

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

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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	✗ Enforcement action taken
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Classic Hospitals Limited
Registered Manager	Mrs. Alison Ruth Peake
Overview of the service	<p>Spire Liverpool Hospital 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 increased dependency beds and a six bedded day unit. Car parking facilities are located at the front and to the back of the hospital.</p>
Type of service	Acute services with overnight beds
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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

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 19 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and were accompanied by a pharmacist.

What people told us and what we found

We had previously inspected this service on 13 February 2013. We found that improvements were required to ensure appropriate arrangements were in place in relation to the recording and storing of medicine. During this visit we found that improvements were still required in relation to provision of appropriate arrangements to manage medicines.

We spoke with seven people who used the service and three of their relatives. They told us that the care they had received had been delivered in a way that respected people's privacy and dignity and their individual wishes. Their comments included,
"All the staff are fantastic".
"Nobody can do enough for you".
"Staff said can I help you in any way, which was great".
"They are very respectful".

During our visit, discussions we had with staff showed they had a clear understanding of the need to respect and value the people they supported. We observed staff interacting with people with sensitivity and compassion.

Staff told us that they had received the support they had needed from senior staff. They also told us that they had undertaken training relevant to their role and had received appropriate professional development.

During our visit we saw evidence that care plans contained sufficient detail to provide guidance for staff to follow and care was planned in line with individual needs and wishes. The provider was effectively assessing and monitoring the quality of service delivery.

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

What we have told the provider to do

We have taken enforcement action against Spire Liverpool Hospital to protect the health, safety and welfare of people using this service.

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.

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.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. One person we spoke with told us "They told me what was happening;" People's privacy, dignity and independence were respected. During our visit, discussion with staff showed that they had a clear understanding of the need to respect and value the people they supported. We observed staff knocking on doors before entering a room and giving clear explanations about care they were about to provide. Staff gave responses which showed that they knew people's needs well and had provided support based on individual needs and choices. Examples of this included, specific dietary requirements and individual discharge planning. We observed staff interacting with people and relatives in a caring and supportive manner.

People who used the service were given appropriate information and support regarding their care or treatment. We found that people had been given detailed information about their planned procedures. We saw examples of leaflets outlining the service and complaints process as well as a range of condition specific leaflets. This showed that information on the service was available to help people understand their care and make informed decisions. Care records showed that individual needs had been assessed. The care records contained assessments and clinical care pathway information. This showed us that the service and treatment had been based on individual needs and choices.

People expressed their views and were involved in decisions about their care and treatment. We were told by the manager that questionnaires had been given out to people who used the service to seek their views on the quality of the service provided. We saw evidence of feedback from completed questionnaires which were positive in areas such as staff attitude and cleanliness of the ward areas.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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 responsive to people needs. People told us they had been happy with the care and support they received.

Staff told us that people who used the service had been supported according to their individual needs. They were able to provide examples such as meeting appropriate dietary requirements and specific discharge planning arrangements.

We looked at six care records. Records showed clear pathways 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 identified. Nursing records showed that people's health had been monitored on a regular basis including blood pressure, wounds, fluid intake and pain scores. The records showed that their needs had been responded to in a timely way. The provider showed us a system in place to identify any clinical early warning signs in response to deterioration or change in an individual's condition which may require greater medical intervention.

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. We also saw that emergency medical equipment was readily available, this included a defibrillator, oxygen, oxygen masks for adults and children. The provider may find it useful to note that although access was available to emergency drugs the lack of clear evidence of protocols for the checking and use of emergency drugs may impact on the ability of the provider to provide emergency care. During our inspection we found that some preoperative instructions given to a person about stopping certain medication was not recorded in the patient's care record. The provider took immediate steps to ensure that any preoperative instructions were fully documented as a part of the care pathway. The provider may find it useful to note that the lack of clear documentation may impact on the

ability of the provider to appropriately monitor individuals under their care.

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

Our judgement

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 taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

We visited the theatres and two wards during this inspection to see how medicines were managed. We talked to two people, managers, nurses and pharmacy staff.

Appropriate arrangements were in place in relation to obtaining medicine. Medicines were ordered by the hospital's pharmacy technician.

Appropriate arrangements were not always in place in relation to the recording of medicine. We checked a sample of controlled drugs (CDs) in each area we visited and found that the stock balances recorded in the CD registers were right. However, some staff were unsure of the hospital's procedure for keeping records of controlled drugs. We found that an out-of-date controlled drug brought in by a patient and stored in the CD cabinet, had not been entered in the register. We were told that one patient had been instructed to stop a medicine before coming into hospital for their operation. However, this was not recorded in the patient's notes. This meant that the patient was at risk of harm from taking their medicines incorrectly.

Medicines were not always handled appropriately. We found that five medicines in the box of medicines that might be needed in an emergency if a child had a severe allergic reaction were out-of-date. When we opened the box we found that the correct medicine could not be taken out quickly as the contents were very untidy. No children were in the hospital at the time. We found that two medicines were missing from another emergency drug box, and one medicine inside the box was out of date. Some emergency medicines were kept nearby in a drawer but two nurses we spoke with did not tell us this. This meant that a patient's life could be put at risk if the right medicines were not 'at hand' for staff to administer.

Medicines were prescribed and given to people appropriately. We looked at two people's prescription charts and saw that they were prescribed pain-relief medicines before

returning to the ward from theatre. Nurses recorded the reason for not administering a patient's medicine. A pharmacist visits the hospital for 2 to 3 hours each day, Monday to Friday. The pharmacist checks prescriptions, talks to individuals and makes sure they continue to receive all their regular medicines if appropriate (called medicine reconciliation). This ensures that people are receiving the appropriate medication.

We talked to two people and both told us that they had received excellent care. We listened while the nurse explained the medicines they were taking home to them. Each nurse explained clearly what the medicines were for, how to take them and how to reduce discomfort from possible side-effects.

Medicines were not always kept safely or at the right temperature. We observed during our inspection that one patient's own medicines had been left unattended, in an unlocked cupboard, in their room. One cupboard used to store controlled drugs did not meet legal requirements. The hospital's records showed that medicines in a refrigerator had been kept at temperatures below zero and above 20 degrees centigrade, at varying times. On the day of our visit, the temperature in the main room where medicines were kept was 30 degrees centigrade. This meant that some medicines may not have been safe to use as they were not stored in accordance with the manufacturer's directions.

Some medicines were not disposed of appropriately. We found that one box of an 'out-of-date' medicine had not been separated from other medicines inside the controlled drugs cupboard. This meant that there was a risk of staff giving out-of-date medicine to a patient.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

All the people we spoke with gave us positive feedback about staff. This included people using the service and their relatives. People told us that staff were very caring and supportive. One person told us " People listened to me and talked me through everything, all the staff introduced themselves".

Staff received appropriate support and development opportunities. Staff confirmed they had had formal supervision meetings with their manager. Staff told us about the "Enabling and Excellence programme", which 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. Staff described their manager as being supportive and approachable and confirmed that they had the opportunity to attend team meetings.

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 life support. This showed us that staff had been supported to maintain the basic skills necessary to carry out their job role. Following our previous visit the manager told us that they had put in place extra training in regards to clinical documentation and medicines management. The provider may find it useful to note that some staff demonstrated that they were unsure of the correct protocol to follow for controlled and emergency drugs. The lack of detailed knowledge of policies and procedures may impact on the ability to provide quality of care for people using the service.

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.

Reasons for our judgement

During our visit we saw evidence of the quality assurance systems that were in place at Spire Liverpool Hospital to ensure people received safe, appropriate care, treatment and support. We saw evidence of the reporting structures across the provider organisation as part of its quality framework. Records showed that the provider had an annual audit plan and regular audits had been carried out monthly and quarterly. The audits included departmental health and safety audits, documentation, infection prevention and control and compliance with clinical pathways. We saw that results of audits had been presented to the appropriate committee such as the health and safety committee or the clinical governance committee. The audits were accompanied by relevant action plans to address any areas for improvements. This ensured that any shortfalls were addressed and followed through.

We were told that the provider had increased the medication audits since our last visit. However the provider may find it useful to note that these audits had not identified the issues of controlled drugs that we had found. This means there was a risk these audits were not fully effective at identifying all weaknesses in medicines management.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People told us that they had been asked for their opinion the service they had received. One person told us that they had been asked to fill in a satisfaction questionnaire about the care they had received. We saw completed comments and feedback questionnaires which included, "I liked the lovely manner of all the staff and the real efficiency of care".

There was evidence that learning from incidents and investigations had taken place and appropriate changes were implemented. Staff told us and records showed that regular staff meetings had been held and they covered issues such as training and clinical documentation. We were shown a clinical scorecard summary which highlighted the key quality measures that the provider used to monitor and improve the quality of their services. The scorecard included trends and analysis of areas such as complaints, readmissions, slips trips and falls.

The provider had comprehensive policies and procedures in place which had been reviewed and updated on a regular basis. Information about how to complain was available for people who used the service and systems were in place to ensure that any complaints or adverse incidents were investigated.

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 01 August 2013	
This action has been taken in relation to:	
Regulated activities	Regulation or section of the Act
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
Surgical procedures	Management of medicines
Treatment of disease, disorder or injury	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

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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