

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

Spire Fylde Coast Hospital

St. Walburgas Road, Blackpool, FY3 8BP

Tel: 01253394188

Date of Inspection: 04 February 2014

Date of Publication: February 2014

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Classic Hospitals Limited
Registered Manager	Mrs. Elizabeth Cousins
Overview of the service	<p>Spire Fylde Coast Hospital is a purpose built single storey, independent hospital offering both inpatient and day case care, which also includes children age three years and over. The hospital is situated in Blackpool. Care is offered in single rooms or one of the five double rooms. There is a wide range of treatments and care offered in the hospital. There is no maternity service.</p>
Type of service	Acute services with overnight beds
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Meeting nutritional needs	8
Safety and suitability of premises	10
Assessing and monitoring the quality of service provision	11
Complaints	14
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 announced 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 4 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and were accompanied by a specialist advisor.

What people told us and what we found

We talked with patients in the outpatient area and those who were inpatients. Everyone we spoke with told us their experience at Spire Fylde Coast hospital was good. Patients told us that the staff were enthusiastic, professional and caring. One patient said, "The staff are great, fantastic. They are friendly, calm and professional and give me confidence in them." We also spoke with a small number of relatives who were complimentary about the care their family member had received.

The registered manager was away from the hospital on the day we inspected. However other senior staff were available and able to provide the information we needed. We talked with five inpatients, six outpatients and four relatives. We also spoke with managers, nursing, care, reception and catering staff.

We observed patients being treated with respect and dignity. Patients told us that the staff were excellent and that they received care and support when they wanted it. A patient said, "The staff are fantastic and have great communication skills. They are very respectful and caring." A relative told us, "The staff go the extra mile here, such as with the food and linen and the little things that make such an awful time as pleasant as possible."

Patients spoken with told us that they had received good care and treatment from the staff at Spire Fylde hospital. One patient said, "I am very grateful to them. I am without pain for the first time in many months, thanks to this place." We saw that patients were involved in decisions about their care and given enough information to make informed choices. We saw satisfactory numbers of staff on the inspection to respond to people's needs.

Care and treatment records were in place and of a satisfactory standard. They were informative and reviewed regularly so that staff were aware of each patient's care needs.

All involved in a patient's care knew about their nutritional needs. We observed the lunch time meal. The meals were well presented and taken to patients quickly so they were still

hot and tasty.

The hospital was safe, suitable for purpose and accessible to people with mobility difficulties. It was comfortable and pleasantly warm for patients.

Systems were in place for monitoring the quality of the service people received. Patients and their relatives were asked about their views of the care and treatment provided. We saw that patient comments were collated and acted upon in an open and transparent way.

There was an effective complaints system in place which showed patients what to do if they had any complaints. Any comments and complaints that people made were responded to appropriately. One patient told us, "I have nothing but praise for the staff but I know how to complain if I needed to."

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

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

We observed patients being treated with respect and dignity. Patients told us that the staff were excellent and that they received care and support when they wanted it. One person said, "The staff are fantastic and have great communication skills. They are very respectful and caring." Another patient told us, "It's my first appointment today so I am feeling a bit anxious. But the staff have been very caring and welcoming and have put me at ease." A relative told us, "The staff go the extra mile here, such as with the food and linen, the little things that make such an awful time as pleasant as possible."

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. Patients spoken with told us that they had received good care and treatment. One patient said, "It is the first time I have been here, so I was feeling a bit anxious and unsure what to expect. I am so glad that I came here, it's an excellent hospital." Another patient told us, "I am very grateful to them here. I am without pain for the first time in many months, Thanks to this place."

We saw satisfactory numbers of staff on the inspection to respond to patients' needs. We observed staff interacting and engaging with patients as they supported them. They gave them time to carry out tasks independently, where they were able. One patient told us "The staff are excellent. Nothing is too much trouble and there are always staff about to help you." Another patient told us, "I couldn't have better care. The staff are always 'popping' in to check on me."

We saw that patients were involved in decisions about their care and given enough information to make informed choices. One patient said, "It is a fantastic service. I feel fully informed and kept up to date about my treatment every step of the way." Another patient added, "I feel completely in control of my treatment. The staff explain everything, give me advice and then explain my options. I can then decide what I want to do."

On discharge patients were given information about the 24 hour advice helpline available to them. This gave them a direct contact if they became concerned about their post-

operative health once discharged. One patient said, "I have been given tons of information about my health and ongoing recovery, so I feel very well prepared for my discharge." There were also follow up appointments as appropriate.

We looked at the care records of four patients. This included adults and children who had received or were receiving treatment. We saw that staff were delivering care to meet each patient's individual needs.

Each patient had received a consultation with their surgeon before their operation. Information regarding this consultation was in place. This showed that people had been given enough information to allow them to make a decision about their treatment.

All patients records looked at had care plans in place. Each type of treatment had a care pathway to ensure all the care needs relating to that treatment were met. The individual care plan followed on from this. Care plans were reviewed regularly and care and support changed as needed. It was clear that individual needs were considered when planning and delivering care.

Risk assessments were in place including moving and handling, falls, pressure area care and nutrition. Changes in health were noted, records updated and advice sought from senior staff where needed.

There was a multi-disciplinary team approach to patient care and treatment. The different disciplines of staff worked effectively together to the benefit of patients. We saw that the team recorded information in the care records so that everyone had information and guidance. This assisted all involved to support patients effectively.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The hospital had an informative system in place for ensuring that people had enough nutritious food that met their dietary needs. A record was kept of the food each person had at each meal. Information about special diets, aids and appliances used and any assistance needed at mealtimes were in place.

We spoke with the catering staff. They told us that the menus were carefully constructed to ensure a nutritious and appropriate diet. There were several choices of meal at each meal to meet dietary and cultural needs. The meals were clearly marked so that everyone knew if they were suitable for special diets. One patient told us, "My diet is special because of my operation but the staff do their best in supporting my needs."

The catering staff said that the meals were cooked onsite and everything was cooked from 'scratch'. Meals were cooked to the correct temperature, checked and the temperature recorded before the food was served to patients. They told us that they used local suppliers that they could trust to provide good quality foodstuff.

We discussed special diets. Staff were knowledgeable about the diets patients needed. We saw the menus which showed that patients were provided with a nutritious, balanced diet. Information was in place regarding specific diets so that all involved in a patient's care knew about their nutritional needs.

We saw staff chatting to patients, checking what they wanted for their meal. If patients did not want one of the foods offered, staff would make them an alternative. Patients ate in their bedrooms. We observed the lunch time meal. The meals were well presented. They were taken to patients quickly so they were still hot and tasty.

The catering staff were responsible for delivering meals and for checking that patients had appropriate help to eat their meals. They informed nursing staff if additional help might be needed or if patients had not eaten their meals. The nursing staff were then able to follow this up. This meant that all involved in patient care were aware of the nutritional intake of patients.

People we spoke with told us they enjoyed the food. They told us they received enough to eat. Most people said that the meals were very good. One patient said, "The food has been excellent. I can't fault it." Another patient said, "The food is fantastic and I get plenty

of choice, plenty to eat."

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

The hospital was a large, purpose built, detached, single storey building, accessible to people with mobility difficulties. The entrance hall and reception area were undergoing renovation and refurbishment when we inspected. These were situated at the front of the building. Staff had made sure that patients were inconvenienced as little as possible.

There were outpatients' areas, consulting rooms, therapy rooms and offices situated around the building. There was a pharmacy on site as well as kitchens and a staff restaurant. Externally there were pleasant grounds and a parking area available.

There were three well equipped theatres in the hospital, which had been recently refurbished. These were close to the ward for inpatients and day patients. The bedrooms on the ward were either rooms for single occupancy or rooms shared between two patients. One bedroom was specifically available for patients with high nursing needs. All bedrooms were en-suite. There were also assisted bathing facilities on the ward.

A bedroom on the ward had been allocated for the Resident Medical Officer (RMO). This meant that medical assistance was available whenever it was needed.

The environment was found to be clean, appropriately lit, well maintained and suitable for purpose. The hospital had its own generator to support services in the event of loss of electricity. One patient told us, "The hospital is extremely clean, well-organised and well run."

There was a rolling programme of redecoration and maintenance of the unit. Maintenance records showed that regular safety checks were carried out and any repairs carried out quickly and safely. This was monitored by the hospital and by the provider to ensure that all maintenance and safety checks were carried out.

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.

Systems were in place for monitoring the quality of the service people received.

Reasons for our judgement

Staff talked with us about the systems that were in place for monitoring the quality of the service people received. There were systems for assessing and monitoring quality at both provider and hospital level.

The provider had a clinical governance and quality assurance policy. This showed how governance would be managed in terms of reliability, safety, governance, patient empowerment, clinical effectiveness and staff empowerment. Quarterly reports monitoring compliance with and achievements in these areas were seen during the course of the inspection.

The reports, like the policy, were at provider level. However, the majority of elements were then broken down by hospital site. This provided a useful benchmark for the hospital. Any areas of improvement required were highlighted through the quarterly reports for each individual hospital.

We saw examples of the hospital report highlighting pressure ulcer management and temperature recording. Senior staff had produced an action plan to improve these areas. The provider may find it useful to note that although the completed action plans were provided, no dates for completion were assigned to actions.

At hospital level there was a clinical governance committee. A selection of audits, minutes, agendas and presentations were seen during the inspection. This committee covered all the expected governance areas. The minutes showed discussion and action planning around clinical audit findings.

We were told that actions were followed up via line management arrangements rather than through the committee. This meant that it was more difficult to check that all actions were captured and completed within agreed timescales.

The hospital had its own audit programme for each year and also undertook national audits in line with the provider audit plan. Evidence of monitoring compliance with the programme was requested. This was provided in the form of the manager's overview ticking the original document. No formal monitoring via a database or committee appeared

to be happening.

Some of the audits demonstrated good compliance with hospital standards and therefore did not have action plans. Where deficiencies were found, action plans were in place. Where these actions had not been successful different approaches were being used to ensure compliance. Clinical audits were undertaken with evidence of actions to address any deficiencies identified.

The hospital provided clear guidance to staff on how to report an incident. Incidents were graded according to severity of harm and risk rated in terms of re-occurrence. Staff used an online incident reporting tool and were monitored at provider level on the timeliness of this reporting.

All staff interviewed were able to describe the types of events/near misses that would be reported as an incident. Senior staff were able to describe how incidents would be escalated as a serious incident/serious adverse event. The policy provided a clear corporate root cause analysis template, which was seen in practice for serious incidents.

The hospital had a small number of reported incidents. Staff interviewed felt that this was a true reflection of the incidents that were occurring and described being encouraged to report and learn from incidents. Evidence of actions taken following serious incident investigations was seen as part of the inspection.

The quality improvements for the hospital were part of the overall provider quality accounts. No separate quality strategy was provided. The provider may find it useful to note that some quality indicator data, such as the need to return to theatre or unplanned readmissions was out of date on the provider website. The latest data for these indicators was from 2011.

Risk assessments were seen for Health and Safety risks. The risk assessment policy described a process for completing a risk register for all risk types. A copy of the risk register was requested, but unable to be provided at the time of the inspection.

Staff were unaware of a specific risk register for the proactive management of risks at hospital level. However, we saw many examples of risk being managed clinically and in the processes that staff used, prior to admission and throughout the patient journey. Appropriate checklists and safety briefings were also seen being used routinely in theatre.

We saw that patients and their relatives were asked formally and informally about their views of the care and treatment provided. Patient experience surveys had been completed. Responses were positive and praised the care they had received. Patients were also asked if they would like to share their experiences as publicity for the hospital. One patient reported that this gave them confidence that the hospital was expecting good outcomes as this request was made at the beginning of the patient journey.

There were regular staff meetings and staff received regular supervision and appraisal. To assist with communication and sharing of key governance messages, the hospital also had a 'Matron Report' and a 'Consultant Newsletter'. These measures assisted staff in keeping up to date with patient care and any changes in the service.

Staff spoken with told us that they felt well supported and managed. One member of staff said, "It's one of the best jobs I've ever had. The team is extremely supportive and I feel I

can take any ideas or issues to the Matron. I feel that she is very approachable and will listen.

Service contracts were in place confirming the building and equipment used in the unit were maintained so that people were safe.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

There was an effective complaints system in place which showed patients what to do if they had any complaints. Any comments and complaints that people made were responded to appropriately. There was a thorough procedure in place for responding to complaints. Any complaints were fully investigated and were resolved where possible to the complainant's satisfaction. Patients were given an information pack at their first visit to the hospital. The complaints procedure was included in this.

The hospital had a new Complaints Policy, which showed the actions to be taken and timescales for these in the event of a complaint. Several complaints were reviewed. The majority were acknowledged on the day of receipt. All complaints received a response within the required timescales.

In the event of a complaint, the complaints manager offered to meet with the patient. They then either resolved their issues or continued the formal complaints process. Ward staff also described how they proactively tried to resolve any concerns raised as soon as possible. One member of staff said, "If people express feeling unhappy about the service, we discuss this with them or invite them in."

The hospital also recorded informal concerns that didn't become formal complaints. This meant they had information on all issues reported to the hospital. Patients reported that they would feel able to complain and knew how to if the need arose. One patient told us, "I have nothing but praise for the staff but I know how to complain if I needed to."

Evidence of complaints analysis in terms of themes was provided. There was limited evidence of actions taken to prevent reoccurrences/learn lessons. However, this was mainly due to the hospital receiving few complaints and no recent complaints being upheld.

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.

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