

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

Spire Methley Park Hospital

Methley Lane, Methley, Leeds, LS26 9HG

Tel: 01977518518

Date of Inspection: 12 February 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Classic Hospitals Limited
Registered Manager	Mr Chris Harrison
Overview of the service	Spire Methley Park Hospital offers treatments and procedures to insured and self funding patients as well as providing NHS Choose and Book services. A range of services are provided on an out-patient, in-patient or day care basis covering a variety of investigations and surgical procedures.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Family planning 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'.

	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	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Cooperating with other providers	9
Requirements relating to workers	10
Complaints	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 12 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we spoke with three patients who all spoke very positively about their experience of care and treatment at Spire Methley Park Hospital. All three patients confirmed staff had explained everything well and consent was obtained prior to any surgery or treatment. One patient commented, "I would strongly recommend this hospital".

We spoke with the hospital director, the matron, the quality manager, a consultant, and six members of staff. The staff members we spoke with were knowledgeable about their own area of work and how they provided care and support to patients in their own departments.

We looked at the medical records for three patients. They contained relevant information such as past medical history, referral information, pre-assessment information and risk assessments. They recorded the type of procedure and surgeon carrying out the procedure. Discharge planning was documented, showing patients had appropriate care arranged when going home.

We reviewed a sample of five staff records and found appropriate checks had been undertaken before staff began work.

We looked at the complaints policy and saw there was a system of responding to and investigating complaints received by the hospital.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our inspection we spoke with three patients who confirmed to us that staff involved them in decisions about their treatment and care and acted in accordance with their wishes. All three patients told us they had been offered different options and alternative treatments which had been thoroughly explained to them. They felt they had been supported to make decisions about their treatment. Patients described how they had found staff to be knowledgeable about their care needs, and this had included discussions about any associated risks. All three patients confirmed staff had explained everything well and consent was obtained prior to any surgery or treatment.

We spoke with the hospital director who told us the hospital had policies and procedures relating to consent in place within the hospital. We reviewed the consent policy which supported the principle of involving people in decisions about their treatment and care. It stated, "In many cases 'seeking consent' is better described as 'joint decision making'."

The hospital director explained patients had pre-admission assessments to discuss and consider their treatment options prior to admission. This ensured patients were already fully aware of their reason for admission and had agreed to this. On admission staff carried out further assessments, discussions and checks for consent prior to any surgery or intervention.

We reviewed medical records of three patients which contained detailed information about each person's medical history and assessments relating to their admission. We saw consent forms were in place which included information relating to the risks and benefits of surgery and treatment which had been explained to the patient.

We spoke with six members of staff who described the consent procedures in the hospital. They told us formal consent was obtained by the consultant prior to the surgery or procedure. They told us any difficulties in communication would be highlighted in the pre-assessment stage, and steps would be taken to ensure the patient had access to

someone to act as interpreter to ensure they understood and consented to the intervention. Ward staff responsible for escorting a patient to surgery would check consent again with the patient prior to their surgery. There was a further check of consent with the patient in theatre while they were still aware to confirm they were happy to proceed.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Patients we spoke with all spoke very positively about their experience of care and treatment at Spire Methley Park Hospital. One patient said, "All staff from: the ward; theatre; consultant; catering and cleaning staff, have been very good. They all treat me with respect and make time to talk". Another patient told us they had felt safe and well cared for during their stay on the ward, and commented: "I would strongly recommend this hospital".

There were policies and procedures in place to ensure people using the service were appropriately assessed either prior to or on admission and care plans put in place to ensure their care and treatment supported their needs.

Staff were able to clearly explain the fire/emergency evacuation procedures to us and that any adverse events were fully investigated then lessons learned cascaded back to the staff. We saw emergency trolleys were situated in accessible locations within the hospital. We saw there were procedures in place for checking the equipment each day.

The staff members we spoke with were knowledgeable about their own area of work and how they provided care and support to patients in their own departments. They told us care was provided using specific care pathways with appropriate checklists in place and completed for people undergoing surgical procedures to ensure they received safe and effective care for their specific needs.

We looked at the medical records for three patients. They contained relevant information such as past medical history, referral information, pre-assessment information and risk assessments. They recorded the type of procedure and surgeon carrying out the procedure. Discharge planning was documented, showing patients had appropriate care arranged when going home.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Patients we spoke with told us the hospital staff were knowledgeable about their health condition before they were admitted as they had obtained information from other agencies such as their GP. One patient told us they had received care at the hospital previously. They told us the hospital had also communicated well with their GP following their previous discharge to make the GP aware of the surgery they had had, and the outcome.

We spoke with the hospital director and members of the staff team about how they ensured patients health, safety and welfare was protected when they moved between different services. They described how they had good working relationships with other agencies such as GPs, local hospitals, had good access to community health and social care services to support patient's discharge planning. One nurse described how information such as blood test results could be obtained from the GP practice if they had been done recently to avoid the patient having to have this repeated unnecessarily. They described how the staff in the hospital worked together as a multi-disciplinary team to meet patient's needs and achieve good outcomes.

We reviewed three patient's medical records which contained referral information from other agencies, such as the patient's GP or hospital consultants. We saw evidence in the care records which confirmed the hospital planned for discharge to ensure the patient received appropriate follow up care and treatment when they returned home. This included a letter to the patient's GP.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with the hospital director who told us all new staff had appropriate checks as part of their recruitment before working for the service. We saw there was a recruitment and selection policy in place and associated guidance on pre-employment checks and induction training requirements before new staff could work in the hospital. This included occupational health and induction training policies, and guidance regarding obtaining and assessing the relevance of Disclosure and Barring Service (DBS) clearance checks.

We spoke with five members of staff who confirmed recruitment processes had been followed and appropriate checks had been carried out prior to them joining the service. Staff confirmed they had completed induction training and felt suitably skilled and supported to carry out their work safely.

We reviewed a sample of five staff records and found appropriate checks had been undertaken before staff began work. We saw they contained the necessary documentation to show recruitment procedures were being followed to protect people who used the service from unsuitable workers. This included evidence of recent Disclosure and Barring Service (DBS) clearance checks. All the staff files reviewed contained copies of application forms, interview notes and proof of identity. All of the records contained appropriate references.

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

The patients we spoke with told us they were happy with the level of care provided by the hospital and had no complaints. They told us they felt comfortable in providing feedback about their experience at the hospital, and able to speak to any of the staff if they had a complaint or a concern. They believed they would be listened to and their concerns acted on. One patient said, "I'm not aware of a complaints policy as I've had no need of it. I feel I can discuss any issues with the nursing staff and it would be resolved right away."

We saw the hospital actively encouraged patients to provide feedback on their experience by asking them to complete satisfaction surveys. Senior staff told us they often walked around the hospital and talked to patients to find out their views about the service. Staff spoken with told us they encouraged patients to express their views and discuss any problems or difficulties they may have. Staff told us they would try to resolve any issues patients may have before it became a complaint. They were aware of the complaints procedure and the advice to give if patients wished to make a formal complaint. .

We looked at the complaints policy which contained information on how to make a complaint and how this would be handled. We saw there was a system of responding to, and where appropriate, investigating complaints received by the hospital. We saw the hospital had received 13 complaints during 2013. We saw these had been responded to appropriately. We saw action had been taken to resolve the concerns raised and reduce the risk of recurrence. We saw leaflets about how to make a complaint were available throughout the hospital, and in patients' rooms on the ward.

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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