

Inspection Report 2008/2009

Spire Wellesley Hospital

Eastern Avenue, Southend-on-Sea, Essex SS2 4XH

Introduction

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

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

Background

Spire Wellesley Hospital is an established healthcare provider in the Southend-on-Sea area. It is a 51-bedded hospital based in purpose-built premises. The range of services offered include acute healthcare, day care, in-patient and out-patient services. The establishment also provides a range of clinical investigations, and laser and intense pulsed light treatments. Both adults and children (three years of age and above) can be accommodated. High dependency care is offered within a dedicated unit, for those assessed as requiring a higher level of care and observation.

This inspection took place on 4 February 2009, and was announced.

Main findings

The Spire Wellesley Hospital provides a service that meets the needs of its patients within an environment that is clean, well maintained, comfortable and adequately staffed. Equipment and facilities were of a good standard overall, and staff were helpful, professional and courteous at all times during the inspection.

The hospital is to build a new theatre sterile services unit (TSSU) within the grounds of the hospital, as the current unit is not CE compliant. There is no current legal deadline for the hospital to implement this and, as such, the provider has no clear timeframe for the unit to be built. However, an action plan to manage the current TSSU is in place, until the new unit is built. This includes appropriate update training for TSSU staff to carry out their roles and contingency plans in event of equipment breakdown.

Theatre lists and bookings procedures have been reviewed and a new system has been implemented to prevent booking errors and backlogs. With regards to medical records, whilst staff

have clear patient pathways to follow within patients' notes, some health care professionals are not routinely completing the preventing wrong site surgery checklists, despite this being hospital policy and being strongly recommended by the National Patient Safety Agency and Royal College of Surgeons.

We would like to take this opportunity to thank the provider, their management team and all the staff for the assistance given in this inspection.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Acute Hospital (Overnight)	Independent Hospital (IH)
Prescribed Techniques – Class 3B/4 lasers	PT(L)
Prescribed Techniques – Intense Pulsed Light	PT(IL)
Prescribed Techniques – Endoscopy	PT(E)

Conditions of registration

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

Condition	Assessment
None	

Assessments

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

The Healthcare Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

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

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

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects

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

The assessments are grouped under the following headings:

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

Types of Standards

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

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

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Not inspected
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Not inspected

Number	Standard Topic	Assessment
C22	Medicines Management	Not inspected
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Not inspected
C25	Infection Control	Not inspected
C26	Medical Devices and Decontamination	Standard met
A10	Infection Control	Not inspected
A11	Decontamination	Standard met
A33	Responsibility for Pharmaceutical Services	Not inspected
A34	Ordering, Storage, Use and Disposal of Medicines	Not inspected
A35	Administration of Medicines	Not inspected
A36	Self administration of Medicines	Not inspected
A37	Medicines Management	Not inspected
A38	Aseptic Dispensing, Non Sterile Manufacture and Repacking	Not inspected
A39	Storage and Supply of Medical Gases	Not inspected
P3	Safe operation of lasers and intense pulsed lights	Not inspected

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Not inspected
A14	Meeting the Psychological and Social Needs of Children	Not inspected
A15	Staff Qualifications, Training and Availability to Meet the Needs of Children	Not inspected
A16	Facilities and Equipment to Meet the Needs of Children	Not inspected
A17	Meeting Children's Needs During Surgery	Not inspected
A18	Pain Management for Children	Not inspected
A19	Transfer of Children	Not inspected
A20	Documented Procedures for Surgery – General	Standard met
A21	Documented Procedures for Surgery – Patient Care	Not inspected
A22	Anaesthesia and Recovery	Not inspected
A23	Operating Theatres	Not inspected
A24	Procedures and Facilities Specific to Dental Treatment under General Anaesthesia Facilities	Not inspected
A25	Cardiac Surgery	Not inspected
A26	Cosmetic Surgery	Not inspected
A27	Day Surgery	Not inspected
A28	Transplantation	Not inspected
A29	Arrangements for Immediate Critical Care	Not inspected
A30	Level 2 or Level 3 Critical Care within the Hospital	Not inspected
A31	Published Guidance for the Conduct of Radiology	Not inspected
A32	Training and Qualifications of Staff Providing Radiology Services	Not inspected
A40	Management of Pathology Services	Not inspected
A41	Pathology Services Process	Not inspected
A42	Quality Control of Pathology services	Not inspected
A43	Facilities and Equipment for Pathology Services	Not inspected
A44	Chemotherapy	Not inspected
A45	Radiotherapy	Not inspected
P2	Training for staff using lasers and intense pulsed lights	Not inspected

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Not inspected
C10	Practising Privileges	Not inspected
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Standard almost met
C31	Information Management	Not inspected
C32	Research	Not inspected
A3	Qualifications of all Medical Practitioners	Not inspected
A4	Qualifications and Experience of Medical Practitioners Undertaking Independent Private Practice (i.e. without supervision, commonly known as "Consultants")	Not inspected
A5	Practising Privileges and the Medical Advisory Committee	Not inspected
A6	Resident Medical Officers	Not inspected
A7	Allied Health Professions	Not inspected
A8	Training, Experience and Qualifications of Staff	Not inspected
P1	Procedures for use of lasers and intense pulsed lights	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C30	9(1)(e)-(f)	<p>Finding Health care professionals do not routinely complete the preventing wrong site surgery checklist within patients' care pathways. Where the checklist was completed some entries were not timed or dated as required.</p> <p>Action required The registered person must ensure that preventing wrong site surgery forms are completed clearly, fully and contemporaneously in line with the provider's relevant policies and national guidance, so that patients are protected from harm and there is a complete and accurate record of their care and treatment.</p>	28 February 2009

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Not inspected
C2	Patient Centred Care	Not inspected
C5	Care of the Dying	Not inspected
C14	Complaints Process	Not inspected
C15	Information for Patients about Complaints	Not inspected
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Not inspected

Number	Standard	Assessment
A1	Information for Patients	Not inspected
A2	Advertising	Not inspected
A12	Resuscitation	Not inspected
A13	Resuscitation Equipment	Not inspected

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Not inspected

Care environment and amenities

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

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

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