



Review of compliance

Spire Healthcare Limited Spire Wellesley Hospital	
Region:	East
Location address:	Eastern Avenue Southend-on-Sea Essex SS2 4XH
Type of service:	Acute services with overnight beds
Date of Publication:	November 2011
Overview of the service:	The Spire Wellesley Hospital is an established healthcare provider in the Southend-on-Sea area. It is a 46-bedded hospital based in purpose-built premises. The range of services offered include acute healthcare, day care, in-patient and out-patient services. The establishment also provides a range of clinical investigations. Both adults and children (three years of age and above) can be accommodated. High

	dependency care is offered within a dedicated unit.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Spire Wellesley 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 13 October 2011, talked to staff and talked to people who use services.

What people told us

People with whom we spoke said that staff were very helpful and respectful. They said they had received good information from the hospital about their treatment and options available. They were also made to feel comfortable about providing feedback. They said they were very happy with the standard of care and treatment they have received.

What we found about the standards we reviewed and how well Spire Wellesley 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

People who use the service are respected and given enough information about the hospital and its services to enable them to make decisions about their care and treatment.

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

People who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

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

The Spire Wellesley hospital ensures that people who use its services are protected from

abuse, or the risk of abuse, and their human rights are respected and upheld.

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

The Spire Wellesley hospital has a programme in place to support staff to deliver care and treatment that meets the health and welfare needs of people who use the service. However, the training matrix used to record and manage mandatory training is not fit for purpose at this time, which means that it is difficult to ascertain which staff might require update training, which means that people using the service may be exposed to higher risks.

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 effectively assesses and monitors the quality of its service provision. Where changes are found to be required, they are implemented and reviewed accordingly, which improves the quality of service provided to people.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 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

People with whom we spoke said that staff were very helpful and respectful. They said they had received good information from the hospital about their treatment and options available. They were also made to feel comfortable about providing feedback.

Other evidence

Spire Wellesley provides every new patient with a pre-assessment questionnaire.

These are then screened to identify whether the person has any language difficulties, or special needs, and appropriate arrangements to assist them are put in place when they come into the hospital.

Spire Wellesley has a number of clearly written information leaflets and guides available in respect of its services and treatments on offer. Choice is promoted. The hospital's website also gives information in an accessible format. Feedback is encouraged, and every respondent receives a reply from the hospital director. Any negative feedback is passed to the appropriate department to investigate and a full reply is then provided to the person.

The hospital receives annual patient environmental action team (PEAT) visits. These are independent inspections that look at the hospital environment from the patient's point of view.

Spire Wellesley also conducts an annual patient survey and the results and actions are

posted on the provider's website.

Our judgement

People who use the service are respected and given enough information about the hospital and its services to enable them to make decisions about their care and treatment.

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 with whom we spoke said they were very happy with the standard of care and treatment they have received at Spire Wellesley. They said that all staff they had encountered were very helpful and could not do enough for them. One patient said they had had a lot of questions to ask the doctor about the operation they were having and that these had all been answered clearly, which had put them at ease.

Other evidence

Five inpatient files and three outpatient files were viewed. The inpatient files consisted of a mixture of total hip replacement and total knee replacement operations. These were also a mixture of private healthcare and NHS cases. All of these showed clear and appropriately completed care pathways, with risk assessments, e.g. in respect of thrombosis. Where there were any matters such as a surgical site infection, then these had been reviewed in good time and treated effectively. Outcomes were recorded. Pre-admission assessments had been properly completed in all cases, including swabbing for MRSA. Discharge planning was clear. All healthcare professionals involved in the person's care and treatment were clearly listed in each file and all entries were contemporaneous and signed. There was clear and timely correspondence on file with the person's GP. The outpatient files were also easy to follow and contained all necessary consultations, procedure notes and follow ups, and correspondence. These files demonstrate that care provided is safe and effective and is tailored to meet the needs of the person using the service.

Staff interactions with people using the service and visitors were observed to be very good and respectful. Since our last inspection, Spire Wellesley has completed its

installation of a new diagnostics suite, which includes MRI and CT scanning facilities.

Our judgement

People who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects 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 did not speak to people who use the service about this outcome.

Other evidence

All staff receive safeguarding training and there is a vulnerable people policy available for staff reference, which contains a clear escalation procedure to follow in the event of a safeguarding concern being raised. This is a local policy and lists contact details for the local safeguarding teams and Essex police. Spire Wellesley has a trained paediatric nurse (who is dual trained as an adult nurse) and they arrange their shifts in order to be on duty as and when any children are admitted. The hospital director is the safeguarding manager. Clear lines of accountability have been demonstrated which reduces risks and ensures that any concerns that arise are dealt with properly.

All pre-employment checks carried out on staff include enhanced Criminal Records Bureau (CRB) checks, which means that risks are reduced. Spire Wellesley provides every new patient with a pre-assessment questionnaire, and these are screened to identify whether the person has any special needs, so that appropriate arrangements and assistance can be put in place when they attend the hospital.

Our judgement

The Spire Wellesley hospital ensures that people who use its services are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

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

People with whom we spoke said that all staff they had encountered were very helpful and could not do enough for them. They said they felt they were being well cared for.

Other evidence

Spire Wellesley staff receive induction over the course of their first year in post. This includes various competencies and modules that staff have 'signed off' in the first twelve months.

In respect of mandatory training, the matrix was difficult to follow and it was not clear to us, or Spire Wellesley staff when questioned about it, which employees were and were not up to date with their mandatory courses. However, five staff and two consultants' personnel files were viewed and these indicated that training is being received in line with the training policy. The files also showed that consultants are receiving appraisals from their employing NHS trusts, and Spire Wellesley staff receive formal appraisal and supervision three times per year.

Spire Wellesley staff can also undertake specialist training and the hospital has links with an independent tutor for advice and a number of universities that offer specialist courses. Examples of specialist training currently being undertaken by Spire Wellesley staff include fertility training (as the hospital is looking to open a fertility centre in the future) and diabetes training.

Spire Wellesley also operates an Inspiring People award nationally amongst its hospitals, which recognises outstanding work or innovation in its hospitals. Spire Wellesley Hospital was the winner in 2011 due to staff actions in saving the life of a construction worker, who suffered a life-threatening injury in the grounds of the hospital when the new diagnostics suite was being installed. Other internal awards are given to

staff at times where they have provided particularly good customer service.

Our judgement

The Spire Wellesley hospital has a programme in place to support staff to deliver care and treatment that meets the health and welfare needs of people who use the service. However, the training matrix used to record and manage mandatory training is not fit for purpose at this time, which means that it is difficult to ascertain which staff might require update training, which means that people using the service may be exposed to higher risks.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People with whom we spoke said they were made to feel comfortable about providing feedback about their stay in hospital.

Other evidence

Spire Wellesley monitors the quality of its service in a number of ways. Complaints information is publicised to people who use the service and complaints were seen to be fully recorded and investigated (whether or not they are received in respect of privately-funded treatment or NHS treatment). Examples of follow up work were seen, where changes had been implemented and the cases reviewed, and the impact assessed so as to avoid reoccurrence.

Adverse event reporting is now carried out on the new Datix database, which allows for the investigation and outcomes to be tracked and collated. This is used for all incidents, such as serious untoward incidents, clinical incidents and incidents that lead to the cancellation of surgery after the person has been admitted, such as a chest infection. These are managed daily and reviewed by the hospital's clinical governance lead, who collates various reports to inform the clinical effectiveness group. Any learning coming out of these incidents is passed on to staff at team meetings. This creates a safer service for people. Changes are monitored via routine audit trend analysis. The clinical governance lead is also responsible for carrying out root cause analysis for most of the incidents that occur. Spire's national governance lead receives details of all lessons learnt and outcomes. Alerts from the National Patient Safety Agency (NPSA) are reviewed by the hospital's matron and clinical governance lead and they then put a work plan in place for implementation in the department for which the alert relates to.

Spire Wellesley has introduced a new risk management system, which flags up when each risk assessment in the hospital is due for renewal. Implementation of these is monitored via the health and safety committee. Annual patient and staff surveys are carried out and the results are analysed and published on the hospital's website, along with any changes they have prompted.

Our judgement

The provider effectively assesses and monitors the quality of its service provision. Where changes are found to be required, they are implemented and reviewed accordingly, which improves the quality of service provided to people.

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 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>The Spire Wellesley hospital has a programme in place to support staff to deliver care and treatment that meets the health and welfare needs of people who use the service. However, the training matrix used to record and manage mandatory training is not fit for purpose at this time, which means that it is difficult to identify staff that might require update training and that people using the service may be exposed to higher risks.</p>	
Family planning	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>The Spire Wellesley hospital has a programme in place to support staff to deliver care and treatment that meets the health and welfare needs of people who use the service. However, the training matrix used to record and manage mandatory training is not fit for purpose at this time, which means that it is difficult to identify staff that might require update training and that people using the service may be exposed to higher risks.</p>	
Surgical procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>The Spire Wellesley hospital has a programme in place</p>	

	to support staff to deliver care and treatment that meets the health and welfare needs of people who use the service. However, the training matrix used to record and manage mandatory training is not fit for purpose at this time, which means that it is difficult to identify staff that might require update training and that people using the service may be exposed to higher risks.	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>The Spire Wellesley hospital has a programme in place to support staff to deliver care and treatment that meets the health and welfare needs of people who use the service. However, the training matrix used to record and manage mandatory training is not fit for purpose at this time, which means that it is difficult to identify staff that might require update training and that people using the service may be exposed to higher risks.</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 28 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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