

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

Spire Washington Hospital

Picktree Lane, Rickleton, Washington, NE38 9JZ

Tel: 01914188660

Date of Inspection: 28 November 2012

Date of Publication:
December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Spire Healthcare Limited
Registered Manager	Ms. Silvie Maria Adams
Overview of the service	<p>Spire Washington Hospital is an established healthcare provider in Washington, Tyne & Wear. It is a 47 bed hospital based in purpose-built premises. The range of services offered include day care, in-patient and outpatient services. The hospital also provides a range of clinical investigations. Both adults and children (three years of age and above) can be treated at this location.</p>
Type of service	Acute services with overnight beds
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Services in slimming clinics</p> <p>Surgical procedures</p> <p>Termination of pregnancies</p> <p>Treatment of disease, disorder or injury</p>

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Cooperating with other providers	7
Safety and suitability of premises	8
Safety, availability and suitability of equipment	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by the provider, carried out a visit on 28 November 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke to five people from both the inpatient unit and the outpatients department. People told us the care was "excellent", "very good" and they "couldn't fault the care they received. One person told us "They treat me like I am someone special". We were told by people we spoke to that they had completed a pre operation questionnaire prior to admission to the hospital. They also attended a pre operation assessment and were told by the consultant what to expect prior to their admission to hospital. The people in the outpatients department we spoke to had all attended the hospital for several appointments over a period of months and were all pleased with the service they received. One person told us the doctor asked for their opinion and explained the procedure they were to have thoroughly and put them at their ease.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

When we last inspected the service we told the provider we found that Spire Washington hospital was meeting this essential standard but, to maintain this, we suggested some improvements were made. We said "Nurse call lead buttons were not always within easy reach of people on the ward, which meant they could not easily summon assistance when required". We visited the inpatient ward and saw there were single rooms with en suite facilities which ensures privacy for patients. Of the rooms we visited we saw how the call bells were in the reach of people and those people we spoke with told us that they were answered promptly. There were trays with tea and coffee making facilities for people to use in each bedroom. People we spoke to confirmed that they received pain relief when it was requested.

A member of staff we spoke to explained to us how they always knock on bedroom doors before entering to maintain a person's privacy and dignity. They explained how they assist people with washing whilst maintaining their dignity. They also explained that if a person does not wish to be disturbed there are signs for the door to their bedrooms informing staff of this. Another member of staff we spoke to was able to describe to us how they had made adjustments for patients with diverse needs. The matron told us how they have separate areas for both male and females including washing and toilet areas. We saw from the governance minutes that no single sex accommodation breaches had been reported for September and October 2012.

One person we spoke to was assessed as requiring a blended diet. Whilst we were in their bedroom a member of catering staff came to speak to the person about their lunchtime meal and showed them the consistency of the soup they were to have before it was heated and asked if this was exactly how they preferred it. We looked at three people's care plans. They all had pre - operative assessments which contained detailed information on the patient. We saw care pathway plans which included risk assessments for pressure ulcers, moving and handling, malnutrition and nutritional care. We saw daily notes. We saw from the records there was planning for the patient's discharge from the pre operation stage.

The inpatients and outpatients we spoke with all said they were satisfied with the service they received from the hospital. They all confirmed they signed consent forms prior to their treatment. They felt that their opinions were sought from the medical staff who planned

their treatment. We saw evidence each patient had a detailed consultation with their surgeon before their operation, and they had signed to consent to the operation. We saw detailed care plans for all the risks relevant to each person, and notes demonstrating surgical safety had been checked. All of the people we spoke with felt they had experienced safe and effective treatment and support. One person told us they felt their care had been "exceptional". They informed us of how quickly the process from initial diagnosis to surgery had been, and that medical staff had kept them fully informed of the issues during the whole process. Another person told us "staff have treated me brilliantly, absolutely faultless".

Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare were protected when more than one provider was involved in their care and treatment. This was because the provider worked in co-operation with other external partners. The registered manager told us how Spire Washington had recently worked closely with two neighbouring NHS hospital trusts regarding the suspension of two consultant medical practitioners. We were also advised about how Spire Washington continues to ensure that completed appraisals for consultants working between the NHS and independent sector were made available as part of the "whole appraisal" of practice. This approach ensures consultant medical practitioners are made aware of any individual performance issues as well as offering them the opportunity to discuss their personal development with their employer. The registered manager also informed us how she regularly attends the local intelligence network meetings organised by the neighbouring primary care trust. The local intelligence network meeting enables accountable officers from a range of other agencies who have a concern about the activities of any healthcare professional to share them with other responsible bodies who may be affected.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We walked around the main corridors and ward areas. All rooms seen were clean and in good decorative order. Each bedroom had an en-suite bathroom. All were clean and odour free. We saw the ward areas during our visit and noted that they were also in good decorative order and had sufficient lighting and heating. There were disabled access at the main entrance with all the patient services located on the ground floor. Dedicated car parking was available for disabled users and disabled toilets and bedroom facilities were available. The service had produced a provider compliance assessment for this outcome area and it covered up to date information relating to the environment. We had no concerns with the safety and suitability of the premises. The provider had a wide range of policies and procedures available, which included the planned preventative maintenance, health & safety, fire safety; and control of hazardous chemicals. We also reviewed evidence showing us how hospital and departmental risk assessments; quarterly health and safety assessments and specific risk assessments were being completed. On a quarterly basis, heads of department and senior management team attend the health and safety committee meetings.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We spoke with one of the hospital engineers. He informed us of the systems used to ensure that equipment is installed, used and maintained correctly with reference to the manufacturer's instructions, specifications and guidance. There were processes in place for the procurement and management of consumable produces used for the purposes of surgery and other treatment.

Spire Washington had a corporate risk manager and there were processes in place to enable staff to report incidents relating to equipment failures and near misses. The procedures meant reports of faulty equipment were dealt with quickly. These are monitored centrally and audited via the providers internal audit team. In addition to this the provider surveys its hospitals to ensure that they are receiving an appropriate service and quality of products from suppliers. Training is available to all staff on the use of equipment, and specific training is provided for specialist equipment. Individuals are required to demonstrate skill and competence before using specialist equipment and were assessed to confirm this. The on site engineer we spoke with told us how the electrical testing and other equipment including x-ray machines had been checked within the last six months. Records also showed that fire alarms and the nurse call system were checked weekly. There are systems and processes in place in the event of water/gas/electricity failure at any of the provider's hospitals or other locations. All emergency services including generators and uninterrupted power supplies were tested on a monthly basis.

There were systems in place to receive and distribute notifications received from the MHRA (Medicines and Healthcare products Regulatory Agency) and the National Patient Safety Authority (NPSA) if a medical device was reported as being faulty. Actions taken were reported back to the provider by each hospital location. Patients we spoke with told us they had not experienced any problems with the equipment used to support them in their care and treatment.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

When we last inspected the service we found that Spire Washington Hospital were meeting this essential standard but, to maintain this, we suggested that some improvements were made. We said: "A small risk remains with consultants working at the hospital once their professional medical indemnity insurance expires". In response to our concerns the provider sent us an action plan responding to our concerns which said "With immediate effect we will be suspending any consultant whose medical defence indemnity is out of date and the suspension will be lifted only when Spire Washington receives written confirmation of each consultant's medical defence indemnity documentation renewal certificate. We were provided with copies of minutes from the medical advisory committees as evidence to show how the medical indemnity of consultants is discussed and managed.

We looked at three staff files to see how staff were recruited. We looked at the application forms on the files. None of them had any unexplained gaps in the staff member's employment history. We saw all three members of staff had the appropriate CRB (police clearance) checks prior to commencing employment with Spire Hospital. The correct identification documents had been produced by all three staff members to confirm evidence of their identity and address.

Each member of staff had supplied two referees on their application forms. We saw evidence in all three of the files we looked at that references had been obtained from the correct person with the staff being deemed by the appointed referee to be of good character and of acceptable standard for employment. Two of the staff member's files we looked at were registered nurses. We saw on their files that there was a copy of their current registration status with the Nursing and Midwifery Council (NMC).

We checked the systems the hospital had in place to ensure staff who required registration with their professional body to enable them to continue to practice, were up to date with their registration status. We were satisfied the systems in place were effective and those consultant medical practitioners practising at the hospital were legally able to do so. The hospital also had systems in place to ensure all staff employed were legally entitled to work in the UK.

The staff members we spoke with confirmed they had received all the mandatory training required to support them in keeping patients safe. One nurse we spoke with confirmed they were not allowed to start work until all the necessary pre-employment checks had been returned to the hospital and assessed.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The hospital had a number of different ways in which it assessed and monitored the quality of service provision. We saw a comprehensive programme of internal audits were being carried out and measured, at appropriate, intervals. The provider carried out a wide range of audits to monitor the quality of care provided at Spire Washington. We saw provider reports that were undertaken monthly. The results of these were fed back to staff at staff meetings. We saw evidence that wider audits were performed by the clinical governance leads within the organisation. For example, blood transfusion and medical records. We saw evidence that the information from the audits were analysed by the provider and used to improve practice on an ongoing basis. An established complaints procedure was in place and where complaints had been received, we saw evidence they were dealt with in a timely and appropriate manner. The registered manager demonstrated to us the Spire Washington were actively aware of, and involved in, ensuring any complaints were fully investigated and dealt with.

The provider also monitored a number of clinical outcomes. For example, antibiotic prescribing, and unplanned readmissions and returns to theatre. We saw evidence that the data results were being regularly reviewed at clinical governance meetings and action taken to address any concerns identified from this information. Other issues reviewed at the clinical governance meetings included the outcomes of audits regarding issues with the environment and equipment, adverse incidents, infection control issues, complaints, patient feedback and staff training.

Patients who used the service and their representatives were asked for their views about their care and treatment and they were acted on as necessary. We were told by staff that each patient was given a questionnaire to complete when they were discharged. We saw evidence the provider regularly analysed patient feedback for trends and took action in response to any concerns identified from this information. Members of staff completed questionnaires and submitted these on line to be audited by an independent company. These were analysed and taken forward for action if required. The provider had a business continuity plan in the event of failure of equipment or utilities.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) 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.
