

# Review of compliance

Spire Healthcare Limited Spire Norwich Hospital	
<b>Region:</b>	East
<b>Location address:</b>	Old Watton Road Colney Norwich Norfolk NR4 7TD
<b>Type of service:</b>	Acute services with overnight beds
<b>Date of Publication:</b>	May 2012
<b>Overview of the service:</b>	Spire Norwich Hospital is registered to provide the following regulated activities, treatment of disease, disorder or injury, surgical procedures and diagnostic or screening procedures; for a total of 67 people.

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

## Our current overall judgement

**Spire Norwich Hospital was meeting all the essential standards of quality and safety inspected.**

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

### What people told us

We spoke with six people who were receiving care and treatment in this service. They reported that they were aware of the treatment they were having and confirmed that they had been involved in discussions with their consultant surgeon and their consultant anaesthetist regarding their specific surgical procedure. They confirmed that they had signed the relevant consent form for their surgical procedure. They also spoke highly of the support shown by nursing staff and confirmed that if they had any questions or queries; these were addressed promptly.

People also reported that they were satisfied with the level of care and attention shown by staff and some people were complimentary about the food provided and the kindness shown by individual staff.

We also spoke to some visitors to the service and they confirmed that they were happy with the standard of care that they had observed whilst visiting their relative.

### What we found about the standards we reviewed and how well Spire Norwich 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 provider is compliant with this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

The provider is compliant with this standard. The people using this service experienced care treatment and support that met their needs and protected their rights.

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

The provider is compliant with this standard. People who use the service were protected from the risk of abuse, because the provider has taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider is compliant with this standard. The people using this service received care from staff that were supported to deliver care and treatment safely and to an appropriate 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**

The provider is compliant with this standard. The provider had effective systems in place to regularly assess and monitor the quality of service that people receive.

**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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

We spoke with six people who were receiving care and treatment in this service. They reported that they were aware of the treatment they were having and stated that they had been involved in discussions with their consultant surgeon and their consultant anaesthetist regarding their specific surgical procedure. They confirmed that they had signed the relevant consent form for their surgical procedure. They also spoke highly of the support shown by nursing staff and confirmed that if they had any questions or queries; these were addressed promptly.

##### Other evidence

Those care records and care pathways seen showed that people had been involved in discussions with their consultant surgeon and consultant anaesthetist about their specific procedure and been involved in giving informed consent prior to any treatment commencing.

Senior managers confirmed that these were audited on an ongoing basis and records were seen of the steps taken by the hospital when concerns about incomplete patient care records and individual care pathways were identified.

Information leaflets were seen around the hospital and were noted to be available in areas used by people in the service for example in outpatients and in the main ward

areas. These were noted to be comprehensive and included advice on aftercare and any restrictions that may affect the person concerned post operatively such as driving or lifting.

**Our judgement**

The provider is compliant with this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

## 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

We spoke with six people who were receiving care and treatment in this service. They reported that they were satisfied with the level of care and attention shown by staff and some people were complimentary about the food and the kindness shown by individual staff.

We also spoke to some visitors to the service and they confirmed that they were happy with the standard of care that they had observed whilst visiting their relative.

##### Other evidence

On the day of our visit there were 37 people receiving care and treatment as well as other people attending outpatient appointments or various diagnostic and screening procedures including physiotherapy.

This hospital provides outpatient consultations, screening and diagnostic procedures such as CT (computed tomography) and MRI (magnetic resonance imaging) and day and overnight surgery for people with private healthcare insurance, people who pay privately and NHS "choose and book" services for people under the Department of Health's NHS choice agenda.

The registered manager confirmed that the service has never used the PIP (Poly Implant Prothese) implants highlighted in the press recently. However the provider has further information available on their website for people who may have individual concerns after having this procedure at other hospitals.



A clear pre-admission procedure was in place and this included pre-admission assessment questionnaires for people to complete. Further assessments and investigations are carried out for those people identified as being at higher risk of potential complications associated with surgical procedures including having a general anaesthetic. One of the service's theatre register was reviewed at random and noted to be complete in all aspects.

The hospital had a high dependency unit for people who required enhanced care upon their return from theatre and the registered manager confirmed that arrangements were in place with the local NHS acute hospital to facilitate the emergency transfer of people who required a higher level of intensive care. Records seen demonstrated that the need to use these options had been infrequent and that these treatment variances could not have been identified as part of the pre-admission assessment procedure.

The individual care pathways seen were linked to the specific procedure carried out and demonstrated a holistic approach to care including arrangements for returning home. Information leaflets linked to specific treatments were available and these were noted to be clear and informative.

Nursing staff were seen to be responding promptly to call bells and providing additional support to people who required more assistance. Evidence was seen that physiotherapists were assisting people on the in-patient wards with specific treatment linked exercises and other support to facilitate their recovery and rehabilitation. Staff were able to outline how they monitored people's care needs and were able to describe the steps they would take if they were concerned about someone's physical health. Further support was provided by a resident medical officer (RMO) system that ensured that prompt medical support was available at all times. We saw that checks had been carried out on all medical emergency equipment and recorded appropriately with any remedial actions recorded.

Evidence was seen of staff attendance at training opportunities and examples were seen of staff undergoing regular continuous professional development (CPD).

### **Our judgement**

The provider is compliant with this standard. The people using this service experienced care treatment and support that met their needs and protected their rights.

## 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

We spoke with people using the service but their feedback did not relate to this standard.

We spoke with staff, looked at the relevant guidance available and observed the care being provided to the people using this service.

##### Other evidence

Policies and procedures were in place to ensure that people receiving care and treatment were protected from abuse and adequate safeguards were in place to promote their human rights. Examples of these included a safeguarding policy (dated May 2009) and currently under review.

Those care pathways we reviewed identified clear assessments of risk and steps taken to address these. Those staff with whom we spoke had a good understanding of their responsibilities around ensuring people were safeguarded and told us that they were confident that they would recognise and know what action to take if they observed an abusive situation.

We were not aware of any safeguarding concerns in relation to this service at the time of this unannounced visit.

##### Our judgement

The provider is compliant with this standard. People who use the service were protected from the risk of abuse, because the provider has taken reasonable steps to

identify the possibility of abuse and prevent abuse from happening.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

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

We spoke with people using the service but their feedback did not relate to this standard.

We spoke with staff, looked at the relevant support mechanisms available and observed the care being provided to the people using this service.

##### Other evidence

We noted that there was a stable staff group at this service. We looked at training records and these showed that staff had received their initial induction and mandatory training. The provider's training matrix showed that staff received regular training updates. Records were also seen of ongoing supervisions and appraisals. Evidence was seen of the steps taken by the service when staff did not attend training opportunities or where additional training or support needs had been identified.

A medical consultant spoken with spoke highly of the support they received from the service and confirmed that they were very happy with the care that their patients received whilst using the service.

Staff reported that they received additional training to assist them in meeting the needs of the people who were using this service. For example staff working in extended practitioner roles such as oncology nursing had received additional specialist training to prepare them for this role.

They confirmed that they were well supported by senior staff and were able to detail the actions they would take in an emergency and who to contact should further support be

needed. They were also able to outline examples of the care and attention that they provided for the people who were using this service.

Staff appraisal records demonstrated that over 80% of all staff in all departments have received their appraisal for 2012.

**Our judgement**

The provider is compliant with this standard. The people using this service received care from staff that were supported to deliver care and treatment safely and to an appropriate 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

We spoke with people using the service but their feedback did not relate to this standard. We reviewed the records relating as to how the service assesses and monitors the quality of service provision, and observed the care being provided to the people using the service.

##### Other evidence

Records were in place that demonstrated that the provider assesses and monitors the quality of their services. Records were seen that demonstrated that the hospital's central sterile services department (CSSD) had been reviewed by external auditors in March 2012. This identified that standards in this department were good and that no corrective actions were needed.

Evidence was also seen of positive feedback from people who had used the service for example the provider's 2011 patient survey feedback reflected that 91% of people had rated the service received as either excellent or very good. Other records demonstrated that 73% of consultants and over 70% of staff had rated the service as either excellent or very good in 2011.

Other quality monitoring systems in place included commission for quality and innovation framework (CQUIN) quality indicators and outputs for clinical indicators. Evidence was seen of positive corporate provider visits and actions arising from these were being addressed.

Records were also seen of the minutes of the service's Clinical Governance Group and of their Medical Advisory Committee (MAC) where individual practice and other clinical issues are discussed and any service developments are agreed

**Our judgement**

The provider is compliant with this standard. The provider had effective systems in place to regularly assess and monitor the quality of service that people receive.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA