

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

## Spire Washington Hospital

Picktree Lane, Rickleton, Washington, NE38 9JZ

Tel: 01914188660

Date of Inspection: 12 November 2013

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November 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Spire Healthcare Limited
Registered Manager	Mrs. Shelagh Alderson
Overview of the service	Spire Washington Hospital is an established healthcare provider in Washington, Tyne & Wear. It has 47 inpatient beds and the range of services offered include day surgery, and outpatient services. The hospital also provides a range of clinical investigations. Both adults and children (three years of age and above) can be treated at this location.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Family planning Services in slimming clinics Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

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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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 November 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 staff and reviewed information given to us by the provider.

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### What people told us and what we found

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All of the patients we spoke with were happy with their care and treatment. One patient said "I can only describe the care as outstanding". Another said "I couldn't rate the hospital highly enough, and I have been well looked after, the staff are professional and caring." A patient also told us "Everything was explained properly and the girls (nurses) are smashing". We talked with some of the in-patients and their relatives, and found that people spoke positively about their experiences of care and treatment at the hospital. We found people were asked to sign a consent form before receiving any treatment. The people we spoke with said they had received an assessment of their needs and felt supported by all members of the staff team.

We looked at staff rotas for in patient and other departments operating throughout the hospital and found they were being adequately staffed. We saw that the provider had a system in place for the quality checking of systems to manage risks and assure the health welfare and safety of people. The provider also responded to any complaints they received. Complaints were monitored so that the provider could learn from mistakes and improve the service.

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

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### More information about the provider

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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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes and where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

We asked for the provider's consent policy. The policy was in date with a review date set for September 2014. The policy explained what consent was, gave guidance regarding people who lacked capacity to give consent, documentation and responsibility about consent and the treatment of children.

We asked to see medical records to check consent had been obtained. We discussed this with the ward manager who explained at what stage consent is obtained and she showed us four medical records where consent forms had been signed. These corresponded with the person and the type of treatment they were receiving.

We asked patients about their consent to treatment. All of the patients we spoke with said they had completed a consent form both with the consultant and the anaesthetist prior to their operation. They all confirmed that they were involved in their plan of treatment and were given the opportunity to discuss the choices and options available and the risks were pointed out. One person told us they had a full 45 minute appointment where "extensive" information about them was collated before their admission. Two people we spoke with who were in the outpatients department having follow up appointments also recalled signing consent forms and said the procedure and risks were explained to them prior to surgery. This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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We asked patients how they felt they were being looked after. One patient said "eleven out of ten". When we asked about how they were treated one patient said "The treatment is brilliant".

Patients we spoke with commented on how good they thought the information was they had received prior to admission to hospital. One person explained they had had a back operation and prior to admission they were given a booklet explaining everything including exercises which were necessary after the operation. They felt that they were better prepared to ask questions when they were admitted to hospital.

Patients we spoke with said they were treated with dignity and respect. One person said the staff were "Amazing, and were happy to help and very courteous". In patients said their requests and buzzers were responded to promptly and all of the patients we spoke with said their pain relief whilst in hospital and on discharge was managed effectively. One person commented particularly on the smooth discharge arrangements.

We looked at three people's care plans on the ward which included medical details and treatments and medication. Care plans / pathways reflected the individual needs of patients and all entries we read had been signed and dated by staff. We found the care records included assessments by the nursing team prior to surgery taking place. Care plans were individualised according to the treatment patients were receiving. We saw there were care pathway documentation for replacement of knees and hips. Care plans included the nursing pre-operative assessment and any prior investigations such as blood results, swab results, and a clinical pre-operative assessment. There was information from the anaesthetist and surgeon as well as a surgical and recovery checklist signed by all clinical staff involved. All three of the care plans had patient history information, pre assessment information including medical history and allergies, operation treatment notes, observation notes and discharge information.

We spent time in the outpatients department where we spoke with reception and nursing staff. Staff dealt promptly and politely with people arriving at the department. Two people we spoke were returning for follow up appointments and said they had been very happy with the treatment and service they received from the hospital. All the patients we spoke

with confirmed that they had been kept informed about their treatment and when they were likely to be discharged.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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

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." They said the staff available were able to assist them with any needs they had. People told us they'd never had a problem locating a member of staff when they needed one. We did not see people being kept waiting for assistance when call bells were alerted and there were sufficient numbers of staff to ensure the dignity, privacy and independence of people who using this service were being met.

We reviewed the system in place for assessing staffing levels within the hospital. We spoke with the ward manager who told us that staffing levels were decided in advance at weekly meetings attended by the ward and theatre managers, and were calculated on the amount of patients and the quantity and complexity of procedures to be undertaken. We were told how agency staff are rarely used and how any unexpected absences were covered by the flexible deployment of other staff and use of bank staff. All of the staff we spoke with during our visit were permanent staff.

The ward manager was responsible for establishing and maintaining ward staffing levels that were sufficient to address any foreseeable emergencies and were also linked to the assessed dependency of each person being admitted. Staff confirmed to us that the ward manager would assess any situation of staff shortages and bring in additional staff to meet any shortfalls. This demonstrated the service had strategies in place to identify potential staff shortages and implement appropriate action to rectify any shortfalls. 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.

## 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

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### Our judgement

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The provider was meeting this standard.

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.

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### Reasons for our judgement

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Spire Washington Hospital had a number of different ways in which it assessed and monitored the quality of service delivered. We looked at performance reports, audit schedules, the organisation's quality accounts, risk management/governance systems and patient experience/satisfaction reports. The hospital could demonstrate that they proactively assessed and monitored the quality of service provision. We saw there were audit programmes that were carried out at regular intervals and informed by local and national priorities. Recent audits had included medical records, intraoperative temperature, pregnancy testing and a pain score audit.

The clinical governance co-ordinator told us how audits had resulted in positive changes to services and care practices. We saw that the audit findings were implemented at ward level through ward action plans, feedback at team meetings and one to one feedback. The ward manager described how the ward completes local audits, of which the most recent had been a mattress and food choice audit.

Spire Washington hospital could demonstrate that they monitored clinical outcomes through reports and clinical governance groups. For example quarterly clinical governance reports were produced and shared with the NHS which included key clinical indicators such as length of stay, infection control and readmissions. The governance group looked at audit findings, national targets, local issues, notifications, patient views and complaints. The hospital also had a series of specialist governance groups such as the endoscopy user group. The head for clinical services manager explained to us how the joint advisory group (JAG) included endoscopy consultants, who had devised a system where endoscopy units could follow an agreed approach to provide optimum patient care and ensure the highest standards within endoscopy units were maintained. The Spire Washington were currently JAG compliant and are working towards achieving accreditation status.

We saw that staff had access to an online DATIX notification system that feeds into governance meetings. The system allows trend analysis and we saw evidence that the hospital undertook root cause analysis for any serious notifications. (Root cause analysis (RCA) is a method of problem solving that tries to identify the root causes of faults or problems in an organisation). The hospital produced different reports on patient satisfaction including a catering survey, reception survey and patient discharge survey.

These reports ranged from monthly to annual. A national Spire patient feedback report had just been completed which included a breakdown of Spire Washington performance. Patients were encouraged to give feedback through a patient satisfaction survey which was provided on discharge.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

Comments and complaints people made were responded to appropriately

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### Reasons for our judgement

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We found since July 2013 any complaints forwarded to the company head office had been dealt with by an external agency which then sent the information to relevant staff and teams to investigate. We saw evidence that complaints were part of clinical governance groups and that they were investigated and action taken when necessary. Quarterly clinical governance reports contained a standing item on complaints with timeline analysis by category, common themes, trends and the actions taken. The actions taken included training for staff, additional equipment purchased, change in process and fees waived.

People's complaints were fully investigated, and were resolved where possible to their satisfaction. 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 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 a local level if required. We noted that the service had received a number of positive comments from people as a result of this feedback.

All of the patients we spoke with said they had no cause to complain. They all said that there was information in the pack they received prior to their treatment at the hospital about how to make a complaint.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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