Review of compliance

Classic Hospitals Limited Spire Liverpool Hospital	
Region:	North West
Location address:	57 Greenbank Road Liverpool Merseyside L18 1HQ
Type of service:	Acute services with overnight beds
Date of Publication:	May 2012
Overview of the service:	Spire Hospital Liverpool is an independent hospital situated close to the centre of Liverpool. It offers a range of medical and surgical treatments to patients. The hospital provides in-patient and day care for 38 patients over three wards. These include two in-patient wards (30 beds), two level 2 beds and a six bedded day unit. Car parking facilities are located at the

	front and to the back of the hospital. The hospital provides access for wheelchair users and people with limited mobility.

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

Our current overall judgement

Spire Liverpool Hospital was meeting all the essential standards of quality and safety.

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 March 2012, talked to staff and talked to people who use services.

What people told us

The patients we spoke with told us they were treated with dignity and respect. They said they were included in discussions about their treatment and care. They described the staff as kind, caring and knowledgeable. We heard there was always plenty of staff available and requests were met in a timely and efficient way. Patients described the care as, "Absolutely brilliant", and we heard the staff described as, "Excellent professionals." Patients said the food was good and choices were available at mealtimes.

What we found about the standards we reviewed and how well Spire Liverpool 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's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

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

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

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare

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
We spent time with patients and asked them to share their experience of care and treatment at the hospital. Patients said they were provided with information about their condition. They told us they were included in discussions about their treatment plan and alternative treatment options were explained.

Patients said that staff were respectful of their privacy and consultations with health professionals took place in private. We heard that the food was good and choices were available at mealtimes.

Patients were aware of the feedback forms and they said they would complete these prior to discharge. Information about how to make a complaint was available in patient rooms.

Other evidence
With the consent of patients we looked at some health care records. We observed that they took account of the person's views and preferences. In addition, diversity including communication needs, disability, specific mobility needs and people's faith and culture were also considered.

Access to the building and the facilities took account of the needs of wheelchair users and people with limited mobility. Male and female patients were accommodated in single rooms with ensuite facilities.

Our judgement
People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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
The patients we spoke with described the staff as kind and caring and told us they received meals and medication promptly. They said there was always plenty of staff available and requests were met in a timely and efficient way. We heard the care described as, "Absolutely brilliant", and the staff described as, "Excellent professionals."

Patients said they felt fully prepared for treatment. They told us they saw the anaesthetist before their operation and anaesthetic options were discussed, with the patient's view taken into account. Post surgery care was explained to them. We observed that a variety of post operative leaflets were provided to patients.

Other evidence
With the consent of patients we looked at some health care records. Patient records demonstrated a clear patient pathway. The referral and admission assessment included information about the diagnosis, past medical history, adverse reactions to medication and allergies. Lifestyle choices and social circumstances were assessed, such as living arrangements and general fitness. A number of risk assessments had been completed including a falls assessment and post operative bleeding risk assessment. The relevant consent forms were completed in full and signed by the patient. A pre-operative checklist was in place. Risks were discussed with the patient, such as the risk of post operative deep vein thrombosis.

We observed that detailed information was recorded about how the surgery was carried out. For example, a hip replacement operation included information about the type of

implant used, how the skin was prepared for surgery and the approach to the operation. A theatre record sheet showed what medication was used and the observations that took place both during the operation and during recovery in theatre. A record was maintained of the sterile equipment used. Nursing records informed us that patients were monitored on a regular basis and their needs responded to in a timely way.

The health care records showed that follow-up appointments had been made for the patient. Letters were on file for the GP providing a summary of the treatment and care. We heard from staff that a health promotion training programme was in place for staff. Health promotion leaflets were available for patients. We observed that these included information on mental health, smoking cessation and safe alcohol use.

Our judgement
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 patients about their experience of the hospital but their feedback did not relate to this standard.

Other evidence
The staff we spoke with told us they had completed e-Learning safeguarding training. They were aware of what constituted abuse and the action to take if they had a concern. The annual clinical governance report for 2011 informed us that 52.1% of the staff had completed mandatory safeguarding training. We were informed that the final end of year training figures would be available in April 2012. Staff had access to the company-wide safeguarding policy. They also had access to the hospital policy and the local area safeguarding policy.

Our judgement
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 compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
Patients told us that they had confidence in the staff and we heard that, "The staff are knowledgeable and know what they are doing."

Other evidence
The staff we spoke with described a thorough induction programme. This involved an induction day which covered information governance, health and safety and human resources. It also involved a period of supernumerary time working alongside a member of staff familiar with the hospital.

The staff said that the mandatory training provided was good and they were provided with the time to undertake training. The training was mainly completed via e-Learning. Two members of staff were responsible for monitoring the training. Staff said they were required to complete a set number of training modules each month. They received reminders if the training was not completed. Supplementary training was provided by the hospital in topics such as life support and manual handling.
The annual clinical governance report for 2011 informed us that 52.1% of the staff had completed mandatory training. The subject areas included infection control, food safety, fire and valuing difference. We were informed that final end of year training figures would be available in April 2012.

An established structure, referred to as 'enabling excellence' was in place for staff appraisal. The staff we spoke with confirmed they had received an appraisal in the last 12 months. The appraisal process involved an initial meeting and a minimum of four follow-up meetings throughout the year. Staff told us that management was supportive

of continuing professional development and encouraged staff to undertake additional training relevant to their role. For example, we spoke with a member of staff who had completed a course to deliver health promotion training to the wider staff team. The training was linked to the Liverpool wellbeing strategy and aimed to raise awareness about issues such as alcohol use, smoking, sexual health and oral health. Approximately 45% of the staff had completed the training and the hospital was considering making the training mandatory.

A member of staff said that, "The company looks after its staff". We heard that staff incentives were in place such as a 'Spire shopper's day', rewards for submitting new ideas, a free meal for staff in the hospital restaurant on their birthday. A bonus system was in place linked to meeting the objectives of appraisal.

Our judgement
People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
We spoke with patients about their experience of the hospital but their feedback did not relate to this standard.

Other evidence
A clinical governance and effectiveness lead was identified for the hospital. A clinical governance committee was established and committee meetings were held three times a year. Representation at the meetings included the inpatient manager, hospital matron, consultants and hospital director. We heard that the inpatient manager provided feedback on the outcome of the meetings to the ward staff.

We looked at the committee meeting minutes from July and November 2011. The standing agenda items included:

Clinical scorecard and escalations
Clinical reliability
Patient empowerment
Staff empowerment
Patient Safety
Governance
Clinical effectiveness

It was clear from the meeting minutes that achievement against hospital targets was monitored. The nature of patient complaints received was outlined and discussed. The

minutes informed us that the outcomes of weekly patient satisfaction surveys were analysed.

We had access to the risk management policy which described the hospital's approach to the management of risk. It outlined the process for communicating and reporting risk, the responsibilities of managers and the management of serious adverse events. We looked at the risk management meeting minutes for July and November 2011. Standing agenda items included serious adverse events and clinical and non-clinical events.

A system for reporting accidents, adverse incidents or near misses was established for the hospital. The staff we spoke with understood the process and described how they reported incidents. The clinical governance lead logged each reported incident which was then returned to the head of department. Depending on the type of incident, it was either reported through to the clinical governance committee or to the risk management meeting.

We looked at the annual clinical governance report for 2011. It was a comprehensive document which reported on a wide range of governance issues. For example, patient safety incidents for 2011 were broken down to location of incident, type of incident and severity of incident. The report outlined that root cause analysis was performed on the two serious adverse events reported in 2011. We observed from the report that complaints were scrutinised in terms of the department the complaint came from and whether they related to clinical or non-clinical care. A comparison was made between the number of complaints received in 2010 and 2011.

A process was in place to seek patient feedback on the service. Patients were provided with a feedback form prior to discharge. Weekly reports were produced which included the feedback received. We heard from staff that patients who provided feedback received an acknowledgement in writing. We heard of changes that had been made as a result of patient feedback or complaints. For example, staff had observed that the waiting time for theatre, in particular the length of time abstaining from food and drink was a recurrent concern for patients. As a result changes were made to the way patients were admitted. Since the change there had been no further complaints or negative feedback regarding waiting times.

Staff told us that a company-wide audit calendar was in place. In addition, we heard that local audits also took place. For example, hand sanitisers and blood transfusion processes were subject to quarterly audits. We observed that the outcomes of audits were highlighted in the 2011 annual clinical governance report.

We heard from staff that they were kept informed of changes and developments within the hospital through the monthly staff meetings. They told us that they received feedback on the outcome of incidents, complaints or patient feedback. For example, if concerns were raised about the food then a member of the catering team would attend the meeting to explore the issue. Each member of staff was issued with a copy of the meeting minutes. We heard from staff that a staff satisfaction survey was conducted each year.

Our judgement
The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify,

assess and manage risks to the health, safety and welfare

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

Document purpose	Review of compliance report
Author	Care Quality Commission
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