

# Review of compliance

Circle Hospital (Bath) Limited  
Circle Hospital (Bath) Limited t/a Circle Bath

|                                 |   |
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| <b>Region:</b>                  | South West  |
| <b>Location address:</b>        | Circle Bath<br>Foxcote Avenue, Peasdown St John<br>Bath<br>Somerset<br>BA2 8SQ  |
| <b>Type of service:</b>         | Acute services with overnight beds  |
| <b>Date of Publication:</b>     | October 2011  |
| <b>Overview of the service:</b> | The Circle Bath is an independent hospital which has 30 overnight beds. The service is registered to provide the following regulated activities: Treatment of disease, disorder or injury, Diagnostic and screening procedures, Surgical procedures |

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Circle Hospital (Bath) Limited t/a Circle Bath was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 September 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

Patients that we spoke with told us that they had been provided with a range of information at all stages of their patient journey, saying "I couldn't fault the information which I have been given" and "everyone has been excellent and friendly also making my family feel welcome".

The hospital provides a service to adults and children, parents that we spoke with told us that they had signed a consent form with full explanations which left them "feeling that there were no surprises" and they had been fully informed.

Patients were complimentary about the food telling us "I get a menu for each meal" and "lovely food".

Patients using the service that we spoke with told us that staff met their needs telling us "I ring the bell if I want some painkillers" and "I felt sick and am able to ask the staff if I want anything, they also try to keep me pain free".

Patients that we spoke with told us that they were aware that their views of the hospital and their experience would be gathered after their procedure.

### What we found about the standards we reviewed and how well Circle Hospital (Bath) Limited t/a Circle Bath was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Patients who use the service understand the care support and choices available to them. Patients and their relatives can express their views and are provided with information to

make informed decisions

Overall, we found that Circle Bath was meeting this essential standard

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Patients who use the service have their needs assessed and care is planned so that patients are safe, their welfare is protected and their needs are met.

Overall, we found that Circle Bath was meeting this essential standard

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

Patients who use the service are supported by staff that have been trained to recognise signs of abuse and are aware of the actions to take if abuse is suspected

Overall, we found that Circle Bath was meeting this essential standard

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Patients who use the service have their needs met by staff that properly supported to provide care and treatment. Staff are properly trained, supervised and appraised and encouraged to acquire further skills relevant to the work they undertake.

Overall, we found that Circle Bath was meeting this essential standard

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Patients who use the service benefit from safe quality care and support due to management of risks to their health. The provider monitors the quality of the service taking account of complaints, investigations and learns from incidents and adverse events.

Overall, we found that Circle Bath was meeting this essential standard

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

Patients who use the service have personal records which are held securely and remain confidential. Some records are not complete or accurate for all required information.

Overall we found that Circle Bath was meeting this essential standard but to maintain this, we suggested that some improvements were made

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the

improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

Patients that we spoke with told us that they had been provided with a range of information at all stages of their patient journey, saying "I couldn't fault the information which I have been given" and "everyone has been excellent and friendly also making my family feel welcome". The patient guide included information at the point of signing a consent form with the consultant and having the benefits, risks and outcome of procedures explained to them. They were allowed time to ask any questions at all stages of these processes. Where patients would experience an improvement medical staff were clear as to the extent of the improvements they would achieve. We were shown an example of a patient guide booklet which is being introduced to replace existing formats. The guide contained all the information required for the patient journey including exercises in clear photographic detail, what to expect in hospital, activities post operation, how to make a complaint, and discharge care. Patients gave good feedback about the patient guide telling us "the photos show exactly what you need to do".

We saw that feedback forms for patients to complete were available at the reception desk making them easily accessible. All patients are sent a questionnaire after their procedure in order to provide feedback to the service. Results of the surveys are available on the hospital website and are updated monthly.

We spoke with patients about the choices which they were able to make, they told us that had been able to choose to have their surgery at The Circle Bath and "I had heard good things about the hospital". Patients were given a choice of location to see their consultant for pre operative reviews. There was also access to other health professionals at some of these locations. Those people we spoke with that had more than one visit were satisfied that "the second time all was ok and to the same standard".

Some patients told us that the anaesthetist had called them after their surgery to say that things went well. One patient told us that the initial date for their surgery had clashed with a holiday and that there was no problem in altering the date to suit them. The hospital provides a service to adults and children, parents that we spoke with told us that they had signed a consent form with full explanations which left them "feeling that there were no surprises" and they had been fully informed.

Patients were complimentary about the food telling us "I get a menu for each meal" and "lovely food".

Patients were satisfied that staff maintained their privacy and dignity at all stages of their hospital stay. They told us "people are polite and always knock on the door" and "privacy and dignity has been excellent".

#### **Other evidence**

The manager told us that customer service is a key aspect of staff training along with privacy and dignity training.

#### **Our judgement**

Patients who use the service understand the care support and choices available to them. Patients and their relatives can express their views and are provided with information to make informed decisions

Overall, we found that Circle Bath was meeting this essential standard

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Patients using the service that we spoke with told us that staff met their needs telling us "I ring the bell if I want some painkillers" and "I felt sick and am able to ask the staff if I want anything, they also try to keep me pain free".

Patients' care and welfare is assessed as part of their pre operative care plan, with staff completing the recommended World Health Organisation Surgical safety checklist at intervals throughout the surgical procedure.

We saw that patients have a pain and nausea assessment where staff record the level of pain prior to administering a pain killer and then recording the effect of these after administration.

We saw that care plans for patient needs were primarily generic for all patients in the pre and post operative period with standard care plans for pain, nausea, fluid intake and output and wound care. If a patient had other medical, physical or emotional needs there was additional space for these to be included on the care plan document. We saw an example of this in one record.

All patients have a range of risk assessments undertaken relevant to their procedure which included assessment from other health professionals such as physiotherapists and occupational therapists.

##### Other evidence

We did not gather other evidence for this outcome.

##### Our judgement

Patients who use the service have their needs assessed and care is planned so that

patients are safe, their welfare is protected and their needs are met.

Overall, we found that Circle Bath was meeting this essential standard

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

All staff that we spoke with were aware of their responsibilities in recognising and reporting any safeguarding concerns. They had undertaken training in protection of vulnerable adults and had knowledge of the hospital whistle blowing policy.

The manager told us that they had completed training in mental capacity and deprivation of liberties safeguards being the hospital lead for these areas.

##### Other evidence

The manager told us that staff undergo annual safeguarding training and that there are leaflets available to all staff. The hospital has access to an external safeguarding advisor and the manager completes regular training as the hospital safeguarding lead.

##### Our judgement

Patients who use the service are supported by staff that have been trained to recognise signs of abuse and are aware of the actions to take if abuse is suspected

Overall, we found that Circle Bath was meeting this essential standard

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We spoke with some staff that work on the hospital bank covering shifts when required. They told us that they had undertaken a shadow shift prior to working on their own but had not completed an induction programme. Despite working on the bank they had been invited to a departmental meeting later in the year and therefore felt included in the team.

Other staff told us they had a period of up to a week working as additional to the staff rota requirement when they commenced in post.

We spoke with some staff who had been employed when the hospital opened and all told us that they had a comprehensive induction programme. A programme of mandatory updates was now in place and had been attended by some of those we spoke with dependant on their length of service. We saw evidence that staff training is recorded with information on when updates were due and which staff were required to attend each session.

There are regular staff meetings with both the agenda and minutes being sent out to all relevant staff.

Staff told us that they have regular performance reviews where development needs are discussed. As part of this process staff complete an on line self assessment tool and also receive feedback from colleagues that work with them on a day to day basis. These may be staff either senior or junior to themselves. They also told us they felt supported to increase their skills with further training.

The hospital employs a large number of consultant staff who work under practicing

privileges often being employed at other local NHS organisations. We saw that the hospital has evidence of all consultant appraisals in their NHS posts and that there is a policy for practicing privileges. This policy requires evidence of competency in procedures for those medical staff not at consultant level. The manager told us that the Circle Bath is planning to introduce its own appraisal for consultants in the future.

**Other evidence**

We did not gather other evidence for this outcome.

**Our judgement**

Patients who use the service have their needs met by staff that properly supported to provide care and treatment. Staff are properly trained, supervised and appraised and encouraged to acquire further skills relevant to the work they undertake.

Overall, we found that Circle Bath was meeting this essential standard

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

Patients that we spoke with told us that they were aware that their views of the hospital and their experience would be gathered after their procedure. Some who had a previous admission remembered completing these surveys.

Patients told us they felt able to raise concerns and complaints if required.

The hospital is able to obtain immediate feedback from patients as feedback forms are available at the reception desk. The manager told that consultant specific patient surveys had been introduced to increase feedback. Results of the post procedure and annual surveys are collated and published monthly on the hospital website.

##### Other evidence

The service records and investigates all complaints and we were shown evidence of this. We saw that the incident log contains detail of the incident, actions taken and the outcome.

The hospital has an annual programme of audit which includes a range of areas. For audits of documentation, data is collated on line by staff which is then submitted and an action plan drawn up. Audits of the WHO surgical safety checklist are also undertaken. The manager told us that this checklist had been used effectively to identify two occasions where incorrect information was documented in the notes and ensured the correct outcome for the patient.

The hospital has systems in place to receive and review national alerts and ensure these are communicated and actioned by all relevant staff throughout the hospital.

There are regular governance committee meetings where the risk register is reviewed

for the Circle Bath and other hospital sites in the group. The risk register is a live document which identifies all risks at their current rating and the rating once controls have been put in place

**Our judgement**

Patients who use the service benefit from safe quality care and support due to management of risks to their health. The provider monitors the quality of the service taking account of complaints, investigations and learns from incidents and adverse events.

Overall, we found that Circle Bath was meeting this essential standard

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

There are minor concerns with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

We did not gather information from patients for this outcome.

##### Other evidence

We reviewed the care records of four patients and saw that the World Health Organisation Surgical safety checklist had not been fully completed at the required three points during the procedure. For one patient the "sign in" and "sign out" checklists had not been completed. For two patients the "sign out" checklist had not been completed. We raised this concern with the manager who told us that these checklists were expected to be completed and had proved useful in identifying some omissions in information on two occasions. They would be addressing this concern through audit and communication with staff.

For one admission record we saw that the form was blank apart from the patient's addressograph label.

We looked at the care plan for a patient with a urinary catheter in place after their surgical procedure. We noticed that the care plan contained no information regarding when the catheter was due to be removed. We raised this with staff and the manager and were told that all urinary catheters were removed at day two post operation and all staff knew this.

Two pain and nausea assessments that we saw recorded that "paracet" had been administered. On checking the medication chart the patient had been prescribed Paracetamol. While the assessment chart is not a prescription staff had not accurately recorded the name of the drug which had been administered.

**Our judgement**

Patients who use the service have personal records which are held securely and remain confidential. Some records are not complete or accurate for all required information.

Overall we found that Circle Bath was meeting this essential standard but to maintain this, we suggested that some improvements were made

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

| Regulated activity                       | Regulation   | Outcome             |
|--|--|---------------------|
| Treatment of disease, disorder or injury | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010  | Outcome 21: Records |
|  | <p><b>Why we have concerns:</b><br/>Some records are not complete or accurate for all required information<br/>Overall we found that Circle Bath was meeting this essential standard but to maintain this, we suggested that some improvements were made</p> |                     |
| Surgical procedures                      | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010  | Outcome 21: Records |
|  | <p><b>Why we have concerns:</b><br/>Some records are not complete or accurate for all required information<br/>Overall we found that Circle Bath was meeting this essential standard but to maintain this, we suggested that some improvements were made</p> |                     |

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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## Care Quality Commission

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