



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:	June 2012
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, inpatient 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 not meeting one or more essential standards. Action is needed.

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, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with three people who were recovering following surgery. Each person said that they had completed a consent form prior to undergoing treatment. They said they had been given good information about the procedure they underwent before they signed the consent form and that the doctor had checked that they were happy with the information they had been given the form to sign. They all felt that their pre-admission assessment had been very thorough and were pleased with the standard of care and treatment they received. They told us that staff were very caring.

What we found about the standards we reviewed and how well Spire Wellesley 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 was meeting 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 was meeting this standard. People 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 was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had 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 was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People were cared for by contracted staff who were supported to deliver care and treatment safely and to an appropriate standard. However, the provider could not verify that all consultants were up to date with training and appraisal.

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 was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment.

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. We will check to make sure that this action has been taken.

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.

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 three people who were recovering following surgery. Each person said that they had completed a consent form prior to undergoing treatment. They said they had been given good information about the procedure before they signed the consent form and that the doctor had checked that they were happy with the information they had been given the form to sign.

Other evidence

The provider had policies available in respect of obtaining appropriate informed consent for staff reference. These policies reflected the current best practice and legislation, such as the Mental Capacity Act 2005, and how these should be applied in practice.

Other guidance was available that covered advanced decisions and 'do not attempt resuscitation'.

We looked at seven sets of medical records and each one of these had a properly completed consent form that was signed by the relevant clinicians and patient as necessary. The latest audit of medical records, undertaken by the provider, showed that of 20 files reviewed all of them had a completed consent form in place.

Our judgement

The provider was meeting 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 three people who said that their pre-admission assessment had been very thorough. They were very pleased with the standard of care and treatment they had received. One person said this had been 'great', whilst another commented on the 'brilliant nursing staff'. All three people said they would recommend the hospital.

Other evidence

The medical records of seven inpatients were seen. Following a recent notification to CQC by the manager where it was found that pre-admission assessment processes had not been followed effectively, we looked at the pre-admission processes in these files. In all cases viewed we saw that a thorough pre-admission assessment had taken place. Any important risk information, such as 'difficult intubation', was clearly evident on the front of the person's record. Two sets of records showed that the person was refused surgery due to underlying health issues that were identified in the pre-admission assessment.

Enhanced pre-admission assessment processes showed the logging and tracking of people with identified health issues. Where health issues were identified these are drawn to a senior member of staff. MRSA clinic times had been extended to ensure that people attended for screening prior to admission. Pre-assessment protocols were in place for staff reference and covered risks such as venous thromboembolism (VTE) in orthopaedic surgery.

We spoke with two members of the nursing staff about the process, who explained the

changes in the system and demonstrated that the new process was understood and embedded.

The latest medical records audit showed 100% compliance with the completion of the pre-admission assessment process.

Our judgement

The provider was meeting this standard. People 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 services but their feedback did not relate to this standard.

Other evidence

All staff had received safeguarding training and there was an updated safeguarding policy available for staff reference, which contained a clear escalation procedure in the event of a safeguarding concern being raised. This was a local policy and listed contact details for the local safeguarding teams and Essex police.

Spire Wellesley had a trained paediatric nurse (who was dual trained as an adult nurse) and shifts were arranged for the nurse to be on duty as and when any children were admitted.

The hospital director was the safeguarding manager. Clear lines of accountability were demonstrated which reduced risks and ensured that any concerns were dealt with properly. Spire Wellesley provided every new patient with a pre-assessment questionnaire, and these were screened to identify whether the person had any special needs, so that appropriate arrangements and assistance could be put in place when they attended the hospital.

Our judgement

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had 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 non-compliant with Outcome 14: Supporting staff. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

Each person we spoke with said that staff were very caring, explained everything and ensured they were comfortable.

Other evidence

When we last inspected the hospital, they were developing a training matrix to record mandatory training for contracted staff. At that time we found that it required further work to give an accurate position. At this inspection we looked again at the matrix. This was now fully functioning and showed that contracted staff were up to date with mandatory training. The matrix broke down the numbers of staff by department and per course. It flagged up where staff would require update within three months.

Consultants were not included in the matrix and so it was difficult to see if they had received all of their mandatory training. The manager advised us that they received details of consultants' appraisals from their employing NHS trust and that they did not have their appraisal signed off unless they had completed all of their training. We checked this system for recording appraisals but found that Spire Wellesley did not have a record of an up-to-date appraisal for 24 out of 120 consultants with practising privileges at the hospital, which meant that their training could not be verified. The provider may find it useful to note that the method of recording training at Spire Wellesley for their non-contract staff was not clear and made it difficult to obtain an accurate position.

Spire Wellesley staff received formal appraisal and supervision three times per year. They were supported to undertake other training and development. Spire operated an

Inspiring People award nationally, which recognised outstanding work or innovation from its staff.

Our judgement

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People were cared for by contracted staff who were supported to deliver care and treatment safely and to an appropriate standard. However, the provider could not verify that all consultants were up to date with training and appraisal.

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 services but their feedback did not relate to this standard.

Other evidence

We followed up two deaths of people following treatment at Spire Wellesley since we last inspected the hospital.

The first of these concerned a case where the person had not had a fully completed pre-admission assessment carried. Following this incident we saw that the provider had implemented training for staff and put in place an enhanced pre-admission assessment process. When we looked at this system we found this to be much improved and the latest audit showed 100% compliance with the new system. In this case, there was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The second incident concerned a person that had undergone an operation at Spire Wellesley, but required care from another hospital within a few days. Spire Wellesley hospital did not conduct a root cause analysis investigation as to whether the surgery they performed contributed to the need for the person requiring emergency treatment because the incident occurred outside of the timescales that required them to formally investigate the matter. The provider may find it useful to note that whilst we acknowledge that they have an established incident reporting and analysis system in place, timescales aside, we consider that an investigation into this incident would have

been good practice and would have helped to identify and manage risks to the welfare and safety of patients in the future.

Our judgement

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

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

Other evidence

Staff had access to record keeping policies that reflected current legislation in respect of the completion of both paper and electronic records. This also covered appropriate storage, retention times, confidentiality and data protection.

We looked at seven sets of medical records and these contained clear, contemporaneous notes. The patient journey was easy to follow and included consents, pre-assessments, consultations, care pathways, diagnostics results, surgical notes, medication charts and discharge planning. Correspondence with other healthcare professionals was also on file. Other good practice tools such as the World Health Organisation surgical site safety list were used.

Medical records audits were seen and showed good results overall. We drew to the manager's attention where the audit showed that some general administration records were missing in some of the files of patients whose treatment was funded by the NHS. The manager requested an immediate re-audit to follow up on this.

Our judgement

The provider was meeting this standard. People were protected from the risks of unsafe

or inappropriate care and treatment.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People were cared for by contracted staff who were supported to deliver care and treatment safely and to an appropriate standard. However, the provider could not verify that all consultants were up to date with training and appraisal.</p>	
Family planning	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People were cared for by contracted staff who were supported to deliver care and treatment safely and to an appropriate standard. However, the provider could not verify that all consultants were up to date with training and appraisal.</p>	
Surgical procedures	Regulation 23	Outcome 14:

	HSCA 2008 (Regulated Activities) Regulations 2010	Supporting staff
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People were cared for by contracted staff who were supported to deliver care and treatment safely and to an appropriate standard. However, the provider could not verify that all consultants were up to date with training and appraisal.</p>	
	<p>How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People were cared for by contracted staff who were supported to deliver care and treatment safely and to an appropriate standard. However, the provider could not verify that all consultants were up to date with training and appraisal.</p>	

The provider must send CQC a report that says what action they are going to take to achieve 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.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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.

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

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