

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

## Spire Norwich Hospital

Old Watton Road, Colney, Norwich, NR4 7TD

Tel: 01603456181

Date of Inspection: 30 May 2013

Date of Publication: June 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Spire Healthcare Limited
Registered Manager	Mr. Daniel Cyprus
Overview of the service	Spire Norwich Hospital is registered to provide acute care for a total of 67 people.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
Staffing	12
Complaints	13
<b>About CQC Inspections</b>	14
<b>How we define our judgements</b>	15
<b>Glossary of terms we use in this report</b>	17
<b>Contact us</b>	19

## 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 30 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

---

### What people told us and what we found

---

Everyone we spoke with told us that they had been treated with respect by staff and that they were aware of the treatments that they needed. This told us that people's privacy, dignity and independence were respected.

The individual care pathways seen were linked to the procedure carried out and demonstrated a holistic approach to care. We noted that any variations to planned care were recorded and actions to address these documented. This showed us that people experienced care, treatment and support that met their needs and protected their rights.

We saw that the hospital was clean and that the provider was paying due regard to the code of practice for health and adult social care on the prevention and control of infections and related guidance. This meant that people were protected from the risk of infection because appropriate guidance had been followed.

The records seen showed us that there were sufficient staff on duty to meet the needs of the people receiving care and treatment during the inspection. We saw that people who needed additional assistance received this from staff. This showed us that there were enough qualified, skilled and experienced staff to meet people's needs.

We noted that any complaints received had been managed in line with the provider's policies and procedures. Each complaint had been investigated fully and responded to. This demonstrated to us that there was an effective complaints system available.

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](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

## Our judgements for each standard inspected

**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 privacy, dignity and independence were respected.

---

### Reasons for our judgement

---

We spoke with eleven people who were receiving various treatments in this hospital during our inspection and also met with eight visitors to the service. People told us that they were aware of the treatment they were having and confirmed that they had been involved in discussions with their lead consultant and where appropriate, their consultant anaesthetist regarding their specific care and treatment.

Everyone we spoke with told us that they had been treated with respect by staff and that they were aware of the treatments that they needed. People told us that they had signed the relevant consent form for their surgical procedure whilst others confirmed that their treatment plan had been discussed with them. For example, one person told us that, "I am getting over my procedure and everyone has been supportive." Another person told us that, "I was kept informed about my operation and I have my instructions ready for when I go home." Some one else told us that, "The staff have been supportive and have kept me informed."

We also examined the care pathways of four people receiving care and treatment in the hospital. These showed us that, where possible, people, their relatives and friends were supported to be involved in the treatment that they were receiving. Written documentation was seen to be person focused and individualised. We noted that where applicable consent forms had been completed appropriately and signed by the person and their consultant.

Staff were seen to be respecting the privacy and dignity of the person receiving care and treatment, by knocking on room doors before entering and addressing people in a respectful but friendly manner.

Visiting hours were open and those visitors spoken with were complimentary about the care and respect demonstrated by staff when caring for their relative.

There was good provision of information for people around the hospital. We saw examples of patient information leaflets on each ward area and within each out patient area as well

as in the main reception area of the hospital. These included condition specific information, general information leaflets and leaflets about specific clinics provided within the hospital. These were noted to be comprehensive and included advice on pre and post operative precautions and any potential side effects of the treatments being given.

**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**

---

On the day of our visit there were people who were receiving pre and post operative care and other people were receiving oncology care as part of a treatment plan. People were also attending outpatient appointments or various diagnostic and screening procedures including physiotherapy and x rays.

We spoke with eleven people who were receiving care and treatment in this service. They told us that they were satisfied with the levels of care and expertise shown by staff. People were complimentary about the meals provided.

One person told us that, "I had my operation two days ago and am already feeling more confident." Someone else told us that, "I have been pleased with the care and attention shown by staff since I have been coming in for my weekly treatments." Another person told us that, "I know all about my operation and my consultant has explained everything to me."

We also spoke to some visitors to the service and they confirmed that they were happy with the care and treatment that their relative was receiving.

This hospital provided outpatient consultations, screening and diagnostic procedures such as CT (Computerised Tomography) and MRI (Magnetic Resonance Imaging) and day and overnight surgery for people with private healthcare insurance, people who pay privately and NHS "choose and book" services for people under the Department of Health's NHS choice agenda. The hospital had been accredited by a major insurer as a centre for breast and colorectal cancer care.

We reviewed four care records of people who were receiving care and treatment in this hospital during our inspection. A clear pre-admission procedure was in place and this included pre-admission assessment questionnaires for people to complete. We saw that everyone received a comprehensive pre-admission letter. This included specific information relating to the condition or the procedure being undertaken. These included pre and post treatment information and helpful telephone numbers for people to contact if required. The individual care pathways seen were linked to the specific procedure carried out and demonstrated a holistic approach to care including arrangements for returning

home. We noted that any variations to planned care were recorded and actions to address these documented.

We saw that further assessments and investigations were carried out for those people identified as being at higher risk of potential complications associated with surgical procedures including having a general anaesthetic. We noted that agreements were in place to facilitate the urgent transfer of people to the local NHS acute hospital where this was deemed clinically necessary.

Nursing staff were seen to be responding promptly to call bells and providing additional support to people who needed this. We saw that physiotherapists were assisting people on the in-patient wards with specific treatment linked exercises and other support to facilitate their recovery and rehabilitation. Nursing staff were able to outline how they monitored people's care needs and were able to describe the steps they would take if they were concerned about someone's physical health. Further support was provided by a Resident Medical Officer (RMO) system that ensured that prompt medical support was available at all times.

The provider may find it helpful to note that we saw some gaps in the completion of daily checks of the resuscitation equipment located within one ward area. These concerns were brought to the attention of senior staff. We noted that the other resuscitation equipment within the hospital had been monitored and checked in accordance with the provider's policy and procedures.

**People should be cared for in a clean environment and protected from the risk of infection**

---

**Our judgement**

---

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

---

**Reasons for our judgement**

---

We saw that the provider was paying due regard to the code of practice for health and adult social care on the prevention and control of infections and related guidance. For example the provider's policies and procedures reflected the guidance within the code of practice.

We had a tour of the main in patient ward areas and some of the out patient facilities. We saw that the areas visited and equipment used by people were clean and well maintained. A cleaning operative spoken with was able to outline their duties and responsibilities. Records seen demonstrated adequate dedicated cleaning hours per day. We noted that part of one ward was being refurbished and redecorated and that steps had been taken to minimise the disruption to people using the service and staff.

People told us that they felt that the hospital was clean and some people were also complimentary about the service provided by the hospital's domestic and hotel services staff.

One person told us that, "The hospital is clean and my room has been cleaned at least once a day." Someone else told us that, "All the staff work very hard to keep things clean around here."

Clear guidelines were in place for the standards of cleaning and senior staff confirmed that they were involved in the monitoring of these and if concerns were identified they were able to access additional cleaning resources. For example we saw cleaning checklists had been completed appropriately and that audits of cleanliness had been carried out by senior staff and any necessary remedial action had been taken.

Senior staff informed us that the provider had agreed to take part in the Department of Health's Patient Led Assessment of the Care Environment (PLACE) with the first visit taking place in June 2013. We also noted that the hospital's kitchen had received a 'five star' rating for cleanliness from South Norfolk District Council's environmental health department.

Hand sanitizers were available at the entrance to each ward with signs requesting their use by all who entered. These were also in place in each ward and in each single room. Specialist spillage kits were available if necessary and deep cleaning of the three operating theatres took place every six months. Staff were wearing Protective Personal Equipment (PPE) including aprons and gloves as needed and those uniforms seen were clean and tidy.

The hospital had a dedicated nurse specialist hospital infection prevention and control lead and this role was supported by senior managers and ward based clinicians. We saw evidence of infection control link staff meetings that were held every two months. The minutes seen showed us that these had been attended by staff from each department including house keeping. Good links were seen with the local NHS acute trust and senior staff confirmed that specialist infection control and prevention advice and support were accessed as needed from this organisation. Patient information leaflets were seen that explained proactive Methicillin Resistant Staphylococcus Aureus (MRSA) screening.

We saw records that showed us that the hospital's infection control committee met every three months and the minutes seen showed us that any actions arising had been addressed by the relevant department. The records seen confirmed that the service had not experienced any cases of hospital acquired Clostridium Difficile, MRSA or had a Norovirus outbreak within the past 12 months.

Senior staff confirmed that there was system in place for ensuring that each room was thoroughly cleaned in between each admission and that a system was in place for the monitoring and replacement of mattresses including the maintenance and installation of pressure relieving beds and other specialised mattresses.

## 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

---

People told us that they felt that there were plenty of staff available to meet their needs. For example one person told us that, "If I need any help the staff are quick to respond."

The records seen showed us that there were sufficient staff on duty to meet the needs of the people receiving care and treatment during the inspection. This was supported by the observation of care practices during our visit where we saw sufficient staff available to provide care and support to the people using the service. For example, we did not see people being kept waiting for assistance and saw that there were sufficient numbers of staff to ensure the dignity, privacy and independence of people who were using this service. We also saw that people who needed additional assistance received this from staff.

We reviewed the system in place for assessing staffing levels within the hospital. This consisted of a risk assessment tool that identified staffing levels that were sufficient to address any foreseeable emergencies and was also linked to the assessed dependency of each person being admitted.

Specialist staff were employed and evidence was seen that these staff had received further training to prepare them for this role. We noted that there was a Resident Medical Officer (RMO) on duty at all times to provide permanent medical support for people who may require this.

Those training records seen demonstrated that staff were up to date with their mandatory training. We saw that staff had the opportunity for further professional development in line with their Personal Development Plan (PDP).

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

---

**Our judgement**

---

The provider was meeting this standard.

There was an effective complaints system available.

---

**Reasons for our judgement**

---

The service had a corporate complaint policy and this was currently under review. This made reference to key information including the NHS complaints procedure, complaint escalation and the right for complainants to access independent external adjudication.

Information about making a complaint was included in the information sent with each appointment letter. Each person also had access to a folder that included information about raising any concerns that they may have.

We reviewed the record kept of complaints received by the service. We noted that these had been managed in line with the provider's policies and procedures. Each complaint had been investigated fully and responded to. We noted that any learning from these had been discussed at the relevant team meetings and by the clinical effectiveness group and the Medical Advisory Committee (MAC).

Records were seen that showed us that the MAC met every three months. The minutes of these meetings told us that actions were being taken to address any clinical issues or concerns with individual practice.

We saw that the patient satisfaction survey questionnaire was issued on each person's discharge from the hospital. The results of these were collated at corporate level and responded to at local level if required. We noted that the service had received a number of positive comments from people as a result of this feedback.

## 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---