Inspection Report

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

Spire Wellesley Hospital

Eastern Avenue, Southend On Sea, SS2 4XH

Tel: 01702462944

Date of Inspections: 11 October 2013
10 October 2013

Date of Publication: November 2013

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
Meeting nutritional needs	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Requirements relating to workers	✗ Action needed
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Spire Healthcare Limited
Registered Manager	Mr. Roger Lye
Overview of the service	The Spire Wellesley Hospital is an established healthcare provider in the Southend-on-Sea area. It is a 46-bedded independent hospital based in purpose-built premises. Services offered include acute healthcare, day care, inpatient and out-patient care. The establishment also provides a range of clinical investigations. Both adults and children (three years of age and above) can be accommodated. High dependency care is offered within a dedicated unit.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Family planning 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'.

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 10 October 2013 and 11 October 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

We also spoke with the local clinical commissioning group and the local NHS acute trust.

What people told us and what we found

We spoke with three people that were using the service at the time of our inspection. All three were, or had been, inpatients that had undergone surgery at the hospital. All three said they had received a thorough pre-admission assessment, in which they were asked about any special dietary needs and requirements. They said that the food was excellent. They said they had been given good information about the surgical procedure they were due to undergo and had given consent accordingly. All three people said they would recommend the hospital.

Of those cases we reviewed, we found that good care and treatment was provided to people, which included a thorough pre-admission assessment and risk assessments. We found that people's nutritional and dietary requirements were well catered for and that agreements with other providers were properly monitored, with the exception of a critical care transfer agreement with the local NHS trust. In respect of contracted staff, we found that training and appraisal was up to date but for those doctors for whom practising privileges were awarded we had serious concerns about the provider's management of this process and their failure to ensure that consultants had current indemnity, appraisal and up-to-date immune status.

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

What we have told the provider to do

We have asked the provider to send us a report by 21 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

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

We recently received a notification from the provider about an incident that had been raised in respect of surgery provided to a patient at the Spire Wellesley Hospital. We therefore looked at the medical records for ten people that had undergone hernia repair, hip replacement or knee replacement surgery. These cases were a mix of patients that had been seen privately, or under the NHS.

In all cases viewed we saw that a good pre-admission assessment had taken place. Any important risk assessments had been completed to ensure safer surgery and aftercare, such as venous thromboembolism (VTE) and falls. Any allergies, or underlying conditions and co-morbidities had been clearly flagged in the person's record and referred to throughout the care pathway. We saw an example where the person suffered from sleep apnoea and how this was managed during their treatment. We also saw that the World Health Organisation (WHO) surgery checklist had been adopted and used to ensure the correct site was identified for surgery in each case. Entries in the records were clear and written contemporaneously. The responsible member of staff had also signed, dated and printed their name. This was good practice.

Part of the care pathway included a home/living assessment on how the person would manage at home following surgery. This was a good assessment that ensured that aftercare arrangements were in place, or where other care providers might need to be involved. However, the provider may like to note that in one case this assessment was not completed, despite it being for an elderly patient that had undergone a total knee replacement, and who would clearly have required someone to support them post-discharge.

Consent had been obtained from the patient in each case and any associated risks with the surgery had been advised to the patient.

People we spoke with were very happy with the care and treatment they had received.

They said they had undergone a thorough pre-admission assessment, had given consent and had been notified of any risks and benefits to having the surgery.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We looked at the provider's arrangements for ensuring that people's nutritional and dietary requirements were met.

We looked at ten sets of medical records for people who had recently undergone surgery at the hospital. Each person had had a pre-admission and pre-surgery assessment completed that covered nutrition and contained completed malnutrition universal screening tools (MUST), where appropriate. This showed that people's nutritional needs were properly assessed.

Patients had access to a dietician and a speech and language therapist, who performed swallowing assessments where required. Modified textured and 'build-up' foods were available for patients should they be assessed as requiring these. This showed that professional support and specialist foods were available to meet people's needs.

In respect of people's dietary and cultural needs, foods such as kosher and halal meals were obtained locally via the local synagogue or halal butcher. The chef reviewed people's pre-admission information and made direct contact with them where they had indicated any specific dietary needs and advised them of the options available. This included where a person might have a particular food allergy. This was a good personal service that ensured people received the foods they liked and required.

Although there was no 'protected mealtimes' policy in place, this was not necessary as the chef received details of when people were having scans or other appointments, and their meals were provided around this to ensure their food was freshly prepared. Food was also available to people on a 24-hour basis. This was good practice.

We spoke with patients who told us that they were impressed with the food and choices available. They confirmed that they had been asked prior to their admission whether they had any specific dietary needs. They said that they felt that any specific requests they had for meals would be met.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We checked the systems in place for working with other providers. The provider was contracted by the local NHS clinical commissioning group (CCG) to provide certain services on behalf of the NHS. For example, as part of the 'choose and book' scheme, designed to give patients a choice of which hospital to have their treatment. This included operations for hernia repair, hip replacements and knee replacements. The provider also had a 'spot' contract with the local NHS acute trust to carry out work that would enable the trust to meet its 18-week 'referral to treatment' target. At the time of our inspection, 37% of the provider's work was for NHS-funded care.

We saw that there was a current contract in place with the local CCG that was subject to a quarterly monitoring meeting. The minutes of the latest meeting on 25 July 2013, showed where the CCG had asked the provider to undertake certain actions, such as more accurate patient data, that this had been actioned. We also spoke with the CCG's chief nurse about the service level agreement who confirmed that at the quarterly monitoring meetings and at a recent monitoring visit to the Spire Wellesley hospital that no major concerns had been identified.

We noted that the provider also had in place agreements with the local NHS trust in respect of the critical care transfer of children and adults. We found that the children's agreement was in date but that the adult arrangement had expired in January 2013. This was drawn to the matron's attention. However, whilst we were on site, the matron prepared a new agreement, the terms of which were unchanged, and signed it. They then took it to be signed on behalf of the NHS trust by a consultant anaesthetist, who was working at the Spire Wellesley hospital on the day of our inspection. The provider may like to note that we checked with the director of nursing and governance at the NHS trust who confirmed that it would not normally be appropriate for a consultant anaesthetist to sign such an agreement on behalf of the trust. They confirmed that such an agreement would not normally be required, as they would accept an urgent transfer of critical care from the provider.

Requirements relating to workers ✖ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

The provider could not demonstrate that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at this standard in respect of the provider's management of consultants' practising privileges. There was a consultants' handbook (the handbook) in place which covered practising privileges. This was in date and due for review in September 2015. The provider told us that this handbook was the basis of the agreement between the Spire Wellesley hospital and the consultant, in which consultants agreed to abide by their practising privileges terms and conditions. The handbook outlined the information that had to be provided on an annual basis to maintain practising rights at the hospital. These included: up-to-date medical indemnity and evidence of appraisal and personal development plans. Consultants were also required to provide evidence of their hepatitis B, C and HIV immune status.

The handbook stated that practising privileges could be withdrawn, suspended or restricted at any time by the hospital director after consulting with the chairman of the medical advisory committee (MAC). Practising privileges could be withdrawn immediately where there was 'reasonable evidence of a threat to patient safety', or where there were concerns about the 'integrity, honesty and financial probity (including the inadequacy of medical indemnity cover)' and a consistent failure to conform to Spire policies and the handbook.

We checked the provider's consultants' database and found that, at the time of our inspection, there was no evidence that 28 consultants had up-to-date medical indemnity cover. Of these 28 consultants we found that 21 of these were still carrying out regular sessions at the hospital. The longest outstanding of these expired in February 2010 and we found that this doctor was still working at the hospital. We also found that the provider did not have evidence to show that 11 consultants had an up-to-date appraisal provided by their employing NHS trust. Of these 11 consultants, we found that eight were still carrying out regular sessions at the hospital. All of these appraisals had expired in December 2012. This meant that the provider did not have information to demonstrate that those particular consultants were fit to work at the Spire Wellesley hospital.

We looked at the provider's procedures for checking consultants' indemnity. This was very basic but stated that the database should be checked weekly; that a reminder letter should be sent to the consultant two to four weeks before the expiry of the indemnity. If there was no response then the consultants' secretary should contacted and, if the information was still outstanding, then the hospital director would write to the doctor. There was no reference in this process of the involvement of the MAC in suspending consultants' practising privileges and there was no evidence available to demonstrate that this procedure had been followed in respect of the 21 consultants whose indemnity had expired, or the eight consultants whose appraisal was out of date. This meant that the provider was not following its own procedures for keeping practising privileges up to date.

We checked the minutes of the last three meetings of the MAC from March, June and September 2013. These showed decisions to award or refuse new applications for practising privileges but, apart from one item about recent adverse events, there was no outcome or decision minuted. There were also no records kept of any discussions between the hospital director and the chairman of the MAC in respect of the suspension or withdrawal of practising privileges for any of the consultants we identified as having expired indemnity or appraisal. The matron advised us that there was no regular audit of the practising privileges database carried out to identify those consultants for whom information was outstanding. This meant that the provider did not have an effective procedure in place to ensure that consultants' details were up to date or take the necessary action in a timely way to obtain such information.

Whilst we could see from the consultants' files we viewed that there was evidence of hepatitis B immunity, we could find no evidence of consultants' hepatitis C and HIV immune status, as stipulated in the handbook. The provider was, therefore, not assured that consultants were physically fit to work at the hospital.

Finally, we were advised by the hospital director in March 2013 that they had addressed a compliance action placed following our last site inspection in May 2012 regarding the provider not obtaining up-to-date information in respect of consultants' appraisals. We were, therefore, concerned that this standard had been allowed to slip and that some consultants were still out of date for appraisal at the time that those assurances were provided. We will continue to monitor this standard and will conduct a follow-up inspection to check the provider's actions by the end of December 2013.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the training and appraisal records of contracted staff.

In respect of staff training, there was a clear and easy-to-follow matrix in place that showed the mandatory training courses staff had undertaken. These included fire, health and safety, infection control, safeguarding and advanced life support. We saw that there was good compliance with the completion of mandatory training with staff having completed their courses, or booked to attend them. The provider advised that staff did not qualify for a pay rise, or bonus if they had not completed their training. Monitoring of training was conducted by the heads of department and the hospital director's staff maintained the training matrix. This, therefore, made for quick access to the records. The provider had e-learning and mandatory training 'champions' in place that supported staff to access the courses they had to undertake. This was good practice.

We saw that where agency staff had been used that training records were obtained for that person. This was also good practice.

In respect of appraisals for contracted staff, we found that they had all received an annual appraisal. However, the provider may like to note that system of recording appraisal did not enable accurate data to be found quickly. Instead of a simplified system, like the one used for recording mandatory training, each head of department had the option of either managing the matrix for their area themselves or passing the responsibility to the hospital director's staff. Data of the numbers of staff appraised was submitted to head office via a web form but no copy was kept. This meant that records were unclear and assurance of the numbers of staff having received appraisal had to be obtained from the provider's head office.

We found other good support mechanisms were in place for staff. There were regular minuted staff meetings in place. The provider ran 'Inspiring People' awards, where staff could nominate colleagues for a prize to recognise good work, or where they had helped others. There was an employee support programme in place that gave staff access to counselling or a confidential helpline. Raising awareness sessions, such as for Macmillan nursing, were held at lunchtimes and staff were provided with a free lunch if they attended.

We also noted that staff were provided with extra training in specialist areas, should they require it. An example of this was three nurses were attending a diabetes management course as part of the provider's development of this service.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Family planning Surgical procedures Treatment of disease, disorder or injury	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: The provider was operating an ineffective system to monitor consultants' practising privileges. Some consultants did not have evidence of up-to-date medical indemnity, appraisal or immune status. There was an ineffective system in place to identify and address where consultants had not provided up-to-date information. Regulation 21(a) and (b).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk