Inspection Report

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

Spencer Private Hospital

Ramsgate Road, Margate, CT9 4BG

Tel: 01843234555

Date of Inspection: 13 March 2013

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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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	East Kent Medical Services Limited
Registered Manager	Mrs. Lynda Jane Orrin
Overview of the service	The Spencer Wing is a purpose built hospital in the grounds of Queen Elizabeth the Queen Mother Hospital in Margate. It offers treatments and procedures to insured and self funding people as well as providing NHS choose and book services. It provides services on an out-patient, in-patient or day care basis.
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'.

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 13 March 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two people who used the service. They both told us that they were consulted before any care or treatment was given to them. One person said, "They tell me about what they are going to do and say, "Is that okay?". Both of the people we spoke with said that they were very happy with the care and treatment that they received. One person told us, "The staff are very friendly and courteous. They listen to what I say and are very nice."

We looked at the care and treatment plans for six people who used the service. Each plan included a care or treatment pathway dependent on the reason for their admission. Each plan was personalised for the individual and contained risk assessments that were reviewed on a daily basis throughout the person's stay. We saw that people's care and treatment plans were stored in a locked trolley kept in the reception area whilst they were being cared for and treated in the hospital.

All the areas of the hospital that we saw looked clean and bright. In each room people were provided with individual antiseptic wipes. We spoke with two people who used the service. They both told us that nurses and doctors always used the antiseptic hand gel just inside the door to their room before providing any care or treatment for them.

We saw from the two staff files that we looked at that people had only started work after a full Criminal Records Bureau (CRB) check had been received. Two references had been obtained for each new staff member.

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 who used the service. They both told us that they were consulted before any care or treatment was given to them. One person said, "They tell me about what they are going to do and say, "Is that okay?". The second person said, "They keep me informed and tell me what they are going to do." They went on to say, "When they change shifts they talk in front of me so that I know what they are telling the new staff. They will sometimes ask if I have any questions as well."

We spoke with two nurses who told us that they always obtained verbal consent from a person before providing any care or treatment for them. One nurse told us, "I always tell the person what I plan to do and make sure that they understand why I am doing it." The second nurse said that they explained every step of a procedure and the rationale for it, even when just checking a person's blood pressure.

We looked at care and treatment plans for six people who used the service. We saw that each treatment plan contained a consent to treatment form signed by the person. In one plan we saw that verbal consent had been obtained to share the outcome of a test with the person's family.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with two people who used the service. They both said that they were very happy with the care and treatment that they received. One person told us, "They are very friendly and courteous. They listen to what I say and are very nice." They went on to say, "I can't fault them. I don't know how you could expect more." The second person we spoke with described the staff as, "Excellent" and said, "They really are very helpful." They told us that they would not hesitate to recommend the service to their friends and families. They said that two friends had, in fact, recommended the service to them.

People experienced care, treatment and support that met their needs and protected their rights. Both people that we spoke with told us that there was plenty of choice in the food provided and that it was very good. One person told us that, on the day of our inspection, the chef had come to them to discuss what they would like to eat. They had a very poor appetite and were not tempted to eat anything offered on the menu. The chef had cooked a meal especially for them which they had thoroughly enjoyed.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care and treatment plans for six people who used the service. Each plan included a care or treatment pathway dependent on the reason for the person's admission. Each plan was personalised for the individual and contained risk assessments that were reviewed on a daily basis throughout the person's stay. Each plan contained a section which recorded what the benefits and risks of the treatment were and that these had been discussed with the person. For example, in one plan we saw that the person had been advised that a treatment had a 30% chance of improving the leg and back pain that they experienced. We saw that the person had also been advised of the risks associated with the proposed procedure. The record showed that the person had been given a carbon copy of this completed section.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

All the areas of the hospital that we saw looked clean and bright. In each room people were provided with individual antiseptic wipes. We saw records that showed that weekly checks of ward cleaning and maintenance were undertaken by staff members.

There were effective systems in place to reduce the risk and spread of infection. We spoke with two people who used the service. They both told us that nurses and doctors always used the antiseptic hand gel just inside the door to their room before providing any care or treatment for them. We saw that antiseptic hand gel was available in all areas of the hospital with signs encouraging people to use it before entering any area.

We saw signs advising doctors and nurses to clean stethoscopes with antiseptic wipes after each use.

We spoke with the receptionist on the in-patient unit who told us that all visitors were referred to the reception desk on arrival. They were then advised of the room number for the person they were visiting. The receptionist told us that all visitors were asked to use the antiseptic hand gel before leaving the reception desk.

We spoke with the clinical effectiveness co-ordinator who told us that all staff completed hand washing training that consisted of eight modules. They showed us the records of the training that had been completed. They also showed us the records of the hand washing audit that they had recently carried out.

We saw that the hospital had an infection control manual that was maintained by the clinical effectiveness co-ordinator. We were shown an action plan that had been completed following an infection control audit that had been undertaken in November 2012. The plan showed that the six actions required, three environmental and three in respect of clinical practice, had all been completed. The clinical effectiveness co-ordinator told us that the results of the audits were reported at the quarterly infection control meetings.

The clinical effectiveness co-ordinator told us that there was a monthly audit of mattresses within the hospital. They told us that this involved unzipping the protective cover and visibly inspecting the mattress within. We saw that in the audit completed on 13 February

2013 five of the 22 mattresses had been condemned.

People were protected from the risk of infection because appropriate guidance had been followed. We looked at the endoscopy decontamination process which was completed in a dedicated decontamination area. Records showed that the necessary checks were completed on a daily basis. The matron told us that all other equipment used was either single use or was bagged and placed in designated blue boxes. These were collected and the equipment inside was taken for cleaning and sterilisation by an external contractor.

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 looked at the recruitment files of two staff members who had started work within the last twelve months to consider if robust procedures were in place to safeguard people using the service. In each of the files we saw that there was a 'recruitment check list' that had been used to ensure that correct procedures had all been followed before the person started work. Documentary evidence of identity had been recorded for each member of staff.

Appropriate checks were undertaken before staff began work. We saw from both the files that the person had only started work after a full Criminal Records Bureau (CRB) check had been received. The person had also been required to demonstrate that they were legally entitled to work in the United Kingdom. Two references had been obtained for each new staff member. Confirmation that the nurse whose files we had looked at was registered with the Nursing and Midwifery Council had been obtained before they had taken up their post. Reports had been obtained from the occupational health service to confirm that the person was mentally and physically fit to undertake the work for which they had been employed.

The manager told us that before any staff member started work they were required to complete a number of basic training modules. These modules included fire safety, health and safety, infection control, information security and manual handling.

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 were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

The manager told us that all staff underwent information governance training on an annual basis and it formed part of the induction process for new staff. We saw from the training records held in each area that staff attended information governance training annually.

We saw that care and treatment plans were updated at least daily and contained appropriate information in relation to the care and treatment of the person. The records within the care and treatment plans were comprehensive and the content of each plan was filed in a standard format. This meant that the information was readily accessible. We saw that the care and treatment plans contained the treatment history for the person with the dates and outcomes of any treatment provided by the hospital and any correspondence in connection with it.

Records were kept securely and could be located promptly when needed. We saw that people's care and treatment plans were stored in a locked trolley kept in the reception area whilst they were being cared for and treated in the hospital. The manager told us and the staff members confirmed that there was always a member of staff in the reception area. Only information that was completely necessary for the care of a person, such as their drug and observation charts, was kept in a blue folder within their room.

Once a person had been discharged from the hospital if they had been a choose and book NHS patient their files were transferred to the Queen Elizabeth The Queen Mother Hospital for storage. We saw that the records for people who received treatment funded by other methods were stored in a locked cabinet within a locked room, accessible only by key coded entrance.

We saw that the records for people who received care as an out-patient were kept in locked filing cabinets and were accessed by the nurse in charge when they were needed for a consultation.

The manager told us that all staff records were kept at a separate location. The staff records that we looked at during our inspection had been copied and sent to the manager by secure internet link. The manager told us that all data was sent only via the secure network, nhs.net.

We saw that the records of audits undertaken by the clinical effectiveness co-ordinator

were kept securely in the matron's office. Other management records were stored within the manager's office. This was key coded and was locked when unoccupied.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk