



Review of compliance

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| Spire Healthcare Limited Spire Washington Hospital | |
| Region: | North East |
| Location address: | Picktree Lane Rickleton Washington Tyne and Wear NE38 9JZ |
| Type of service: | Acute services with overnight beds |
| Date of Publication: | February 2012 |
| Overview of the service: | Spire Washington Hospital is an established healthcare provider in Washington, Tyne & Wear. It is a 47-bedded hospital based in purpose-built premises. The range of services offered includes day care, in-patient and out-patient services. The hospital also provides a range of clinical investigations. Both adults and children (three years of age and above) can be |

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| | accommodated. |
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Spire Washington Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 16 January 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

During our visit we spoke with people on the day care unit, out-patients department and people who had been admitted to the hospital ward. The overwhelming majority of views from people using the service, about the care they had received, were very positive.

Comments from people included, "It's great, fantastic, could not be better" and, "Staff are fine, everybody has been really nice".

What we found about the standards we reviewed and how well Spire Washington Hospital 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

We found that people using the service had their privacy and dignity respected. They were provided with information to enable them to make informed choices and decisions about their care.

Overall, we found that Spire Washington Hospital was meeting this essential standard.

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

We found that people received effective, appropriate, personalised care, treatment and

support to meet their assessed needs.

However, nurse call buttons were not always within easy reach of people on the ward, which meant they could not easily summon assistance when required.

Overall, we found that Spire Washington Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

We found that systems were in place to minimise the risks of people using the service from being harmed, and to report alleged abuse.

Overall, we found that Spire Washington Hospital was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

We found that effective recruitment procedures were in place for staff employed directly by the hospital.

Arrangements were in place to ensure that consultants who worked at the hospital, did so under an established 'practices and privileges' scheme. This provided assurance that staff were appropriately qualified and fit to practice.

However, until a system is in place to prevent consultants from working at the hospital as soon as their professional medical indemnity insurance expires, a small risk will remain.

Overall, we found that Spire Washington Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

We found that systems were in place to monitor and develop the quality of the service, and risks to people's safety were appropriately managed.

Overall, we found that Spire Washington Hospital was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any

action we have taken.

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

During our visit we spoke with three people on the day care unit, three people in the out-patients department and four people who had been admitted to the hospital ward, and asked them how they felt they were treated by staff.

Comments received from people included, "Brilliant care, have made every effort to accommodate my needs" and, "Staff are lovely and respectful".

People told us that staff had discussed their treatment and care with them, including consent to any procedure, where appropriate. People said they had been given information leaflets about the clinical procedures they underwent and any necessary aftercare.

People told us staff were very good at respecting their privacy by knocking on the door of rooms before entering, and ensuring that they were appropriately covered during personal care.

One person who had been admitted to the hospital ward told us they were "slightly disappointed" to be sharing a room with another patient, as prior to being admitted to the hospital ward, a member of staff had led them to believe that everyone was given

their own room.

Other evidence

Management informed us that the vast majority of people admitted to the hospital ward were provided with their own rooms, all of which had en-suite bathrooms. Only one room had shared facilities. Management were already aware that one patient had been given misleading information about the certainty of having their own room, and had already taken steps to ensure that this did not happen again.

During our visit we observed that the day care unit had designated male and female areas, as well as designated toilet facilities. Throughout the unit there were notices reminding staff about the importance of confidentiality, and how and where to conduct confidential discussions. We saw that the day care unit, and out-patient areas, had areas where confidential discussions could take place.

Both on the day care unit and the ward, we observed that staff knocked on room doors and awaited a response before entering. We observed that, when approaching people, staff announced the reason for their presence. Staff were also observed talking to people, offering choices and asking about their preferences.

During our visit we viewed three people's care records on the day care unit and four people's care records on the ward. All of the care records we viewed contained details of each person's needs and preferences, such as the personal care support they required. We saw that people had been able to complete their own pre-assessment questionnaires in which they could detail their preferences, and choices, in relation to their care and treatment.

We observed that various assessments, including pain, nutrition and moving and handling, had been signed and dated by staff and people using the service, confirming their contribution and agreement to the contents. The care records also contained completed consent forms where an explanation of any procedure, including risks and benefits, had been signed as being received, and understood, by each person using the service.

Our judgement

We found that people using the service had their privacy and dignity respected. They were provided with information to enable them to make informed choices and decisions about their care.

Overall, we found that Spire Washington Hospital 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

During our visit we spoke with ten people in total who were using the services on the day care unit, the out-patients department and the ward. The overwhelming majority of views from people, about the care they had received, were very positive.

Comments included, "outstanding care" and, "given tremendous treatment, nurses are cheerful and friendly". Another person told us about the "kindness" they had been shown by staff.

People using the service told us they had received a pre-assessment, before admission to the hospital, both in the form of a personal consultation and the completion of a questionnaire. People confirmed, that as part of the assessment process, they had been given the opportunity to discuss any needs they had. They told us staff were very familiar with their needs and treatment.

One person who had been admitted to the ward told us that their specialist nurse had "even come in on her day off to see how I was".

Other evidence

People using this service did so either on a private patient basis, or as an NHS patient under the 'choose and book' scheme. We spoke with a cross-section of people and found no discernible difference in the care and welfare people received, no matter whether they were using the service as a private or NHS patient.

During our visit we viewed seven people's care records in total, from both the day care unit and the ward.

All of the care records we viewed contained clear and comprehensive pre-assessment information and post admission assessments. Areas assessed included nutrition, pain, elimination, moving and handling and deep vein thrombosis.

The care records also included information from appropriate members of the multidisciplinary team (such as physiotherapists), observation charts and relevant care pathways. The care pathways were sectioned which enabled staff to compose person-centred assessments and entries. All of the care records we viewed contained entries which were dated, timed and signed by staff, and people, who used the service.

We spoke to the staff on duty during our visit. They were, without exception, knowledgeable about people's care and treatment needs and could describe the care and treatment each person required.

The day care unit had procedures in place for dealing with emergencies. Each pod within the day care unit had an emergency button. People who used the service, and staff, confirmed that they were knew where this button was and what it was used for. An emergency crash trolley was within accessible distance of the day care unit.

A nurse call system was also in place throughout the ward to enable staff to be summoned on request. However, one person told us they had been unable to summon assistance from staff as they had been unable to reach the call button from their bed.

Our judgement

We found that people received effective, appropriate, personalised care, treatment and support to meet their assessed needs.

However, nurse call buttons were not always within easy reach of people on the ward, which meant they could not easily summon assistance when required.

Overall, we found that Spire Washington Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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 we spoke with told us they felt safe and secure at Spire Washington Hospital. They told us that staff were very respectful in the way they approached and communicated with them.

During our visit we observed staff being relaxed and friendly with people.

Other evidence

Staff and management told us that they had documented policies and procedures in place for dealing with allegations of abuse, and that these were linked to the local authority's policies. Local work instructions, in relation to children's and adult's safeguarding, had all been reviewed by the local authority. Policies, procedures and local work instructions relating to safeguarding matters were available in all departments within the hospital. Management also confirmed that they would seek advice from the local authority, where necessary, regarding any incident that could potentially be a safeguarding issue or alert.

Staff we spoke with knew the definition of abuse and were able to explain the different types of abuse that could potentially occur. They confirmed that they would speak to their line manager, or a more senior hospital manager, if they suspected any abuse was taking place. All staff we spoke with felt confident, and comfortable, to report any issues of concern.

Staff and management confirmed that all staff received yearly mandatory e-learning

training in safeguarding children and adults. Depending upon their position within the organisation, some staff also received increased levels of safeguarding training.

The hospital has had no safeguarding issues, or alerts, since 2008. At the time of our inspection there were no people subject to deprivation of liberty safeguards, or best interest assessments under the Mental Capacity Act.

There has been no requirement, within the hospital, regarding the use of restraint with people who use the service. However, management confirmed that there were policies and procedures in place to deal with this, if required.

Our judgement

We found that systems were in place to minimise the risks of people using the service from being harmed, and to report alleged abuse.

Overall, we found that Spire Washington Hospital was meeting this essential standard.

Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are minor concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not receive any comments from people using the service about this outcome area.

Other evidence

We conducted a ten per cent sample check on recruitment procedures which had been undertaken for staff directly employed at the hospital.

Without exception, we saw that application forms had been completed, two references had been sought and that CRB (Criminal Record Bureau) checks had been carried out.

In line with other similar services, many consultants working at this hospital were not direct employees, but were employed under a 'practices and privileges' scheme. This meant that consultants were responsible for providing information to the hospital, which showed that they were fit to practice.

We conducted a ten per cent sample check on the 'practices and privileges' arrangements which were in place, and found that all consultants were properly registered with the GMC (General Medical Council).

One consultant needed to provide proof of a currently valid CRB check, but the hospital was aware of this and arrangements were in hand to obtain this.

As part of the 'practices and privileges' scheme, consultants had to provide evidence

that they had current 'professional medical indemnity' insurance. The hospital maintained a list of when these indemnities were due for renewal and had arrangements in place to obtain a copy of the renewed insurance. However, on two out of the eighteen files we checked, there was no evidence of the indemnity insurance having been renewed. Management told us that in these cases they would write to the consultant and, if no current insurance certificate was forthcoming, the consultant would not be allowed to practice at the hospital until such a time as they had produced a current insurance certificate.

We noticed a potential system's weakness in that it could be a number of weeks between the indemnity insurance appearing to expire, and the consultant being suspended from practicing at the hospital.

We spoke with management about this and they immediately acknowledged, and agreed with, our concern. The day after our visit, management supplied us with written documentation which showed that they were already working to address this issue.

Our judgement

We found that effective recruitment procedures were in place for staff employed directly by the hospital.

Arrangements were in place to ensure that consultants who worked at the hospital, did so under an established 'practices and privileges' scheme. This provided assurance that staff were appropriately qualified and fit to practice.

However, until a system is in place to prevent consultants from working at the hospital as soon as their professional medical indemnity insurance expires, a small risk will remain.

Overall, we found that Spire Washington Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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 did not receive any comments from people using the service about this outcome area.

Other evidence

The hospital had a number of different ways in which it assessed and monitored the quality of service provision, and we reviewed information supplied to us by staff, and management, about this outcome.

We saw that a comprehensive programme of internal audits was carried out at measured, and appropriate, intervals. For example, a monthly audit was carried out on a sample of medical records with a full audit carried out yearly.

An internal health and safety audit was carried out every year, in addition to an external audit. We viewed the most recent external health and safety audit report from October 2011 and saw documentary evidence that issues raised from this report had quickly been addressed.

An established complaints procedure was in place and, where complaints had been received, we saw evidence that they were dealt with in a timely and professional manner. Management demonstrated to us that they were actively aware of, and involved in, ensuring any complaints were dealt with properly.

The results of audits carried out, and complaints received, were used to formulate

action plans which drove improvements to the service. Results from annual 'engagement' surveys of staff, and annual patient surveys, were used similarly.

In order to ensure that any clinical governance issues were dealt with effectively and quickly, a weekly clinical governance meeting was attended by all departmental heads.

Monthly risk management meetings were attended by a representative from every department within the hospital.

A patient forum event was held every six months and a member of the senior management team carried out a one hour 'ward round' every working day. This was done with a view to obtaining feedback from at least three people using the service at that time.

Our judgement

We found that systems were in place to monitor and develop the quality of the service, and risks to people's safety were appropriately managed.

Overall, we found that Spire Washington Hospital was meeting this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

| Regulated activity | Regulation | Outcome |
|-------------------------------------|--|---|
| Diagnostic and screening procedures | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 04: Care and welfare of people who use services |
| | <p>Why we have concerns:</p> <p>We found that people received effective, appropriate, personalised care, treatment and support to meet their assessed needs.</p> <p>However, nurse call buttons were not always within easy reach of people on the ward, which meant they could not easily summon assistance when required.</p> | |
| Services in slimming clinics | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 04: Care and welfare of people who use services |
| | <p>Why we have concerns:</p> <p>We found that people received effective, appropriate, personalised care, treatment and support to meet their assessed needs.</p> <p>However, nurse call buttons were not always within easy reach of people on the ward, which meant they could not easily summon assistance when required.</p> | |
| Surgical procedures | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 04: Care and welfare of people who use services |
| | <p>Why we have concerns:</p> <p>We found that people received effective, appropriate, personalised care, treatment and support to meet their assessed needs.</p> | |

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| | However, nurse call buttons were not always within easy reach of people on the ward, which meant they could not easily summon assistance when required. | |
| Termination of pregnancies | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 04: Care and welfare of people who use services |
| | <p>Why we have concerns:</p> <p>We found that people received effective, appropriate, personalised care, treatment and support to meet their assessed needs.</p> <p>However, nurse call buttons were not always within easy reach of people on the ward, which meant they could not easily summon assistance when required.</p> | |
| Treatment of disease, disorder or injury | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 04: Care and welfare of people who use services |
| | <p>Why we have concerns:</p> <p>We found that people received effective, appropriate, personalised care, treatment and support to meet their assessed needs.</p> <p>However, nurse call buttons were not always within easy reach of people on the ward, which meant they could not easily summon assistance when required.</p> | |
| Diagnostic and screening procedures | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 12: Requirements relating to workers |
| | <p>Why we have concerns:</p> <p>We found that effective recruitment procedures were in place for staff employed directly by the hospital.</p> <p>Arrangements were in place to ensure that consultants working at the hospital, did so under an established 'practices and privileges' scheme. This provides assurance that staff are appropriately qualified and fit to practice.</p> <p>However, until a system is in place to prevent consultants from working at the hospital as soon as their professional medical indemnity insurance expires, a small risk will remain.</p> | |

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| Family planning | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 12: Requirements relating to workers |
| <p>Why we have concerns:</p> <p>We found that effective recruitment procedures were in place for staff employed directly by the hospital.</p> <p>Arrangements were in place to ensure that consultants working at the hospital, did so under an established 'practices and privileges' scheme. This provides assurance that staff are appropriately qualified and fit to practice.</p> <p>However, until a system is in place to prevent consultants from working at the hospital as soon as their professional medical indemnity insurance expires, a small risk will remain.</p> | | |
| Services in slimming clinics | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 12: Requirements relating to workers |
| <p>Why we have concerns:</p> <p>We found that effective recruitment procedures were in place for staff employed directly by the hospital.</p> <p>Arrangements were in place to ensure that consultants working at the hospital, did so under an established 'practices and privileges' scheme. This provides assurance that staff are appropriately qualified and fit to practice.</p> <p>However, until a system is in place to prevent consultants from working at the hospital as soon as their professional medical indemnity insurance expires, a small risk will remain.</p> | | |
| Surgical procedures | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 12: Requirements relating to workers |
| <p>Why we have concerns:</p> <p>We found that effective recruitment procedures were in place for staff employed directly by the hospital.</p> <p>Arrangements were in place to ensure that consultants</p> | | |

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| | <p>working at the hospital, did so under an established 'practices and privileges' scheme. This provides assurance that staff are appropriately qualified and fit to practice.</p> <p>However, until a system is in place to prevent consultants from working at the hospital as soon as their professional medical indemnity insurance expires, a small risk will remain.</p> | |
| Termination of pregnancies | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 12: Requirements relating to workers |
| Treatment of disease, disorder or injury | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 12: Requirements relating to workers |
| | <p>Why we have concerns:</p> <p>We found that effective recruitment procedures were in place for staff employed directly by the hospital.</p> <p>Arrangements were in place to ensure that consultants working at the hospital, did so under an established 'practices and privileges' scheme. This provides assurance that staff are appropriately qualified and fit to practice.</p> <p>However, until a system is in place to prevent consultants from working at the hospital as soon as their professional medical indemnity insurance expires, a small risk will remain.</p> | |

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

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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Care Quality Commission

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