Services Run By St George's Healthcare NHS Trust Rated Good By CQC's Chief Inspector Of Hospitals

Thursday 24 April, 2014

England's Chief Inspector of Hospitals has published his first reports on the quality of the services provided by St George's Healthcare NHS Trust at St George's Hospital, Tooting, Queen Mary's Hospital, Roehampton, and St John's Therapy Centre, Battersea.

St George's Hospital was rated as Good overall. It was rated as Outstanding for its intensive and critical care and Good for most other services inspected. End of life care, while found to be effective and caring, was rated as Requires Improvement because the completion of resuscitation forms requires further work to ensure that people receive the treatment they choose.

Queen Mary's Hospital was rated as Good across the three services offered at that site. St John's Therapy Centre and the community inpatient service at Queen Mary's Hospital have not been rated because CQC are not yet rating community services. The full reports are available from http://www.cqc.org.uk/directory/RJ7. (PLEASE NOTE: EMBARGOED LINKS TO THE REPORTS ARE AVAILABLE AT THE BOTTOM OF THIS EMAIL).

Inspectors found that services across the trust were safe and effective, and that patients were generally satisfied with the care that they received. Women and their partners in the maternity and critical care settings were particularly pleased with their care.

Inspectors did find, however, that staff knowledge of the Mental Capacity Act 2005 was limited. While this was not seen to be impacting on care during the inspection, this led to a risk that staff would not always able to identify and take the correct steps to protect patients with limited capacity.

A few patients told inspectors they had received poor care, however inspectors found that the trust used complaints in a proactive way. The trust had generally responded well to meet the needs of local people, although specialist services sometimes had difficulty repatriating patients to their local hospital or home which affected the availability of services for others.

All staff displayed the values of the trust, and most staff told inspectors that their leaders were supportive and listened to them. However, inspectors did find a few areas where staff felt bullied and harassed by local managers. Once reported to the senior management, action was undertaken to address these issues.

Intensive and critical care services at St George's Hospital, where patients received safe, effective and responsive care from specialist staff on a 24 hour basis, were rated as Outstanding by inspectors.

Inspectors found a number of other areas of good practice across the trust, including:

• The leadership of intensive care unit and high dependency unit services with open and effective team working and a priority given to information, research and training.
• Maternity care, due to information provided to women, robust midwifery staffing levels and access to specialist midwives.
• The provision of a comforting environment within the mortuary suite.
• The hyper-acute stroke unit on William Drummond Ward.
• The provision of advice at Queen Mary's Hospital minor injuries unit.
• The neonatal special care baby unit.
• Multi-professional team working in neurology theatres.
• The local leadership of Richmond acute medical unit.
• Excellent multidisciplinary working, communication across teams, and relationship building with patients across community services.

CQC has told the trust that it must make improvements in a number of areas including:

• Ensuring a better understanding of the principles of the Mental Capacity Act 2005 across both hospital sites.
• Ensuring that medical records are made available to staff working in the outpatient clinics.

CQC's Chief Inspector of Hospitals, Professor Sir Mike Richards, said:

"We identified a great deal of good practice in this trust - most notably in the critical care service at St

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George's Hospital which we rated as Outstanding, and from which I am sure other trusts could learn. Patients and their relatives using that service felt that the care was of a high standard, and that they had been involved in decisions about treatment.

"We've rated this trust as Good overall. Staff told us that they felt proud to work in the trust, that they felt engaged, and most felt enabled to raise concerns.

"While our findings here were generally positive, there were some improvements the trust must make. This includes making sure that staff gain a better understanding of how to support people with limited capacity. The trust has told us it will take action - and we'll return in due course to make sure that it has done so."

An inspection team which included doctors, nurses, hospital managers, trained members of the public, CQC inspectors and analysts made announced visits to sites run by the trust in February. They examined the care provided in accident and emergency (A&E), medical care (including older people's care), surgery, intensive/critical care, maternity, children's care, end of life care and outpatients. Inspectors also visited a selection of health centres, looking at both acute and community services.

Inspectors also visited the sites unannounced as part of the inspection, held focus groups with staff, and held a public listening event. The report which CQC publishes today is based on a combination of their findings, information from CQC's Intelligent Monitoring system, and information provided by patients, the public and other organisations.

CQC inspectors will return to the services run by the trust in due course as part of its regulatory programme.

-ENDS-

Notes to editors

The Chief Inspector of Hospitals, Professor Sir Mike Richards, is leading significantly larger inspection teams than before, headed up by clinical and other experts including trained members of the public. By the end of 2015, CQC will have inspected all acute NHS Trusts in the country with its new inspection model. Whenever CQC inspects it will always ask the following five questions of every service: Is it safe? Is it effective? Is it caring? Is it responsive to people's needs? Is it well-led?

The Care Quality Commission has already presented its findings to a local Quality Summit, including NHS commissioners, providers, regulators and other public bodies. The purpose of the Quality Summit is to develop a plan of action and recommendations based on the inspection team's findings.

This report describes our judgement of the overall quality of care provided by this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

About the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. We make sure health and social care services provide people with safe, effective, caring, well-led and responsive care, and we encourage care services to improve. We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find to help people choose care.

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