Convulsive Therapy (ECT)	Not inspected
M19	Treatment for Addictions	Not inspected
M20	Transfer of Patients	Not inspected
M21	Patient Discharge	Not inspected
M37	Admission and assessment of children	Not inspected
M38	Quality of Life of children	Not inspected
M39	Facilities and Equipment to meet the needs of children	Not inspected
M40	Valid consent of children	Not inspected

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
C8	Role and Responsibilities of the Registered Manager	Standard not met
C9	Human Resources Policies and Procedures	Standard met
C10	Practising Privileges	Not inspected
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Standard met
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Not inspected
C31	Information Management	Standard met
C32	Research	Not inspected
M2	Communication Between Staff	Not inspected
M3	Patient Confidentiality	Not inspected
M5	Staff Numbers and Skill Mix	Standard met
M6	Staff Training	Not inspected
M22	Patient's Records	Not inspected

No	Standard	Regulation	Requirement	Time scale
2	C8	11	Findings: Although a manager has been appointed, this person is not currently registered with the Care Quality Commission. Action Required: The registered person must ensure that the hospital is	31 August 2010

No	Standard	Regulation	Requirement	Time scale
			managed by a person registered with the Care Quality Commission. This is so that patients are assured that a suitable person is in day to day charge of the hospital.	

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Not inspected
C2	Patient Centred Care	Standard almost met
C5	Care of the Dying	Not inspected
C14	Complaints Process	Standard met
C15	Information for Patients about Complaints	Not inspected
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Not inspected
M10	Resuscitation Procedures	Not inspected
M13	CPA Care Planning and Review	Not inspected
M14	Information for Patients on their treatment	Standard met
M23	Empowerment	Not inspected
M24	Arrangements for visiting	Not inspected
M25	Working with Carers and Family Members	Not inspected
M26	Anti-discriminatory Practice	Not inspected
M27	Quality of Life for Patients	Standard almost met
M28	Patient's Money	Not inspected
M29	Restrictions and Security for Patients	Not inspected
M41	Establishments in which Treatment is provided for Persons liable to be detained - Information for Staff	Not inspected
M42	The Rights of Patients under the Mental Health Act	Standard met
M43	Seclusion of Patients	Not inspected
M44	Section 17 Leave	Not inspected
M45	Absent without Leave under Section 18	Not inspected
M46	Discharge of Detained Patients	Not inspected
M47	Staff Training on the Mental Health Act	Not inspected

No	Standard	Regulation	Requirement	Time scale
3	C2	15(1)(a)	<p>Findings: In one of the two sets of patient records reviewed, care plans were not always updated following review; therefore the plans did not accurately reflect the patient's current needs.</p> <p>Action Required: The registered person must ensure that all care plans are updated in a timely manner so that the care provided is based on current needs.</p>	30 June 2010
4	M27	16(4)(a)	<p>Findings: The viewing panels in doors to a number of bedrooms were not fitted with integral blinds. Instead, the panels were fitted with clear glass with</p>	31 August 2010

No	Standard	Regulation	Requirement	Time scale
			<p>obscuring film attached to the glass. Although the obscuring film was of sufficient height to not allow direct view into the bedrooms, on Prandle House a section of the obscuring film had been removed to allow viewing into the rooms. On Linton house, although the obscuring film was intact, the film was starting to peel off allowing viewing into the rooms.</p> <p>Action Required: The registered person must ensure that the privacy and dignity of patients is maintained at all times. This is so that patient rights are upheld.</p>	

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Not inspected

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard met
C21	Health and Safety Measures	Not inspected

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