

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

Spire Gatwick Park Hospital

Povey Cross Road, Horley, RH6 0BB

Tel: 01293785511

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

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

Details about this location

Registered Provider	Spire Healthcare Limited
Registered Manager	Mrs. Heather Dob
Overview of the service	<p>The Spire Gatwick Park Hospital is a purpose built private hospital located at Horley. The hospital has three operating theatres, a high dependency unit, an endoscopy suite and a day care unit. There are 64 inpatient beds, outpatient services, imaging and physiotherapy departments. The hospital also performs its own sterile services and pathology service at this location.</p>
Type of service	Acute services with overnight beds
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Management of supply of blood and blood derived products</p> <p>Services in slimming clinics</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 8 January 2014, 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 and reviewed information given to us by the provider.

What people told us and what we found

Patients spoke positively about the care and treatment they received. One patient said "The staff are excellent. The Consultant has been brilliant". Another patient said "The staff have kept me informed throughout my whole stay. The staff act in a professional manner and there always seem to be enough staff working".

We found that patients' care needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan.

There were sufficient numbers of suitably qualified, skilled and experienced staff to meet patients' needs.

We found that patients were surveyed about the care they received. This meant the Provider was seeking the views of people to help improve the quality of the service they provided.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

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

Care and welfare of people who use services

✓ Met this standard

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

Patients we spoke with told us they had been able to meet with their Consultant before they agreed to receive any care or treatment. We were told that as patients, they felt involved in their care and were offered various options of treatment. Patients said they felt they were at the centre of the treatment process and that they were consulted at all stages of their treatment so they felt in control of their care.

We observed care being delivered on the day care unit and also on the in-patient ward. We observed staff treating patients with respect; for example, staff always knocked on the patient's door before they entered the room.

The care records we reviewed contained detailed information such as health assessments, risk assessments and monitoring forms which included but were not limited to patient vital sign observation forms. The Provider had an Early Warning System (EWS) in place which guided staff to monitor patients' vital signs such as heart rate, blood pressure, respiratory (breathing) rate and blood oxygen levels; when these monitored parameters fell outside the normal acceptable limits for the patient, staff were prompted to refer their findings to the Resident Medical Officer (RMO) who would then review the patient to ensure they had not deteriorated. We found that people who were admitted to undergo specific treatments or surgery such as hip or knee replacements were placed onto individual patient care pathways. These pathways helped to inform staff how best to treat patients and to prepare them for surgery, as well as providing guidance on post-operative recovery and discharge planning. This meant that patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Prior to our inspection the Provider had informed us that a patient had fallen post-operatively and had sustained an injury. During this inspection we case tracked six patients who had been admitted for lower limb surgery. Each patient had been pre-assessed by a member of the nursing team and each patient had completed a pre-assessment health questionnaire. On admission, the nursing staff had carried out a falls

risk assessment for each patient. One member of staff informed us that patients who had been admitted for lower limb surgery were routinely referred to the physiotherapy team prior to discharge; this referral was made to ensure people's mobility was assessed before they left hospital to ensure they were able to safely mobilise either independently or with the assistance of walking aids.

We observed one physiotherapist helping to assist a patient who was recovering post-operatively, mobilise along the ward; we noted that this engagement between the physiotherapist and patient was positive. The physiotherapist was talking to the patient in a gentle and calm manner and was explaining what they were doing in terms which were easy to understand. The patient appeared relaxed. The patient told us "The staff have been excellent. They always ask for my permission before they carry out any care and they always explain what they are doing".

Overall this meant people received safe and effective treatment and care that met their needs. However, the Provider may find it useful to note that the inspection team found the care records to be unorganised and poorly maintained; we found that care records were not securely fixed inside the care folder. This meant there was a risk that sensitive and important patient information was at risk of being misplaced or lost.

There were arrangements in place to deal with foreseeable emergencies. There were policies in the event of medical emergencies and staff had attended training on basic and advanced life support. There were emergency medicines and equipment including oxygen, and defibrillators. There were arrangements in place for transferring patients whose conditions deteriorated to a local acute NHS hospital who had access to appropriate Intensive Care Services.

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

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

In the operating theatres we spoke with the department manager who told us that there was sufficient staff to cover the requirements of safe practice. This included surgical, anaesthetic and recovery staff. We found that staff allocated to work in the operating theatre and recovery department had undertaken training in paediatric life support and two senior members of staff had been identified as the "Paediatric lead" for the department; this meant that the two staff had been selected to attend an advanced paediatric life support training programme which was provided by the UK Resuscitation Council.

At the time of this inspection, Spire Gatwick Park Hospital was accepting paediatric surgical patients. The registered manager told us that the overall number of children admitted for surgery was low when compared to adult patients. We found that when children were referred to Spire Gatwick Park Hospital, a team of qualified children's nurses were contracted on a flexible basis to care for them. We spoke with the manager responsible for the provision of children's nurses. We found that children would always be pre-assessed prior to admission to ensure the location could meet the child's needs. A children's nurse was then allocated to admit and care for the child and to then carry out a post-discharge follow-up to ensure the child had, or was on the way to fully recovering from their procedure.

We spoke to nursing staff on both the day care unit and in-patient ward. One member of staff told us the dependency levels for some patients was increasing, and as such there had been a need to develop a High Dependency Unit which was staffed by a qualified team of high dependency nurses. They told us that they received good support from the ward manager including training opportunities, attending ward meetings and appraisals. The ward manager told us that staff were supported to develop their clinical skills so that they could safely manage high dependency patients. This had meant the number of patients transferred to acute NHS services had greatly reduced as the location was now able to manage the acutely unwell patient.

Patients and visitors we spoke with told us they considered there to be good staffing levels on the wards we visited.

One patient said "The service, staff and the overall system is faultless. The staff are fussing too much really as they are always checking on me to make sure I am okay".

On the day of the inspection we found that the wards we inspected were generally well staffed with permanent staff. This meant that patients were being cared for by a team who were familiar with the hospital and who were familiar with local practices and procedures and who would provide consistent care for people who required overnight or inpatient care.

The registered manager told us they had reviewed the occupancy of the hospital throughout the week and had identified times of the day and night when patient activity was higher now than compared to previous years. As a result, the management team had been required to review their existing staffing establishment to ensure that staffing levels were appropriate to meet the needs of the patients who used the service. For example, the catering team had been required to adjust their rotas so that there were more staff working during the peak times of Wednesday, Thursday, Friday and Saturday; they had historically allocated more people to work on the quieter days such as Monday and Tuesday.

One ward manager told us about the rostering of staff on the wards; they felt confident that they had an appropriate number of staff with the appropriate skills to meet patients' needs. The Ward Manager told us they managed their own budget which helped to ensure they could access additional staff as and when needed.

We saw there was enough staff on each ward at lunchtime to give the patients the help and support they required. During our visit we saw that call bells were answered quickly and staff had time to respond to the patients' requests.

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

Patients, their representatives and staff were asked for their views about their care and treatment and they were acted on. The Registered Manager told us that the service aimed to gain feedback from patients following their treatment. They told us that patients were given a satisfaction questionnaire on admission therefore allowing people to complete the form prior to their discharge; this could be anonymous if they wished. We saw that the results from the satisfaction questionnaires had been collated by an external agency and the results were shared with the service.

We also found that, in addition to the routine patient feedback questionnaire, an additional "Your feedback counts" questionnaire was sent to 50 inpatients and 20 day case patients. Where people had agreed, the service invited patients back to the hospital following completion of their treatment so they could meet with the registered manager and other members of the senior management team. The purpose of these meetings, or "Heart-to-Heart" evenings was to discuss patients' experiences of using the service and to identify any areas of potential improvement.

We reviewed the patient satisfaction survey results for two consecutive quarters. We found that there had been improvements in patient satisfaction in a number of areas. Examples of improvement included areas such as patients "Feeling as though the staff wanted to get to know me" and "I felt as though the staff were interested in what I had to say".

As part of this inspection we reviewed the complaints process in order to determine whether the Provider managed complaints appropriately. We found that there was 1 open complaint on the day of inspection. The complainant had been acknowledged and an investigation was underway. The staff member responsible for handling complaints told us that all complaints were acknowledged within 5 working days and a formal response was sent within 21 days following a period of investigation. Where investigations were anticipated to exceed this time period, additional correspondence was sent to the

complainant to inform them of the reasons for the delay. We found that no complaints had escalated to a level two complaint which meant that complaints were being appropriately managed and resolved at an early stage.

Evidence was seen of recent audits having been carried out in this service for example on slips, trips and falls and Consultant Surgeon documentation. We noted that steps had been taken to address any identified concerns. We noted that these audits were positive and where any concerns were identified, these were being addressed. For example, where an audit had identified missing information from surgical or medical notes, these were discussed at the "Clinical Effectiveness Committee" and reports were forwarded to the Consultant team to help address areas of poor documentation or non-compliance with local protocols and policies.

In addition to the review of clinical audits, the Provider had a system in place which allowed staff to record clinical and non-clinical incidents; the Provider used an electronic incident reporting system called "Datix". On the day of our inspection, there were 40 Datix incident's which remained outstanding. The Datix co-ordinator told us that the incidents were reviewed every two weeks by the Matron and were also discussed at the Clinical Effectiveness Committee and Medical Advisory Committee. The Registered Manager told us that the service was always looking to identify trends in relation to incidents so that the necessary improvements could be made. We reviewed minutes from the Clinical Effectiveness Committee which was held on 18 December 2013 and also from the Medical Advisory Committee which was last held on 28 November 2013. Each of these minutes reflected that clinical and non-clinical incidents had been reviewed and that there had been no recorded trends identified. This meant that where incidents had occurred, appropriate measures had been implemented to help reduce the risk of the same or similar incident occurring again in the future.

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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