



Review of compliance

Spire Healthcare Limited
Spire Gatwick Park Hospital

Region:	South East
Location address:	Povey Cross Road Horley Surrey RH6 0BB
Type of service:	Acute services with overnight beds
Date of Publication:	March 2012
Overview of the service:	The Spire Gatwick Park is a 64 bedded private hospital, though about 15% of patients are NHS patients. Its specialises in elective surgery and has consultants operating across the whole range of surgical specialities. There are three theatres, two of which are laminar positive air flow theatres.

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

Our current overall judgement

Spire Gatwick Park Hospital 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 28 February 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

People were very pleased with the care and treatment they received. Waiting times were short. Staggered arrival times meant that time spent in the hospital waiting to be seen was also short. Patients understood the procedures that were being carried out on them. They said the staff were caring and attentive, the food was good and the hospital was clean.

What we found about the standards we reviewed and how well Spire Gatwick Park Hospital was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The hospital has processes in place to ensure that people do give informed consent to treatment and care.

On the basis of the evidence provided and the views of people using the service, we found that Spire Gatwick Park Hospital was compliant with this outcome.

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

People we spoke to during our visit told us that their care needs were being met, and we observed appropriate care being provided to patients. The hospital monitors patient experience effectively and has made improvements to care where needed.

On the basis of the evidence provided and the views of people using the service, we found that Spire Gatwick Park Hospital was compliant with this outcome.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

Systems are in place to ensure the cleanliness of the hospital premises and to protect those using the service, or those working or visiting it from infection or the spread of infection.

On the basis of the evidence provided and the views of people using the service, we found Spire Gatwick Park Hospital was compliant with this outcome.

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

There is system of clinical governance in place to evaluate the support provided to staff.

On the basis of the evidence provided we found Spire Gatwick Park Hospital was compliant with this outcome.

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

Systems are in place to assess and monitor the quality of the service provided.

On the basis of the evidence provided we found the Spire Gatwick Park Hospital to be compliant with this outcome.

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 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People said that they understood what was to happen to them during their procedures. The details had been explained in layman's terms. One patient said that the consultant had explained the process using a model which he (the patient) had found very easy to understand.

Other evidence

Patients' notes had details of the procedure that was to be undertaken. There were written consent forms which had been completed by the patient and the doctor concerned. There was evidence that the consent had been verbally confirmed prior to the operation being commenced.

We saw that there was a consent policy in place and that staff were aware of the need to secure and review patients' consent.

Our judgement

The hospital has processes in place to ensure that people do give informed consent to treatment and care.

On the basis of the evidence provided and the views of people using the service, we found that Spire Gatwick Park Hospital was compliant with this outcome.

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 that the hospital had proved flexible over appointments in both physiotherapy and surgery. Patients were pleased with the care they received. Remarks such as 'they fussed over me', 'staff drop in on me' and 'we are on first name terms (about staff)', reflected the care patients said they had received.

Other evidence

We saw that curtains were always pulled across recovery bays to protect patients' privacy. In the clinical areas staff talked quietly and calmly. They spoke to patients in recovery in a warm and confident manner.

All inpatients have individual rooms with en-suite facilities. Staff knocked and paused before entering patients' rooms. Male and female day patients are kept separate within the day care unit.

There is a thorough risk assessment of patients before operations. Risks such as Venous thromboembolism, a condition in which a blood clot (thrombus) forms in a vein (VTE) were identified and control measures such as surgical stockings put in place. When we saw the patients for whom the risks had been identified they were indeed wearing the stockings. Individual needs are identified. For example where a patient with claustrophobia needs an MRI scan, which takes place in a confined space, the staff set aside extra time for the appointment. This allows more time for explanations and for the patient to settle. Where the patient's fears cannot be overcome the hospital has 'buddy' arrangements with a major NHS hospital which has an open scanner.

In the theatre area we found that temperature checks on the blood storage fridge had not been completed for each day as is required.

Examination of outcomes against some national standards shows the hospital performed exceptionally well for length of stay (a short stay) and well for patients having to return to the hospital as an emergency within 28 days of treatment i.e fewer returns.

Our judgement

People we spoke to during our visit told us that their care needs were being met, and we observed appropriate care being provided to patients. The hospital monitors patient experience effectively and has made improvements to care where needed.

On the basis of the evidence provided and the views of people using the service, we found that Spire Gatwick Park Hospital was compliant with this outcome.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

Patients said the hospital was clean. Staff used hand gels before any intervention. They heard and saw cleaning regularly around the hospital. One patient explained how the catering staff would clear away crumbs when she was eating in her bed to ensure that the area was kept clean.

Other evidence

The hospital was free from dust and dirt during the inspection. The theatres were well maintained. There was no damage to the integrity of walls, such as might be a site for infections. The floors were free from cracks or similar damage.

There is a lead clinician for Infection Prevention Control (IPC). She is a member of a professional body for this speciality, The Infection Prevention Society, and is studying for a master's degree in the subject. Each department has an IPC link staff member who acts as liaison. The link staff receive training in IPC and act as the 'eyes and ears' of the ICP lead.

Screening for Meticillin Resistant Staphylococcus aureus (MRSA) in NHS patients follows National Institute for Health and Clinical Excellence (NICE) guidance and results are reported back to individual NHS trusts on a monthly basis. Where MRSA is identified, or where a patient has been identified as having been infected with MRSA they are provided with a five day suppression pack for use prior to admission. The hospital has had no cases of Clostridium difficile in the recent past.

There are cleaning schedules in place for wards and other routine cleaning and we saw that these were adhered to. There is an annual IPC statement which was in the

process of completion at the time of the visit.

Our judgement

Systems are in place to ensure the cleanliness of the hospital premises and to protect those using the service, or those working or visiting it from infection or the spread of infection.

On the basis of the evidence provided and the views of people using the service, we found Spire Gatwick Park Hospital was compliant with this outcome.

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 received no comments from patients about this outcome.

Other evidence

Staff we spoke to said that they had had a full induction and that this had been a useful exercise. New clinical staff are supernumerary for the first two weeks and have a 'mentor' during that time. We looked at records of staff induction. Some were signed only sporadically, while others had 'block' signatures signing off a range of issues.

There are comprehensive training records. The new head of clinical services is consolidating the records into a single document. This is available to all staff electronically. An assessment of training needs and a training plan for 2012 is in development.

Mandatory training has been completed to a relatively high degree, e.g. fire safety 90%, health & safety 89%, protecting vulnerable adults and children 87% & 89% respectively. Manual handling and the various levels of life support training have been fully completed.

Other developmental training is available. There is clinical; for example safe transfusion or safe use of insulin and non clinical; such as leadership or control of contractors courses available. Where it can be shown that such training would be beneficial staff said the hospital would pay for it. Staff who attend are expected to cascade the information to peers in their department.

Staff appraisals are up to date, and staff said the objectives are meaningful. There are six monthly reviews of staff appraisal.

There is no system of formal of 1:1 clinical supervisions. However staff understood who their supervisors were and said they could approach them over personal or professional issues. Where staff performance was clinically inadequate we heard evidence of direct supervision of the staff member concerned.

Clinical staff keep portfolios to assist them with professional registration. Staff in radiography have recently been audited by the Health Professions Council in this regard and the results were positive.

Our judgement

There is system of clinical governance in place to evaluate the support provided to staff.

On the basis of the evidence provided we found Spire Gatwick Park Hospital was compliant with this outcome.

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

We received no comments from patients about this outcome.

Other evidence

Each department in the hospital has completed an evaluation of performance against the Essential Standards of Quality and Safety. Staff have been consulted in this process which has identified areas that are working well and areas for improvement. From this the management have developed an action plan. Changes that have followed have included; daily auditing of some patients' records, changes in the high dependency unit including training courses delivered by consultants and a marked increase in the reporting by staff of potentially critical incidents.

There is a new scheme of clinical governance. There is a Clinical Board which meets every six weeks. This has various sub groups such as infection control and blood transfusion. We saw from the minutes that the group effectively identified and addressed issues. For example in November 2011 the board identified 'too many (different types) of resuscitation carts'. During our visit we saw a single type of new carts being put in place with standardised equipment.

There is a Clinical Effectiveness Committee. This is concerned with the outcomes from the hospital and holds the clinical board to account, though with the matron as Chair of both groups there is a risk of conflict in the roles. This group meets every quarter. There was evidence that it successfully identified and addressed issues such as medical records, medication/drug incidents and quarterly audits in the in-house

sterilisation unit.

There are 'action logs' to ensure that the issues raised are actually completed before taken off the meeting agenda.

There are national audits that Spire Healthcare requires of all its establishments. There are comparative reports that allow Spire Gatwick Park to compare itself against other similar hospitals.

Our judgement

Systems are in place to assess and monitor the quality of the service provided.

On the basis of the evidence provided we found the Spire Gatwick Park Hospital to be compliant with this outcome.

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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Author	Care Quality Commission
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