

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

Circle Hospital (Bath) Limited t/a Circle Bath

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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
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Circle Hospital (Bath) Limited
Registered Manager	Ms. Shelagh Anne Meldrum
Overview of the service	The Circle Bath is an independent hospital which has 30 overnight beds and 22 day surgery beds situated on a business park just outside Bath. The service is registered to provide the following regulated activities: Treatment of disease, disorder or injury, Diagnostic and screening procedures, Surgical procedures
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures 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
<hr/>	
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
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Management of medicines	10
Supporting workers	12
Records	13
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

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 2 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We sent a questionnaire to people who use the service, talked with people who use the service, talked with carers and / or family members and talked with staff. We reviewed information we asked the provider to send to us.

What people told us and what we found

Patients who were using this service were given a range of information to enable them to make decisions about their care. One person told us, "I was told what was wrong with me and given the alternative treatments I could have and the impact of these. This helped me make the best decision for me at this time."

Patients we spoke with told us they had been provided with a range of information at all stages of their patient journey, saying, "I am completely happy with the care and treatment. The doctors, nurses and other staff gave me information and I was always able to ask for what I needed." and "If I needed to know anything I could ask and I always got an answer." One person told us, "The physiotherapy is great, they gave me some really good exercises to help me recover, I am very pleased with the service."

Patients we spoke with told us that the staff are caring and professional, one patient told us, "I feel very safe and secure knowing I am in good hands here, the staff know what they are doing."

Patients told us that they were aware of the records that the hospital kept and that they are able to view these. One patient said, "I know what they write and was involved in my care where I needed to be."

Patients using the service were satisfied with the way their medication was managed, They said, "I get my pain relief when I need it." and "Staff are clear about what medication I need and give this to me when I am supposed to have it."

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

We spoke with two people receiving day surgery and two people receiving elective surgery that would need an overnight stay. We also spoke with a relative who had personal experience as a patient and a visitor to Circle Bath.

All the people we spoke with told us the information given during outpatient appointments prior to the surgery was very good or excellent. They all felt that they were told what the problem was, what their options were and what to expect immediately after surgery and how long recovery should take.

All the people we spoke with told us they were seen on admission by the doctor and anaesthetist. People said their consent to have the surgery was discussed again and a consent form was signed. A copy of this was given to each person either prior to the surgery or as part of their package on discharge home.

The patient records we looked at confirmed that consent forms had been completed and discussion prior to admission had happened.

One person's record confirmed that where there was some lack of ability to make decisions, known as lack of capacity, the correct actions were taken as required in the Mental Capacity Act. The records showed that there was information from the patient's doctor and this stated that she had memory difficulties and had short term memory loss.

Staff spoken with told us they had received training about the Mental Capacity Act as part of safeguarding children and vulnerable adults. They also demonstrated through discussion that they had an awareness of how this impacted the care of patients with capacity issues. This was confirmed through discussion with a senior manager and viewing some training records.

Staff were observed to knock on doors before entering and also to explain and ask permission before carrying out any activity. One person told us, "The staff are brilliant they

always explain things and ask permission, I would recommend this hospital to anyone."

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

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. There were arrangements in place to deal with foreseeable emergencies.

Reasons for our judgement

We looked at the records of two people receiving day surgery and three people who had undergone elective surgery that would need an overnight stay. We also spoke with a relative who had personal experience as a patient and a visitor to Circle Bath.

All the people we spoke with told us they had been consulted and involved in their care. They said they were given choice in all matters relating to their treatment and stay at Circle Bath.

One person said, "I am completely happy with the care and treatment, the doctors, nurses and other staff gave me information and I was always able to ask for what I needed."

The records showed that there are plans written for staff to follow for all types of surgery carried out. These plans described the care that should be given before and after any surgical procedure. This included any physiotherapy and/or occupational therapy required.

Each healthcare professional and healthcare assistant wrote in the records, recording care delivered and actions taken for each person in line with the care pathway.

Risk assessments had been completed in the records we looked at, these included risk assessments for nutrition, falls and mobility. Actions to be taken were recorded where a risk was identified. Records kept in each person's room were completed by staff when measurements were made or care given. This meant the hospital had arrangements in place to identify and minimise risks to people's health and welfare.

Physiotherapy started before admission for surgery to ensure that the person understood the impact of the surgery and the exercises that should be done after surgery to help with recovery. A senior physiotherapist told us that people were invited to attend a clinic before admission for surgery so they knew what to expect. They explained that this had reduced people's anxiety and increased the rate and positive experience of recovery. One person told us, "The physiotherapy is great, they gave me some really good exercises to help me recover, I am very pleased with the service."

A patient on the day surgery unit told us they were very happy with their care. The

records looked at confirmed that all care had been given and recorded. The senior nurse told us that if there was a problem for a person who had undergone day surgery, then they would admit this person to the overnight unit. She told us that this occurred 'occasionally'.

The senior nurse on the day surgery unit told us that arrangements were in place to transfer patients who became very unwell and needed intensive care to the Royal United Hospital in Bath.

Blood for transfusion was delivered from the Royal United Hospital Bath, and we were told that there was always a small stock of universal blood available for emergencies. All people receiving surgery were tested for their blood type and blood was made available if needed during the planned surgery from the Royal United Hospital Bath. Circle Bath can also obtain blood in an emergency.

We spoke with two nurses, one physiotherapist, one healthcare assistant and one member of staff from the hospitality team. They all told us that there was good communication. A hand over meeting was held when staff came on duty in the overnight unit. All the staff we spoke with were aware of the needs of the three people we had spoken with and records looked at.

In two of the records we looked at there were no plans of care or information about people's individual needs which were not related to their direct surgery. One person who required equipment at night to help them breathe had no records or plans recording what staff needed to do, observations required and actions to take in the event of an emergency or change of health. Staff spoken with were clear about what actions they should and did take. The person concerned was happy with the care and stated that they felt safe. The provider might find it useful to note that the absence of a written care plan for people's specific needs increases the risk of an oversight of care.

There was a doctor available at all times to ensure that the medical needs of the people using the service were met and any emergencies were dealt with promptly.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Appropriate arrangements were in place in relation to obtaining medicine and recording of medicine. Medicines were prescribed and safely administered. Medicines were handled appropriately and disposed of appropriately.

Reasons for our judgement

We looked at the management of medication on the day surgery unit and the overnight stay unit. We saw that Circle Bath used a specific unit for the storage of all medication. The staff had to code in their password and use their finger print to access the unit and then remove medication either in a person's name or for general use. The information was stored in the computer and could be retrieved to see who had accessed the medication, when and for what reason.

We saw that the day unit used stock medication for pre surgery and post surgery. This was kept in a plastic box at the central hub where the staff complete records and the hospitality staff are available. It was confirmed by the senior nurse that the medication is left out for the duration of the day surgery clinic and then locked away. The provider might find it useful to note that this practice increased the risk of medicine misuse. The senior nurse and manager informed us that there is a locked cupboard and that they would carry out a risk assessment and commence using this.

On the overnight stay unit the specific storage unit was also used. We looked at a sample of medication in the trolley and found that this was properly managed and there were no concerns raised.

People using the overnight unit were asked to bring their own prescribed medication with them. These were checked against what was known of the person's medical history. A prescription sheet was written by the attending doctor. The medication was kept in a locked medication trolley and dispensed when required. On discharge these were returned with any new medication prescribed by the doctors at Circle Bath.

We spoke with two people in the day surgery unit and two people in the overnight unit in relation to the management of their pain after surgery. All four people told us that staff were very good with this and that their pain had been managed well.

One person said, "When I did have some pain the staff listened to me then got me some more pain relief."

Qualified nursing staff administered all medication and before they could do this they were

checked for their competence. All medication administration was audited to ensure that there were no issues. There have been no incidents in relation to medication for this service.

Medication records were looked at for five patients and these had been completed correctly and signed when required.

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

Our judgement

The provider was meeting this standard.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well.

Reasons for our judgement

We spoke with two senior nurses, one healthcare assistant, one physiotherapist, one member of the hospitality team and a senior manager. They all confirmed that they enjoyed working at Circle Bath and that the morale of the people working there was very good.

Staff told us they had received two appraisals a year. One was with their line manager to discuss their progress, further learning needs and future activities. The other appraisal also included peer feedback using the 360 degree feedback which they used to improve communication and interaction with colleagues and patients.

Staff we spoke with told us that they have had the opportunity to attend conferences, lectures and course available from external trainers and organisations. Staff said these training opportunities would increase their knowledge and confidence in their role. Staff also told us that they received regular mandatory training to ensure that they were up to date in all areas. Records seen from one group of staff showed that all mandatory training was up to date and that staff had attended other training as part of their job.

One member of staff who recently started working for Circle Bath told us that she had received excellent support to settle into her role and that training had been available.

There was evidence from the discussions with staff, records seen and feedback from the people using the service that there was a high level of morale and a low turn over of staff with continued personal development. One staff member told us, "I love working here, I am supported, listened to and feel part of a professional team." Another told us, "I decided to come here full time. I have never regretted the decision. Training, support and care is excellent."

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People's personal records including medical records were accurate and fit for purpose.

Reasons for our judgement

We reviewed the records of five patients and found that the files were well organised and that the information in relation to the person's reason for surgery and past medical history were clearly recorded. There was also information about the needs of people that were not related to the surgical procedure. All records had a list of staff who has been involved in a patient's care with their signature and initials, so these could be tracked if required.

Staff spoken with told us about where the records are kept and were aware of the security of records and how long these should be retained.

Staff confirmed that they were aware of the confidentiality policies and privacy of personal information under the Data Protection Act.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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