

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

## Spire Wellesley Hospital

Eastern Avenue, Southend-on-Sea, SS2 4XH

Tel: 01702462944

Date of Inspection: 17 June 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✗ Action needed

## Details about this location

Registered Provider	Spire Healthcare Limited
Registered Manager	Mr Roger Lye
Overview of the service	<p>The Spire Wellesley Hospital is an established healthcare provider in the Southend-on-Sea area. It is a 46-bedded independent hospital based in purpose-built premises. Services offered include acute healthcare, day care, inpatient and out-patient care. The establishment also provides a range of clinical investigations. Both adults and children (three years of age and above) can be accommodated. High dependency care is offered within a dedicated unit.</p>
Type of service	Acute services with overnight beds
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Spire Wellesley Hospital had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 June 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider, reviewed information sent to us by commissioners of services and were accompanied by a specialist advisor.

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### What people told us and what we found

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This was a responsive review to follow up on the last planned inspection on the 10 October 2013 where we found that the provider was operating an ineffective system to monitor consultants' practising privileges. We also checked assessment practices and incident management systems as there had been a significant increase in the number of notifications regarding clinical incidences in the hospital in the last eight months.

We found that the provider had taken adequate steps to ensure that all consultants working at the hospital were robustly checked to ensure they were appropriately qualified and competent to provide safe care to patients.

We looked at assessment practices because of the number and types of incidents reported to us recently. We found that the provider had put in additional checks to improve patient safety regarding risks of developing blood clots post-surgery and also prosthesis checking practices for safe joint replacement surgery.

We found that the provider did not have a consistent effective incident management system in place to ensure changes to treatment or care provided was actioned in a timely manner to always protect patients from incidents that had the potential to do harm.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 05 August 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Local Authority: Commissioning. We will check to make sure that action is taken to meet the essential standards.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

The provider is assessing the needs of people who use the service to reduce the risk of people receiving unsafe or inappropriate care, treatment and support.

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### Reasons for our judgement

We looked at assessment practices within the hospital as there had been an increase in notifications in the last twelve months regarding patient complications regarding blood clots following routine surgery. We interviewed staff involved in assessment practices preoperatively to find out if patient risks were being managed effectively.

Six staff we spoke with were clear on completing nurse led risk assessments for Venous Thromboembolism (VTE) management. We saw there was a clear care pathway to promote the prevention of blood clots and regular quarterly audits showed in quarter one 2014 there was 99% completion rates. A pilot had been commenced in June 2014 with two consultants to ensure there was adequate medical input regarding the risks of bleeding and when medication to prevent blood clots should be commenced after surgery. Staff showed us pink alert forms which had been introduced to remind doctors about the risk factors for each patient and that they may need anti-coagulants post-surgery. All staff we spoke with were well informed on these practices.

We spent time in theatres observing practices and risk management processes. We looked at four sets of patient records which showed each had a nurse assessment carried out pre-surgery, which was updated on the day of admission/surgery. As a result of a scoring system, surgical patients would follow an appropriate recommended VTE pathway, which highlighted the National Institute for Clinical Excellence (NICE) guidelines regarding preventing blood clots.

We saw anaesthetic room practitioners who were applying compression devices to patient's lower limbs and they indicated that they would use these acting upon the ward's assessments of patient needs as indicated in the care plan and that all surgical patients were routinely fitted with anti-embolism stockings on the ward where there were no surgical contra-indications. We found that appropriate actions were being taken to reduce the risk of blood clots post-surgery, although we noted that consultants did not always document the rationale when they worked outside of NICE guidelines.

We also checked practice changes introduced following insertion of two wrongly sited prosthesis implants to ensure that current practice was safe for patients undergoing joint replacements. We saw that company representatives were no longer allowed to handle implants or become involved with the checking process and that prosthetic siting of operation was now written up on a swab board as an additional prompt. Staff showed us that only a limited range of implants were now brought into theatre at the start of a case and if it was a bilateral procedure, these were brought in at the start of each relevant operating side to reduce the risk of confusion.

A surgical pause has now been introduced at the checking of implant stage – as well as 'time out' on the surgical checklist, all distractions have to cease and the full team are now involved in the checking process. The surgeons were all very keen to embrace improved safety standards and all three staff members interviewed could articulate these changes and gave assurance that they were totally embedded in enhanced practice. We found that appropriate actions had been taken to reduce the risk of wrongly sited prosthesis for patients undergoing joint replacements.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider was operating an effective system to monitor consultants' practising privileges.

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### Reasons for our judgement

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At the last planned inspection on the 10 October 2013 we found that the provider was operating an ineffective system to monitor consultants' practising privileges. Some consultants did not have evidence of up-to-date medical indemnity, appraisal or immune status which could put patients at risk. The provider gave us an action plan with time frames to improve the process which included stronger checking systems and standard actions where consultants failed to provide the information required.

We looked at the database which held all the checking information for the 144 consultants who currently work at the Wellesley Hospital. We could see all checks had been actioned and where there were gaps appropriate actions were being taken, such as standard letters which had been designed and timelines drawn up to give consultants notice of expiry of information. The final letter being suspension of practising privileges if they did not comply. We checked three consultant files which were compliant with the system including one consultant who had been suspended recently.

This system was supported by weekly audits and meetings with the hospital director to monitor compliance to ensure that no consultant could work at the Wellesley hospital if they had not provided up to date information. This information was then reported to the medical advisory committee who support the hospital director in approving and reviewing consultants practising privileges. We saw minutes of these meetings which showed two yearly reviews being actioned regarding each consultants performance to ensure the checks were current so that patients received safe care from a competent consultant at all times. We found that the provider had taken adequate steps to comply with regulation 21 requirements relating to consultants practising privileges.

## Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was not meeting this standard.

We found that the provider did not have a consistent effective incident management system to ensure changes to treatment or care provided was actioned in a timely manner to protect patients from incidents that had the potential to do harm. Regulation 10 (c) (1)

We have judged that this has a major impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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We looked at incident reporting as there had been a significant increase in notifications in the last eight months of patient complications regarding blood clots following routine surgery and two incidences of wrongly sited prosthesis implants in joint replacement involving both private and NHS patients.

The hospital admits approximately 37% NHS patients so we would expect a consistent robust process of investigation for all patients at the Spire Wellesley hospital. We looked at the procedure and systems for investigating serious incidences and noted marked differences between the NHS process and Spire Hospitals adverse event /near miss reporting policy. The Spire policy did not include time frames for investigation or a robust grading system to guide staff. It lacked detail of how a serious or never event should be reviewed to ensure practice changes and lessons are learnt to prevent a reoccurrence. There was minimal guidance on root cause analysis and only one member of staff had received appropriate training in investigation management.

We saw that a second similar incident of wrong sided prosthesis occurred two months later in December 2013 because lessons learnt from the first incident in October 2013 were not shared effectively with staff and orthopaedic consultants. We also picked up when talking to staff that a third incident of wrong implant had occurred in June 2013 and had not been raised as an incident at all. This was another opportunity lost to improve practices and patient safety. Whilst the clinical effectiveness committee discussed serious incidences we saw through team meeting minutes and interviewing staff that this was rarely shared formally with junior staff in the clinical areas or the Resident Medical Officer. The policy makes reference to an investigations committee depending on the severity of the incident. The incident reports seen showed no evidence of this despite the significant severity of these incidents.

We looked at three similar incidences where the root cause analysis had not considered the surgical NICE guidelines around blood thinning management despite the theme occurring. There was limited evidence of a chronology of events or a joined up thematic approach.

We found that a clear 'lessons learnt' structure was not in place and there were no standardised action templates, clear cascade routes through the governance process, and defined methods of tracking and monitoring the subsequent effectiveness of the actions. Clear responsibilities regarding the cascade of lessons learnt were not included within the terms of reference of the incident reporting policy and clinical effectiveness committee to ensure staff ownership to improve patient safety. The provider was not evaluating the way that actions arising from incidents are considered not in isolation of the incident, but in conjunction with other incidents, which could put patients at risk.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b> <b>How the regulation was not being met:</b> We found that the provider did not have a consistent effective incident management system to ensure changes to treatment or care provided was actioned in a timely manner to protect patients from incidents that had the potential to do harm. Regulation 10(c)(1)
Family planning	
Surgical procedures	
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 August 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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