

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

## Spire Liverpool Hospital

57 Greenbank Road, Liverpool, L18 1HQ

Tel: 01517337123

Date of Inspection: 13 February 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✗ Action needed
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Classic Hospitals Limited
Registered Manager	Mrs. Alison Ruth Peake
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 for 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.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

We also reviewed other relevant records held by the provider.

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### What people told us and what we found

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During our visit we spoke with five patients who used the service. The people we spoke with told us they felt safe and had no concerns about their care. They told us the care they received was delivered in a way that respected their privacy and dignity. People told us that any care or treatment planned for them had been thoroughly discussed with them and their agreement had been obtained.

Comments we received from patients included:

"They told me exactly what was happening".

"Care has been exemplary".

"If you need them, then they are there".

"They keep asking me if I am alright".

"I have not had to wait for pain relief"

During our visit we saw evidence that care records were detailed and contained enough information for people to be cared for safely and effectively.

We found that effective staff recruitment and selection processes were in place.

We saw evidence during our inspection that the organisational procedures regarding the management of medicines were not always followed correctly.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 23 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### 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.

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### Reasons for our judgement

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Everybody we spoke with was knowledgeable about the plans in place for supporting them with their health. Patients told us that any care or treatment planned for them had been thoroughly discussed with them and their agreement had been obtained. One person told us "They are great at talking me through things". We found that patients were given detailed information about the procedure to help them make informed decisions when consenting to treatment. We were shown a patient information leaflet for one procedure which included a section on consent. This outlined the process for obtaining consent and the need to ensure that patients were fully informed about the possible side effects and complications of the procedure.

We reviewed five sets of records and found that detailed patient agreement forms were completed. This included a section for an interpreter to sign if a patient required translation services to enable them to understand the procedure and give informed consent. We saw that within the records all the consent forms had been signed by the patient and the relevant health professional. We were also shown a copy of the provider consent policy. This was a comprehensive document outlining the process for obtaining consent, the provision of information, documentation and individual staff responsibility for obtaining consent.

During our discussions with staff they displayed an understanding of obtaining patients consent to treatment. One person told us that the patients were given a copy of their consent forms and that they tried to address any concerns as part of the pre assessment appointment prior to admission for surgery. This was confirmed by one patient who told us that "They came to assess what I would need at home before I came into hospital".

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visit we made observations that indicated that staff were attentive and responsive to patients' needs. We saw that call bells were answered promptly and that staff were professional in their approach. Patients we spoke with told us they had been well looked after and were happy with the service they had received. One person told us "They remembered what I said before my operation about my diet for a religious reason".

Staff we spoke with were able to tell us about the individual needs of patients they were looking after. They were able to describe the patient journey from admission through to discharge, including the processes for assessing risks and discharge planning. We saw an individual wearing a red identity bracelet to highlight that they had specific allergies, this reminded staff to ensure that an appropriate diet was provided.

We looked at five patient care records. Patient's records showed a clear patient pathway for different surgical procedures. The records included a detailed assessment including information about past medical history, adverse reactions to medication, social circumstances and general fitness. The record also contained a number of risk assessments that had been completed including a nutritional assessment and a falls risk assessment. This ensured that people's needs were appropriately met. Nursing records informed us that patients were monitored on a regular basis and their needs responded to in a timely way.

Instructions regarding the ongoing care and treatment of patients following surgery were documented in the patients' records. We found the writing in two of the records we examined was difficult to read and/or interpret. We discussed this with a senior member of the nursing staff, who also had some difficulty in reading the writing. This meant that some patients were at risk of not being given the most appropriate care and treatment due to staff misreading or misinterpreting the instructions written in their records.

During our inspection we noted that the organisation's pharmacist had highlighted the possibility that the combination of medicines prescribed for one patient could increase their risk of seizures. We did not see any evidence that this had been discussed with the doctor

who prescribed the medicines or the patient. No risk assessment had been undertaken in relation to this patient's increased risk of seizures. A staff member we spoke to was able to demonstrate that the risks had been fully explored with both the patient and the surgeon. The provider may wish to note the lack of clear documentation may impact on the care and treatment provided.

We also saw that emergency medical equipment was readily available, this included a defibrillator, oxygen, oxygen masks for adults and children and emergency drugs. We saw records that showed regular checks had been carried out on the equipment and drugs to ensure they were in date and safe to use. We were shown a service level agreement for the emergency transfer of a critically ill patient to NHS care if required. This showed us that appropriate emergency plans were in place in the event of a patient's condition deteriorating and requiring specialised NHS care.

**People should be given the medicines they need when they need them, and in a safe way**

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## Our judgement

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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The provider had a policy in place for the management of medicines which was comprehensive and up to date. We also saw an additional medicines policy which detailed how medicines were to be managed locally at Spire Liverpool.

Appropriate arrangements were in place in relation to obtaining medicine. The provider had arrangements in place with a local pharmacy for the supply of medicines. The pharmacist assistant checked stock levels regularly and staff we spoke with told us that they did not run out of stock items. Access to stocks of medicines was available at all times, including out of normal working hours.

Appropriate arrangements were not in place in relation to the recording of all medicines, particularly with regard to controlled drugs. During our inspection we looked at how medicines were recorded on two wards and found the way in which staff recorded the medicines they administered to patients to be satisfactory. The organisation's pharmacist visited the hospital three days a week and checked that medicines were being managed correctly during their visits. However, the provider did not undertake routine audits of the medication administration records, which meant that errors in the way in medicines were administered and recorded, could go undetected. This was a particular risk on the four days of each week when the pharmacist did not visit the hospital.

We were given a copy of a controlled drugs audit which the provider's pharmacist had undertaken in one of the theatres, four weeks prior to our visit. This audit identified documentation errors in the way controlled drugs were recorded with regard to the amounts of controlled drugs received and the amounts administered to patients. Since these errors were identified the provider had not taken any action to establish whether there were any issues with regard to the recording of controlled drugs in the other theatres, or elsewhere within the hospital. A series of recommendations had been made by the pharmacist which the audit states "should be addressed immediately", but on the day of our visit we saw no clear evidence of the recommendations being addressed.

We saw evidence during our inspection that the organisational procedures regarding the management of medicines were not always followed correctly. An example of this was where one patient had been taking their own medication for two days despite this medication not being prescribed for administration during their stay at Spire Liverpool. This was possible because the patient's own drugs had not been locked away as directed in the organisations medicines policy, which would have prevented this from happening.

Medicines on one ward were not kept safely. We observed during our inspection that part of the lock which enabled the medicines trolley on one of the wards to be securely fixed to the wall was missing. This meant that the trolley could not be secured to the wall. We pointed this out to the ward manager during our visit that had made arrangements to rectify this before we ended our inspection. We saw evidence of the daily fridge temperature checks undertaken by staff to ensure that medicines that needed to be kept at specific temperatures were stored appropriately.

Medicines were disposed of appropriately. The provider had appropriate arrangement in place for the disposal of medicines. We saw that any medicines that were out of date or no longer needed were kept securely until they could return to the pharmacy and appropriate records were kept of returned medicines.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. We examined four staff files as part of the inspection. We found the following recruitment records in each of the files we looked at: interview notes, references, new starter form, signed training agreements, contracts of employment, relevant police check forms and proof of identity. There were effective recruitment and selection processes in place. The records showed that all the relevant checks had been carried out on staff before they were allowed to start work at the service. This helps to ensure staff are suitable to work with people who may be vulnerable.

We were shown a copy of a staff record and saw evidence of development plans and training that had been undertaken. We were also shown a staff training matrix which identified the core mandatory training that staff had to complete each year. This included training in areas such as first aid, infection control, fire and basic life support. This showed us that staff had been supported to maintain the basic skills necessary to carry out their job role. Staff told us about the "Enabling and excellence programme", this gave them an opportunity to set personal targets each year and to identify the skills and development required to achieve them. This showed that staff were assisted to carry out their job role.

Patients told us they felt safe and confident in the care they had received from the provider. During our visit we found that patients who used the service were treated with respect. Staff we spoke with understood the care and treatment patients needed.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available

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**Reasons for our judgement**

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Patients who used the service and their relatives were made aware of the complaints system. Information regarding how to make a complaint was available on the organisation's website and was given to everyone who used the service provided at Spire Liverpool. All the patients we spoke with during our visit told us they knew how to make a complaint, should they wish to do so. Patients told us that any minor complaints they had would immediately be addressed by staff if possible.

Patients' complaints were fully investigated and resolved, where possible, to their satisfaction. We were given a copy of the organisation's complaints procedure which contained details of how complaints should be handled. We saw copies of some recent complaints which demonstrated that they had been dealt with in accordance with the organisation's complaints procedure.

Patients had their comments listened to and acted on, Comments by the patients who accessed the service were requested routinely by the provider in the form of a 'comments and feedback questionnaire' which was freely available in all areas of the hospital and was given to everyone on discharge. There was an opportunity to return the questionnaire anonymously should the person wish to do so. Information from the questionnaires was collated and used to make improvements to the service provided. One of the managers told us that further car parking spaces were being created in response to comments made by the patients who used the service.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b> <b>How the regulation was not being met:</b> People who use the service were not protected against the risks associated with the unsafe use and management of medicines because identified risks regarding the recording and auditing of medicines and were not being effectively managed.Regulation13.
Surgical procedures	
Treatment of disease, disorder or injury	

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 by 23 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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