

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

Spencer Private Hospital

Ramsgate Road, Margate, CT9 4BG

Tel: 01843234555

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	East Kent Medical Services Limited
Registered Manager	Mrs. Lynda Jane Orrin
Overview of the service	The Spencer Wing is a purpose built hospital in the grounds of Queen Elizabeth the Queen Mother Hospital in Margate. It offers treatments and procedures to insured and self funding people as well as providing NHS choose and book services. It provides services on an out-patient, in-patient or day care basis.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke to three patients and two relatives of patients during our inspection of the service. All of the people we spoke to were positive about their experiences of care at the hospital. One person told us "I am a very satisfied customer".

The provider had effective mechanisms in place to gather feedback from users of the service and to monitor the quality of care provided, and acted upon the information received. The provider published an annual quality report that demonstrated high standards of quality of care and positive customer feedback.

Patients experienced safe and effective care when treated at the hospital. The provider had put effective measures in place to minimise the risk of harm to patients, visitors and staff.

There were enough staff to care for the needs of the patients at the hospital. One person told us "they have time to stop and give you the help you need".

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

Reasons for our judgement

The people we spoke to told us that they received plenty of information about their treatment and felt involved in decisions about their care.

The provider made efforts to involve people who use the service in how the service was run. All patients were invited to complete a patient experience survey on the day of their departure. The provider also regularly surveyed the views of consultant users and staff. We saw that the results of these surveys were analysed and reviewed and that changes were made to the service as a result of the feedback received.

The provider told us that patient representatives were involved in the hospital's health and safety committee. We also saw that a recent Patient-led Assessment of the Care Environment (PLACE) inspection had been undertaken by a team including local people to assess how the environment supported patients' privacy and dignity, food, cleanliness and general building maintenance.

Staff we spoke to told us that they took care to ensure patients' privacy and dignity were maintained. The people we spoke to confirmed this and we saw that chaperones were available for patients undergoing examinations and treatment in the outpatient department. Single sex accommodation was provided throughout the hospital. We also observed that staff ensured computers were locked when not in use to protect the privacy of patients' data.

The provider made efforts to ensure that it respected the diversity of individuals using the service. Any patients with particular needs were identified during the pre-admission assessment. An alert was communicated to relevant staff so that necessary arrangements such as the provision of an interpreter could be made prior to the patient's admission. We were told that when children were admitted the rooms were specially adapted with

appropriate toys and bed linen.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

All of the people we spoke to during our inspection were positive about the care they received at the hospital. Relatives told us that they were made to feel welcome and were kept informed about their family member's care. We observed that staff were friendly and appeared to know the patients well.

We were told that all patients had their needs assessed prior to their admission to the hospital and that this was either done in the outpatient department or by telephone. Patients told us that these assessments were thorough and informative and we saw evidence of this recorded in the patients' notes that we reviewed. Patients who required physiotherapy were referred to be seen by the hospital's physiotherapy team. The hospital had arrangements in place to access other services such as occupational therapy and radiology in the main NHS Trust facilities for patients who needed them.

We observed that all staff wore name badges. People told us that staff introduced themselves when they first met. We were also told that patients were allocated a named nurse on each shift and that efforts were made to ensure that patients were cared for by the same staff throughout their stay in order to ensure continuity of care.

The provider had thoroughly assessed the risks to patients, visitors and staff of the services provided. We were shown a comprehensive set of up to date risk assessments for all aspects of the service. These detailed the steps the provider had taken to minimise the risk of harm to users of the service.

The provider had put in place measures to deal with foreseeable emergencies. Fire evacuation routes and procedures were displayed around the hospital and fire exits were clearly marked. There was equipment available on both floors to deal with medical emergencies. Staff we spoke to knew the location of emergency equipment and the procedures to follow in the case of an emergency.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The provider had up to date policies and procedures in place relating to the management of medicines including prescribing, administration, storage and disposal.

Medicines were appropriately stored in locked cupboards or fridges, or in the ward drugs trolley from which they were dispensed. Each patient had a prescription chart detailing their medication and recording any relevant allergies they had. People told us that the staff checked their identification prior to dispensing their medicines.

Patients were able to administer their own medication if they wished, following an assessment by the nursing staff. Patients administering their own medicine were supported in doing so and were able to keep their medicines in a locked drawer in their rooms.

Staff received competency based training and were assessed in the safe administration of medicines prior to being allowed to give out drugs. This training was updated annually.

Emergency medicines were kept in tamper evident boxes with the emergency equipment. Emergency medicines for children were also available.

The hospital manager participated in a controlled drugs Local Intelligence Network (LIN) to share relevant information with other agencies. Any incidents relating to controlled drugs were recorded and we saw that these were discussed as regular agenda items at staff meetings. Audits and spot checks of controlled drugs were carried out by the clinical effectiveness manager. These measures helped ensure the safe management of controlled drugs.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The provider used a patient dependency measurement tool to determine the staffing levels required on the ward. Outpatient and theatre staffing levels were decided by the relevant managers depending on the scheduled activities in those areas. The people we spoke to told us that there appeared to be sufficient staff. They said that staff appeared occupied but were not too busy to stop and spend time with them if they needed. During our inspection we observed that patient call bells were answered promptly.

A flexible bank of staff was available to cover for sickness or any additional requirements for staffing. The provider also had an arrangement in place with an agency for additional staff but we were told that this was rarely used.

Nursing students from Canterbury Christchurch University were allocated to the hospital as part of their training. These students were additional to the nurse staffing numbers. The students told us that they felt that the hospital staff had enough time to support their learning during their placement at the hospital.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system 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 of people who use the service and others.

Reasons for our judgement

The provider continually monitored the quality of the service it provided and published an annual quality report. The clinical effectiveness manager undertook regular audits of the services provided. Examples of these audits included prescription charts, infection control and the management of controlled drugs. We saw evidence that the results of these audits were discussed at management and staff meetings and were used to make changes and improve the service.

The effectiveness of service provision was measured in a number of ways. The provider reported on areas such as unplanned transfers of patients to other providers, readmissions to hospital and returns to theatre. The provider also participated in "Harm Free Care" and displayed evidence of achieving very high standards for the prevention of falls, pressure ulcers, venous thromboembolism and urinary infections.

The provider took account of the views of people who use the service through its customer experience survey and an effective complaints procedure. Staff and consultant users were also regularly asked for their views. We saw that these views had influenced the improvements the provider made to the services.

There was a system in place for recording any adverse incidents that occurred. We saw from the minutes of staff and management meetings that these were discussed and learnings were identified to prevent future recurrence. There was a policy in place for staff to raise concerns about colleagues or practices that they were worried about. The staff we spoke to were aware of the policy and said that they would feel comfortable in raising any concerns if necessary.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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