

Review of compliance

East Kent Medical Services Limited The Spencer Wing - Margate

Region:	South East
Location address:	Ramsgate Road Margate Kent CT9 4BG
Type of service:	Acute services with overnight beds
Date of Publication:	March 2012
Overview of the service:	The Spencer Wing, Margate, is a purpose built hospital in the grounds of Queen Elizabeth the Queen Mother Hospital in Margate. They offer treatments and procedures to insured and self funding patients as well as providing some NHS Choose and Book services. A range of services are provided on an out-patient, in-patient or day care basis covering a variety of investigations and surgical procedures.

	<p>The out patient department is on the ground floor with the in patient service and accommodation.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Spencer Wing - Margate was meeting all the essential standards of quality and safety.

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 29 February 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

People told us they were very satisfied with their care and treatment being provided. They said they had been consulted about their care and were informed of all aspects of their treatment. They said that the staff were kind and respectful. They were always available when they were needed and responded to their calls quickly.

People said that they had been asked if they were happy with the service and were given the opportunity to express their views on the care being provided.

What we found about the standards we reviewed and how well The Spencer Wing - Margate 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

People were involved in the decisions about their care and treatment and were treated with respect.

Overall, we found that The Spencer Wing, Margate was meeting this essential standard.

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

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

Overall, we found that The Spencer Wing, Margate was meeting this essential standard.

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

People who use services were being kept safe from abuse or the risk of abuse and their human rights were being respected and upheld.

Overall, we found that The Spencer Wing was meeting this essential standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People who use this service were given the medication that they needed safely and in line with good practice.

Overall, we found that The Spencer Wing was meeting this essential standard

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People who used this service could be confident that their health and welfare needs were met by sufficient numbers of appropriately trained staff.

Overall, we found that The Spencer Wing 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

There were good systems in place to gather, record and evaluate the quality and safety of the care and treatment being provided.

Overall we found that The Spencer Wing was meeting this essential standard.

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

People said they had visited the hospital prior to admission to discuss their care and treatment. At that time they completed an assessment which covered their current health, medication needs and what treatment they were to receive. They said they had discussed their care and treatment with the consultant and had signed their consent to surgery.

People told us they were fully informed and involved in their care and treatment and only had to ask any member of staff for further information if needed. They said they had been made aware of all of their options and that staff were patient and kind when they asked for additional information.

When asked if their privacy and dignity had been upheld people said: "Absolutely, the staff are polite, courteous and very caring". "They make sure doors are closed and will even close the small observation window on the door."

People told us that they had a choice of food and it was very good. We saw one person being offered different options to support them with dietary requirements after surgery.

Other evidence

During our tour of the premises we saw that staff maintained the privacy and dignity of the patients by knocking on doors before entering and asking patients if they would like assistance. We saw that the consultations and treatments were being carried out in private rooms. All rooms were single occupancy with en-suite facilities. All of the rooms contained a patient guide, blank quality surveys and information on complaints, so that people had the opportunity to know what to expect from the service and if required raise any issues or concerns.

We saw there were patient information leaflets on display throughout the unit that explained the care, treatment and choices available for patients. Records showed that before admission each person received a thorough pre-admission assessment to make sure they had a clear understanding of their treatment and what to expect when they were admitted to the ward. Any special requirements or likes and dislikes were recorded to make sure individual requirements were met.

We looked at some of the assessment records to confirm that people had signed to agree with their care and treatment. People spoken with said they had frank and clear conversations with their consultant about their surgery and any risks which may be involved.

Staff told us that if a person lacked the ability, or capacity, to make a decision, an assessment was carried out to make sure the treatment needed was in the person's best interests.

Our judgement

People were involved in the decisions about their care and treatment and were treated with respect.

Overall, we found that The Spencer Wing, Margate 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

People said they were aware of their records and had been involved in agreeing with the care and treatment to be provided. They told us that staff looked after them well and supported their decisions with regard to their personal care needs.

People spoken with told us they were totally satisfied with their care and were supported by all of the staff to maintain their independence.

Other evidence

We looked at some of the patient records. We saw the primary assessment for admission, relevant care pathway plans, discharge planning and patient information had been completed.

The plans had information about medical diagnosis, an explanation of the procedure, intended benefits, serious risks and any necessary extra procedures, such as blood transfusions and the use of a general anaesthetic and the treatment to be given. The plan of care follows a generic care pathway for the specific procedure undertaken, with detailed care interventions for the various stages of the patient journey: pre-op, peri-operative, recovery, post-op and the next few days until discharge.

The care plan included an assessment of care needs for a variety of activities such as breathing, circulation, mobility, nutrition, and hygiene. There was a daily log, with all care interventions by staff documented. Daily observation of vital signs and completion of fluid balance charts showed that patients were routinely checked after treatment and

what action had been taken to support their recovery. Risk assessments were also in place, for example the prevention of deep vein thrombosis, pressure sores, mobility and falls.

People's mobility had been assessed and where necessary, other services such as physiotherapy had been provided. We saw the Physiotherapist supporting one person with their exercise plan. We saw other staff supporting the patients in a professional way to make sure they were being cared for in a way that suited them best. At the time of the visit the atmosphere of the unit was calm and relaxed.

Staff told us how they cared for people to make sure their skin was kept as healthy as possible. They told us how they would access the necessary equipment, for example pressure relieving mattresses to make sure this would be available on admission. We saw in one plan of care that a person's heels were being checked daily to reduce the risk of pressure sores developing.

On the ground floor of the premises the Outpatients Department (OPD) consisted of consulting rooms, such as audiology, endoscopy, physiotherapy and medical microdermabrasion. Patients were supported with their treatment from the start of their referral to the service, their clinical care, an explanation of procedures and post discharge advice.

Our judgement

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

Overall, we found that The Spencer Wing, Margate 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

People told us they felt safe using the services and said they would not hesitate to raise any concerns with the staff. One person said: "I do not feel vulnerable, I would just ring the bell for help, and I am confident staff would come".

Observations during the visit showed there was a relaxed atmosphere and people were chatting freely and openly with the consultants and staff.

Other evidence

Information on safeguarding was on display on the main notice board by the pre-assessment room.

There were policies for safeguarding people and children who may be at risk, including a whistle blowing policy. Staff had received training in how to keep vulnerable adults and children as safe as possible. Staff told us that when they treat children a paediatric nurse is in attendance at all times.

All staff spoken with were aware of the accountability within the service and knew how to recognise the signs of abuse. They knew that they must report all cases of concern to the appropriate person.

Staff had received training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They understood that best interest meetings would take place to support people who lacked capacity to make decisions.

Our judgement

People who use services were being kept safe from abuse or the risk of abuse and their human rights were being respected and upheld.

Overall, we found that The Spencer Wing was meeting this essential standard.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People who use the service told us that they knew about their medication and they had received the necessary pain relief to make sure their pain was managed effectively.

People told us that they had received a visit from the pharmacist to discuss what medication they would need when they were discharged from the hospital. They said that their medication needs had been managed well.

Other evidence

We saw that medication was appropriately and safely stored. This included the wall mounted controlled drugs cabinet and the medication trolley which was secured to the wall. There was a system in place for the hands-free transfer of pathology specimens to the main hospital trust building.

We observed the medication being dispensed in a professional and safe manner. We saw staff checking people's identity and records to see if they had any allergies before giving them their medication. Each person was also asked if they required pain relief.

The medication trolley was in good order and all medication given was signed off at the time of administration. People's medication charts on their records were seen to be completed consistently to confirm people had taken their medicines. We were told by staff that the consultant reviews people's medication before the charts are written up.

We saw records that showed people's pain relief was monitored and changes to their medication were recorded, for example when a person was suffering from nausea additional medication was given to relieve the symptoms.

Staff told us that the controlled drugs were checked on a daily basis and there was a robust system in place to order the medication from the pharmacy.

We saw the resuscitation trolley was ready for any emergency which may occur. The trolley contained all of the medicines necessary for resuscitation or other medical emergencies. They were in accessible tamper evident packaging that would allow them to be administered as quickly as possible when needed. Records showed that the contents of the trolley were regularly inspected to make sure everything was in good order.

To make sure staff had the competencies to administer medication safely they receive a minimum of an annual competency assessment.

People who use the service could also choose to self administer their medication if they wished. People completed a form to record their decision and staff told us how this was monitored to make sure they were receiving the medication they needed.

Our judgement

People who use this service were given the medication that they needed safely and in line with good practice.

Overall, we found that The Spencer Wing was meeting this essential standard

Outcome 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People told us that there was always enough staff on duty. They said that staff were responsive to their needs and made every effort to make sure their needs were fully met.

Comments were as follows: "I feel confident staff understand my needs, they are always there when I need them". "The staff are amazing". "The staff always reassure me and put me at ease. I know the staff by name as they have all been so friendly, even the kitchen staff."

Other evidence

We saw staff responding to call bells promptly. The rota for ward staff was seen which confirmed sufficient staff on duty at all times. There were at least two nurses and care staff for each day shift and two at night. The service uses a dependency tool to calculate the nurse hours for each procedure offered at the hospital, including up to five days after the person's treatment.

The staffing levels in the outpatients department were calculated on the number of patients for each day. They also used information from a weekly clinic rota to work out how many staff were required. If required they also had access to use a flexi-bank of nurses.

Staff told us that staffing levels were sufficient and were routinely replaced in times of sickness or annual leave. They said they found annualised hours to be a more flexible

way of working as they could take time off when the clinic was less busy.

One person told us that they could see the nursing station from their room and there was always someone on duty.

Our judgement

People who used this service could be confident that their health and welfare needs were met by sufficient numbers of appropriately trained staff.

Overall, we found that The Spencer Wing 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

People told us they were totally satisfied with the service. They said: "I can not find any fault with my treatment; overall I am totally satisfied with the service". "The nursing care is really good".

Other evidence

There were effective systems in place for monitoring the quality of the service.

The Spencer Wing works with the Clinical Governance Committee and the Medical Advisory Committee to monitor the quality of the service. The Medical Advisory Committee meet quarterly to discuss issues and if required offer guidance and advice to the service.

The service produced an annual report which detailed the performance of the service. This was available to the public and covered all aspects of the service, including patient safety, infection control, clinical indicators, effectiveness, covering adverse comments, unplanned transfers, return to theatre statistics and re-admissions within 28 days. There was also a section which covers patient satisfaction including cancelled operations, complaints and overall patient satisfaction.

We saw the last 2011 quarterly patient satisfaction survey which was available on the unit. The survey covered questions covering the pre-admission process, admission, accommodation, nursing care, catering, general service, politeness, knowledge and efficiency, and overall satisfaction. The ratings in all outcomes were 95% or more

satisfied. Some comments from people using the service were: "I cannot fault anything, staff very pleasant and helpful, brilliant, made me feel welcome". "Excellent from start to finish – very satisfied". "The quality of nursing care was excellent as are all the other services". "Just to say thank you for all of your kindness and care".

The Spencer Wing is also a member of the Independent Healthcare Advisory Service (IHAS). The Independent Healthcare Advisory Services (IHAS) is a representative organisation for the independent healthcare sector.

People confirmed that they had been asked if they were satisfied with the service and that they felt their views were listened to. They said that satisfied with the service and would recommend The Spencer Wing.

The service participates in Patient Experience Action Team (PEAT) annual inspections, which cover the whole patient journey from referral to discharge.

Staff told us that they were very satisfied with the service and felt supported by the management team. Staff appraisals were in place and staff meetings were held monthly. We saw minutes which showed that the agenda covered the rota and annual leave, infection control, health and safety training, care pathways, dependency tools, future developments including new theatre, appraisals and patient feedback.

Staff told us that when audits were held, if changes to the service needed to be made or updated they were informed by written memos or through training. .

A consultant commented that the Registered Manager of the unit was held in high regard. Staff comments: "We are a great team". "This is a lovely place to work; we have a good rapport between all disciplines".

Our judgement

There were good systems in place to gather, record and evaluate the quality and safety of the care and treatment being provided.

Overall we found that The Spencer Wing was meeting this essential standard.

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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