

Inspection Report 2008/2009

Spire Hospital Liverpool
57 Greenbank Road
Liverpool
L18 1HQ

Introduction

Certain independent healthcare providers in England must be registered with the Healthcare Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Healthcare Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Background

Spire Hospital Liverpool is an independent hospital situated close to the centre of Liverpool. The hospital is part of the Spire Hospital Ltd Group and in Liverpool it is a newly registered establishment providing outpatient, day and in patient care. The hospital currently provides thirty inpatient overnight beds and day care facilities for the treatment of children aged over three years. The patient accommodation and many of the departments within the hospital are undergoing a refurbishment programme, all patient rooms being single ensuite bedrooms. There are car-parking facilities at the front and at the back of the hospital with ramp access for the disabled patient also available.

The hospital has a number of facilities including theatres; pathology and x-ray. Information relating to services and treatments on offer at the hospital are available on the hospital website.

This inspection took place on the 24th February 2009, and was announced.

Main findings

Overall, Spire Hospital Liverpool is providing a service that meets the needs of its patients within an environment that is clean, comfortable and adequately staffed. This is the hospital's first inspection since their new registration in October 2008 with the Spire Hospital Ltd Group. It is evident that corporate and local quality assurance and risk management systems are being introduced, a number of audits have recently taken place with action planning evident for most of

these. The hospital is able to evidence that there are satisfactory arrangements in place for corporate governance, however, it was noted that there is insufficient evidence to show that the standards for human resource management and practising privileges arrangements are being met.

The interactions observed between patients and staff was courteous and respectful and the comments given by patients during this inspection was extremely positive. The feedback from staff during the inspection was positive and indicated that they had been actively involved and supported through many of the changes taking place at the hospital.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Acute hospitals (with overnight beds)	AH (30beds)
Class 3B/4 lasers (surgical Class 3B/4 lasers (surgical))	PTT

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
The establishment is registered to provide overnight accommodation, care and treatment to a maximum number of 30 (thirty) persons only, at any one time	Met
The establishment is registered to provide overnight accommodation, care and treatment to persons aged 18 (eighteen) years and over only	Met
The establishment is registered to provide day accommodation, care and treatment to persons aged 3 (three) years and over only	Met
The establishment is registered to undertake Medical and Surgical treatment under General Anaesthesia, Local Anaesthesia, Regional Anaesthesia and Conscious Sedation only	Met
The establishment is registered for the use of 3 (three) Class IV Lasers only	Met
The establishment is registered to undertake treatments in accordance with Condition 5 (above) for Photo Dynamic Therapy treatments only	Met

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Healthcare Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were

identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Healthcare Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

- C Core Standards
- A Acute Hospitals
- M Mental Health Establishments
- H Hospices
- MC Maternity Hospitals
- TP Termination of Pregnancy Establishments
- P Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
- PD Private Doctors

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider.

The Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Standard met
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Standard met
C22	Medicines Management	Not inspected
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Not inspected
C25	Infection Control	Not inspected
C26	Medical Devices and Decontamination	Not inspected
A10	Infection Control	Not inspected
A11	Decontamination	Standard almost met
A39	Storage and Supply of Medical Gases	Standard met
P3	Safe operation of lasers and intense pulsed lights	Standard met

No	Standard	Regulation	Requirement	Time scale
1	A11	15 (3&4)	<p>Findings</p> <p>The Theatre Sterile Supplies Unit (TSSU) does not comply environmentally with current guidance and legislation for the management of medical devices.</p> <p>Action Required</p> <p>The registered person must ensure that plans and project directory are submitted to the Healthcare Commission, in order to demonstrate how the sterile service provision will be provided to ensure compliance with current guidance and legislation for the provision of sterile services for the hospital.</p>	13 th April 2009

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Standard met
A14	Meeting the Psychological and Social Needs of Children	Not inspected
A15	Staff Qualifications, Training and Availability to Meet the Needs of Children	Standard met
A16	Facilities and Equipment to Meet the Needs of Children	Not inspected
A17	Meeting Children's Needs During Surgery	Not inspected

Number	Standard	Assessment
A18	Pain Management for Children	Not inspected
A19	Transfer of Children	Standard almost met
A20	Documented Procedures for Surgery – General	Not inspected
A21	Documented Procedures for Surgery – Patient Care	Not inspected
A22	Anaesthesia and Recovery	Not inspected
A23	Operating Theatres	Not inspected
A24	Procedures and Facilities Specific to Dental Treatment under General Anaesthesia Facilities	Not inspected
A25	Cardiac Surgery	Not inspected
A26	Cosmetic Surgery	Not inspected
A27	Day Surgery	Not inspected
A28	Transplantation	Not inspected
A29	Arrangements for Immediate Critical Care	Standard met
A30	Level 2 or Level 3 Critical Care within the Hospital	Not inspected
A31	Published Guidance for the Conduct of Radiology	Not inspected
A32	Training and Qualifications of Staff Providing Radiology Services	Standard met
A40	Management of Pathology Services	Standard met
A41	Pathology Services Process	Not inspected
A42	Quality Control of Pathology services	Not inspected
A43	Facilities and Equipment for Pathology Services	Not inspected
A44	Chemotherapy	Not inspected
A45	Radiotherapy	Not inspected
P2	Training for staff using lasers and intense pulsed lights	Standard met

No	Standard	Regulation	Requirement	Time scale
2	A19	18 (2)	<p>Findings Paediatric emergency simulation exercises are undertaken but not all staff attend.</p> <p>Action Required The registered person must ensure that all staff attend paediatric emergency simulation exercises so that staff are familiar with emergency paediatric care.</p>	13 th April 2009

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Standard almost met
C10	Practising Privileges	Standard not met
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Standard met
C31	Information Management	Standards met
C32	Research	Standards met

Number	Standard	Assessment
A3	Qualifications of all Medical Practitioners	Standard almost met
A4	Qualifications and Experience of Medical Practitioners Undertaking Independent Private Practice (i.e. without supervision, commonly known as "Consultants")	Not inspected
A5	Practising Privileges and the Medical Advisory Committee	Not inspected
A6	Resident Medical Officers	Not inspected
A7	Allied Health Professions	Not inspected
A8	Training, Experience and Qualifications of Staff	Not inspected
P1	Procedures for use of lasers and intense pulsed lights	Standard met

No	Standard	Regulation	Requirement	Time scale
3	C10 A3	9 (1) (i)	<p>Findings</p> <p>There is insufficient evidence to show the on-going General Medical Council registration and medical insurance details for consultants working under a practising privileges arrangement at the hospital. There is limited evidence to show the on-going continual professional development (CPD) and appraisal arrangements for all consultants and there is no evidence to show that the establishment has reviewed the practising privileges arrangements for all consultants every two years.</p> <p>Action Required</p> <p>The registered person must review the practising privileges arrangements at this hospital. It is required that documentary evidence of training, on-going CPD, appraisal and registration confirmation is in place and that appropriate action is taken for those consultants who do not provide this evidence. All practising privileges must be reviewed every 2 years to ensure that patients receive treatment from appropriately trained and qualified healthcare professionals.</p>	27 th April 2009
4	C11	19 (1) (a)	<p>Findings</p> <p>A sample of Criminal Records Bureau disclosure checks observed indicate that the establishment has an inconsistent approach to undertaking Protection of Vulnerable Adults and Children's checks for all relevant staff.</p> <p>Action Required</p> <p>The registered person must review all Criminal Records Bureau disclosure</p>	13 th April 2009

No	Standard	Regulation	Requirement	Time scale
			checks for staff to ensure that they are appropriate to the role undertaken and to be assured that patients are being treated by staff fit for the position held.	

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Not inspected
C2	Patient Centred Care	Not inspected
C5	Care of the Dying	Not inspected
C14	Complaints Process	Standard met
C15	Information for Patients about Complaints	Not inspected
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Not inspected
A1	Information for Patients	Not inspected
A2	Advertising	Not inspected
A12	Resuscitation	Standard met
A13	Resuscitation Equipment	Not inspected

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Not inspected

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Not inspected
C21	Health and Safety Measures	Not inspected
A9	Health and Safety	Not met

No	Standard	Regulation	Requirement	Time scale
5	A9	25	<p>Findings The last health and Safety report was produced in 2006</p> <p>Action Required The registered person must ensure that an annual health and safety report is produced and action taken as a result of the findings so that patients, staff and anyone visiting the premises are assured of a safe and healthy environment.</p>	13 th April 2009

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

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