Fortius London Limited

Fortius Surgical Centre

Inspection report

18 Bentinck Street
London
W1U 2EU
Tel:
www.fortiusclinic.com

Date of inspection visit: 12 January 2022
Date of publication: 12/04/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We had not previously rated this location. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They generally managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

Contents

Summary of this inspection

Background to Fortius Surgical Centre

Fortius Surgical Centre is operated by Fortius London Limited and provides private orthopedic surgery from purpose-built premises at Fortius Surgical Centre 18 Bentinck Street, London, W1U 2EU.

Fortius Surgical Centre is registered to provide surgical procedures and specialises in orthopedic care and sports injuries. The service provides a range of orthopedic surgical procedures which are available to insured and referred fee paying patients.

The service has a Registered Manager in post. The service was not previously inspected.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 12 January 2022.

The inspection team comprised of a CQC inspector and a CQC specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

We spoke with 17 members of staff including the registered manager/chief operation officer, chief executive officer, head of clinical services and chair of the medical advisory committee. We spoke with three patients using the service at the time of our inspection. We reviewed a range of policies, procedures, patient records and observed patient care.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Areas for improvement

Action the service SHOULD take to improve:

- The service should monitor medicines so that they are not out of date.
- The service should attach Portable Appliance Testing (PAT) labels to electrical equipment.
- The service should consider reprinting the operating list on different coloured paper when the list has been revised.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Surgery safe?

Good

We had not previously rated Safe at this location. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. Staff told us they had completed mandatory training and data provided showed mandatory training completion was 91% for non-medical staff, and 86% for consultants and anaesthetists in December 2021.

Mandatory training met the needs of patients and staff. Mandatory training included a range of topics such as equality, diversity and human rights, fire safety, moving and handling, and basic life support.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Records showed 89% of staff had received training in both safeguarding children and adults and 79% of staff had also received safeguarding children and young people level 3 training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had an up to date safeguarding adult policy and safeguarding children policy. Staff knew who to inform if they had concerns and could access support from the services safeguarding lead if needed.

Relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check and professional registration checks.

Good

Surgery

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Theatres and ward areas were clean and had suitable furnishings which were clean and well-maintained. The service had robust cleaning schedules in place which included all areas. These detailed cleaning to be undertaken on a daily, monthly and six weekly rotation. Cleaning schedules which included the theatre and ward areas for the six-month period June 2021 to December 2021, showed daily cleaning schedules were up to date and signed.

The service performed well for infection prevention. Annual infection prevention audits undertaken in the theatres and on the ward showed compliance was 97%. Action plans were in place in both areas to address the issues identified. The service had an identified infection prevention and control (IPC) lead.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff followed the provider's policy on IPC, which included being 'bare below the elbow'. There were adequate supplies of PPE in the theatres and on the ward. Numerous hand gel dispensers were evident, and staff were observed using them. There were hand washing facilities in patients' rooms and in theatres. The service had an up to date Covid 19 infection control policy.

Hand hygiene audits for the period October to December 2021 demonstrated a compliance of 100% in the theatres and on the wards.

Patients were routinely screened for Methicillin-Resistant Staphylococcus Aureus (MRSA) prior to admission. The ward had point of care testing (POC) for COVID 19 and MRSA.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of patients. The ward comprised of 12 patient care units. Which consisted of five single rooms with ensuite facilities, which were available for postoperative overnight stays (if required) and seven individual day case pods with trolleys and curtains which provided privacy. Call bells were seen to be in easy reach for patients. There were gender specific toilet facilities on the ward.

Two large lifts were available, which were big enough to transport beds. This meant patients could still be transferred if one lift was out of action.

There were three operating theatres. Theatres 1 and 2 were the largest and used for full range of surgery including ligament reconstruction, groin surgery and limited knee replacement. Theatre 3 was smaller and used mainly for small cases, particularly pain management.

Theatres 1 and 2 were spacious and uncluttered. One anaesthetic room was shared by theatres 1 and 2 with doors through to each theatre. Anaesthetic machines and monitoring equipment were modern with portable monitoring units that would accompany the patient from theatre to recovery. X-ray imaging was available in each theatre.

The recovery bay was five bedded, with staffing for one nurse per patient. Four grab bags for emergency use were available to be used during patient transfer from recovery to ward. In theatres, equipment required for difficult intubations/anaphylaxis, had daily checks, which met the recommendations of the Difficult Airways Society.

The service had enough suitable equipment to help them to safely care for patients. The provider maintained a (Central Alert System) CAS register which demonstrated alerts including Medicines and Healthcare products Regulatory Agency (MHRA) safety guidelines were logged.

Portable Appliance Testing (PAT) was undertaken annually, however, on the ward, we found labels were not attached to four blood pressure machines, which meant staff would not be sure that they were safe to use. Electrical medical equipment (EME) had a registration label affixed.

Staff carried out daily safety checks of specialist equipment. Resuscitation trolleys were located on the wards and in the theatre. Resuscitation equipment and defibrillators were checked daily by staff. Staff completed a checking chart and the seal tag number was recorded and the contents of drawers were checked. This ensured the resuscitation equipment was safe and ready for use in an emergency.

Grab bags for emergency use were available during patient transfer from recovery back to the ward.

Staff disposed of clinical waste safely. Clinical and non-clinical waste were correctly segregated and collected separately, either in clinical waste bins or sharps instrument containers, which were not over filled.

The service undertook monthly health, safety, and fire safety inspections. Audits for the period October to December 2021, demonstrated 100% compliance. However, during the inspection, we found cleaning products had been stored in the patient kitchen. These were removed immediately and stored in a lockable cupboard off the ward.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff completed risk assessments for each patient on admission. Venous thromboembolism (VTE) risk assessments were completed on admission. Key safety areas such as, nutrition, hydration and pain were monitored using national risk assessment tools.

Staff used a recognised tool to identify deteriorating patients and escalated them appropriately. Patient records we reviewed, showed people were assessed using the Early Warning System (EWS). Each chart recorded the necessary observations such as pulse, temperature and respirations. If a patient's observations were outside the normal range, staff would escalate to the resident medical officer (RMO).

The service had an up to date policy for the care of the deteriorating patient and an up to date policy for discharge and transfer of patients.

Staff used the World Health Organisation (WHO) safer surgery checklist in theatres, which was designed to prevent avoidable mistakes. Monthly audits of the WHO checklists were undertaken by staff in theatres. Monthly audits of the WHO checklist undertaken for the 12-month period January to December 2021 was 100% for being completed on all surgical procedures, 100% for the sign in stage, 100% for time out and 100% for sign out.

In the three procedures we observed, we saw the checklist in use, with all the surgical team taking part.

Good

Surgery

During the inspection, we observed that the order of the daily operating list had been altered and a new running order had been annotated in pen on the list. This was not best practice, as it provided the opportunity for confusion/mistakes to be made on a busy list. Normal practice would be to reprint the list on different coloured paper, making it clear that this is a revised list and sending it to all relevant places.

Shift changes and handovers included all necessary key information to keep patients safe. Nursing staff on the wards undertook handover between shifts, which included an update on all patients currently admitted and highlighted any specific concerns such as infection risks, to all staff.

Theatre and wards staff completed adult basic life support. Records showed that 100% of clinical staff had completed the training.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Staffing in the theatres were planned to ensure staffing levels and the skill mix of staff followed guidance from The Association for Perioperative Practice (AfPP) for safer staffing. On the wards, nurse staffing levels and skill mix were planned according to patient admissions, which were known in advance, with a staffing ratio of one registered nurse to four patients.

Ward rotas were agreed two weeks in advance and adjusted in response to patient levels. A minimum of two registered nurses were always on duty during the day Monday to Friday and overnight Monday to Thursday.

All bank and agency staff had a full induction and understood the service. In the theatres and on the ward, bank and agency staff were utilised. Staff told us that for consistency, they used the same bank staff. In theatres, the use of bank and agency staff for the period January to December 2021 was19% for bank and 6% for agency staff. On the wards over the same period, the use of bank and agency staff was 12% for bank and 2% for agency staff.

Medical staffing

The service did not directly employ any medical staff. The service had 85 consultants, consultant anaesthetists and doctors, who were able to work at the service with practising privileges. Practising privileges are a well-established system of checks and agreements, whereby doctors can practise in hospitals without being directly employed by them. All patients we spoke with told us they were seen by their consultants, pre and post-surgery.

The day to day medical service was provided by a resident medical officer (RMO), who dealt with any routine and emergency situations in consultation with the relevant consultant. Out of hours, consultants were contactable for telephone advice. Anaesthetists' were available for 24 hours, following a patients' procedure. Consultants and anaesthetists were required to confirm suitable cover arrangements, if they are unavailable (buddy system).

The RMO provided a 24-hour a day service Monday to Friday. RMO cover was provided under contract with an external agency, that also provided the RMOs training and support.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Good

Surgery

Electronic patient records were used to document patient's treatment pathway. Patients treatment pathway commenced at pre-operative assessment prior to admission for surgery. The pre-operative assessment was fully completed and formed part of the record. Patients' personal data and information was kept secure and only staff had access to the information.

Patient individual care records were written and managed to ensure that they were accurate, complete, legible, up to date and stored securely.

We observed that safety checks undertaken during surgery using the World Health Organisation (WHO) 'Five Steps to Safer Surgery was held within the patient's records. Data showed that for the period January to December 2021, the service was 100% compliant for checklists that were completed.

We reviewed three patient records during this inspection and saw records were accurate, complete, legible and up to date. The provider had an up to information governance policy and staff received training on information governance as part of their mandatory training programme.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Medicines were prescribed by resident medical office (RMO), anaesthetists, consultants, and surgeons with practice privileges.

We saw controlled drugs (CD) were stored, recorded, and handled appropriately with two nurses signing when controlled drugs were being administered. On the ward, we noted no discrepancy in signing in the CD book.

The service held medicines to take out (TTO). The RMO and a nurse would check, record and sign when medicines were being given to patients on discharge.

All medication on the wards and in the theatre were stored securely in cupboards and fridges. We reviewed a selection of medicines stored on the ward and found one medicine to be out of date. This was immediately disposed of.

Staff monitored fridge temperatures daily to confirm that fridge temperatures were within the range. and we saw these were recorded.

There were no reports of medicines related incidents in the 12-month period January to December 2021.The provider had an up to date medicine management policy.

Medicines to take home (TTO) were dispensed in enough time of following patients discharge, to prevent delays.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support.

Good

Surgery

Managers shared learning about never events with their staff. The service reported one incident classified as a never event (wrong implant/prosthesis') across the theatres for the period January to December 2021. Details of the investigation and root causes analysis showed the duty of candour had been applied, the lessons learned identified, arrangements for shared learning, and an action plan was in place to prevent recurrence.

Staff raised concerns and reported incidents and near misses in line with provider policy. The service used an electronic incident reporting system so all clinical and non-clinical incidents were reported and logged. The service reported 129 clinical incidents in the twelve-month period January to December 2021; 53% (69) related to theatres, 36% (46) were reported by the ward and 11% related to the main reception area, staff areas and public area. Of the 129 incidents, 87% (112) were categorised as no harm, 6% (8) were categorised as low harm, 7% (9) were categorised as near misses.

The service also maintained a register of continuous improvement which cross referenced to incidents and logged what action had been taken to address the risk.

Staff knew what incidents to report and how to report them. Staff we spoke with told us they were encouraged to report incidents and that incidents were discussed in handover and during monthly team meetings. Team meeting minutes reviewed recorded that incidents had been discussed.

Are Surgery effective?

Good

We had not previously rated Effective at this location. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All the policies and procedures we reviewed were up to date and had scheduled review date clearly marked on them.

All staff had access to the providers policies, procedures and guidelines, which were available via the service's intranet system and staff demonstrated they knew how to access them.

Staff running the pre-operative assessment clinic followed NICE guidance to ensure that patients had relevant tests prior to surgery, to minimise the risk of complications or harm.

We reviewed a sample of the providers policies and found appropriate refence to relevant National Institute for Health and Care Excellence (NICE) guidelines.

Nutrition and hydration

Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Good

Surgery

Patients were advised about fasting times prior to surgery. Staff would check to ensure patients had followed the fasting guidelines. Patients were required to keep nil by mouth, six hours from food and two hours from drinking, prior to surgery, which was line with national guidelines.

Nil by mouth (NBM) was part of the clinical audit programme. Staff told us they would ask the anaesthetist if patients can drink if surgery was not taking place for two hours or more post admission. Patient's hydration status was recorded in their records and on the ward hand over sheets.

Patients were able to order healthy meals as required.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff assessed patients' pain as part of the EWS. This ensured that pain management was monitored in a timely way. Recording of pain scores in EWS was audited monthly as part of the ongoing clinical audit programme.

The resident medical officer (RMO) could prescribe additional pain relief. Post-operative pain relief was discussed with patients and they were given information about managing pain.

Patients prescribed pain relief, were given a leaflet entitled Managing Your Pain. This gave details of frequency of prescribed pain medication, their side effects and other information.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Managers used information from the audits to improve care and treatment. The service had recently began participating in the National Joint Registry (NJR) audit. The service had recently started to undertake partial knee replacements using the MAKO robot (Mako robotic arm assisted surgery is a technology developed for knee replacement surgeries). No data was yet available, as the service had been participating in the NJR for less than twelve months.

The service submitted data to the patient reported outcome measure (PROMS) programme for hip and knee replacement, on a monthly basis.

The provider had developed a clinical outcome measurement tool called Study of Clinical Outcomes Recording and Evaluation (SCORES). SCORES is a clinical outcome measuring tool that evaluated patient's treatment by means of a self completed questionnaire. These were completed as part of the booking process and then at intervals post-operatively. The anonymised data was analysed to ensure that outcomes were satisfactory and monitored the quality of the surgery.

The service contributed to the Private Healthcare Information Network (PHIN). Data was submitted in accordance with legal requirements, which were regulated by the Competition and Markets Authority (CMA).

There were five unplanned transfer of patients to another hospital in the 12-month period January to December 2021. During the same period, there was one unplanned return to theatre.

Good

Surgery

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

All new staff had a full induction tailored to their role. The provider's induction policy set out what staff were required to complete, commencing on their first day at work and throughout their probationary period.

Nursing staff told us there were opportunities for learning and development. Nursing staff competencies were reviewed at least every two years. Nursing staff also had opportunities to take on lead roles for example resuscitation, infection control and medication.

Managers supported staff to develop through yearly appraisals of their work. The service reported all their staff had an up to date appraisal for the period January to December 2021.

The provider had a service provider agreement / practising privileges policy for individual consultants to work under practising privileges. Consultants with practising privileges were required to provide evidence of appraisals, revalidation and professional registrations. Data provided showed all the consultants and anaesthetists had an annual appraisal in the last 12 months.

Multidisciplinary working

Staff and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

There was good working relationship between staff members Patient records had input from allied health professionals as well as nursing and medical staff.

We spoke with the physiotherapist who told us they felt part of the team caring for patients. They attended the nursing handovers and gave input into discussions of patient care.

Seven-day services

Key services were available to support timely patient care.

The theatres ran from Monday to Friday, from 8 am to 6pm for a full day list, or 7.30am to 1.00pm for a half day list. Should there be any unplanned returns to theatre, staff were able to contact consultants and consultant anaesthetists.

The RMO was based at the service Monday to Friday, should staff need to escalate concerns about a patient. Nursing cover was available on the wards during the day Monday to Friday and overnight, for patients who were required to stay overnight Monday to Thursday.

Physiotherapy staff were available Monday to Friday, to assess patients prior to discharge.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Physiotherapy staff encouraged patients to mobilise early post-surgery, to help prevent post-surgery complications and encourage independence. Where appropriate, patients were given further advice and onward referral, to for example, a dietician and/or occupational therapy.

Good

Surgery

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a consent policy which was up to date. Patients told us that the consultants had discussed the benefits and risk of surgery before signing they signed consent forms. In all the records we reviewed, consent forms had been completed correctly.

Staff knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. All staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff had access to the consent to examination or treatment policy and knew where to find them on the intranet.

Are Surgery caring?

Good

We had not previously rated Caring at this location. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients. Patients reported that staff were polite, courteous and attentive. Patients told us staff introduced themselves and treated them with kindness and respect.

Staff were seen to be considerate and empathetic towards patients. During our inspection, we spoke with three patients, who were all very positive about their care and treatment. They told us the staff were kind, caring and listened to their concerns.

Patients informed us that staff were attentive, helpful and responsive to their requests. Patients told us call bells were answered quickly. Patients were encouraged to tell staff if they required any assistance or pain relief. One patient told us staff had been helpful and kind and they had not had any significant pain at any stage.

In theatres, we observed staff interacted with patients in a professional and pleasant manner. At all stages, patients were treated with dignity and respect. Staff made sure patients were comfortable and had the opportunity to air any concerns.

Staff followed policy to keep patient care and treatment confidential. The privacy and dignity of patients was maintained by ensuing patient's information was kept secure, and privacy curtains and doors were closed.

Good

Surgery

Following the inspection, we were provided with examples of plaudits from patients. One patient wrote, 'Just to say how appreciative I am of the excellent, professional and efficient level of care I received during my time with you. Every member of the team was a delight to deal with and is a credit to the organisation'. Another patient commented, 'My whole experience from beginning till after the surgery was fantastic. As a professional sportsman, it's always a worry when you are injured, and your livelihood is at risk'.

Staff encouraged patients to complete patient satisfaction questionnaires, so that the organisation could review and improve patient experience. A total of 552 patients responded between January and December 2021. When asked if they would recommend the service to friends of family if they needed similar care or treatment, 89% (492) said they were extremely likely to recommend and 8.6% (48) said they were likely to recommend.

Emotional support

Staff provided emotional support to patients, minimise their distress.

Staff gave patients emotional support and advice when they needed it. Staff in all areas showed sensitivity and support to patients and understood the emotional impact of them having to be admitted for surgery. Patients we spoke with told us their consultant had carefully explained the procedure and alternatives they felt well informed and not rushed in making decisions.

Patients told us staff regularly checked on their wellbeing and to ensure their comfort. Patients were able to telephone the ward after discharge, for further help and advice.

Following the inspection, the service provided examples of where patients who were concerned about lack of privacy, were allocated a room rather than a pod, prior to their admission. This was a patient with cancer, who had lost their hair following chemotherapy and was concerned that staff would see them without their wig. Arrangements were made to ensure the patient was able to wear their wig to theatre.

Due to Covid 19, the service had stopped open visiting on the ward. However, carers could visit patients, if essential.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff supported patients to make informed decisions about their care. All the patients told us that they were involved in their care and were actively involved in all decisions. They were given the opportunity to ask questions about care and met with their consultant and the anaesthetist prior to the operation. Post operation patients told us their consultant had seen them and explained operative findings/outcomes.

Patients gave positive feedback about the service. As part of the patient satisfaction survey, patients were asked were they involved as much as they wanted to be in their care and treatment. Out of a total of 552 patients responding between January and December 2021, 94% (520) said yes, definitely and 6% (38) said yes, to some extent.

Good

Surgery

Are Surgery responsive?

Good

We had not previously rated Responsive at this location. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Facilities and premises were appropriate for the services being delivered. All admissions were pre-planned so staff could access and plan patients care before treatment. This allowed staff to plan patients care to meet their specific requirements including cultural, dietary, mental or physical needs.

Patients were cared for in single rooms or in day case pods offering privacy and dignity. The service had facilities where they could accommodate family members to stay whilst not impacting on other patients.

There was a weekly scheduling meeting to plan the week ahead, which took into account patient needs and type of procedures.

The service had a guide for patients, that set out everything they needed to know about before admission, what to expect when they were admitted and discharge.

The provider had service level agreements with two other independent hospitals to for use of their facilities their theatres for joint replacement and pharmacy services.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients could order a variety of food which included allergy aware, healthier choice vegan, vegetarian and gluten free. Snacks, as well as hot and cold drinks were readily available. Patients food allergies were recorded on a white board in the kitchen, so all staff were aware. Patients we spoke with were happy with the choices they had been offered.

As part of the patient satisfaction survey, patients were asked how they rated the quality of the catering, including whether their food and drink needs were met. Out of a total of 427 patients responding between January and December 2021, 65% (269) said excellent, and 23% (97) said very good.

Staff told us they could access interpreters. Translation services were provided via a telephone interpreter.

Following the inspection, the provider told us, when a patient needs required special attention, these were discussed and agreed prior to admission and addressed on an individual basis. For example, there was a special exemption for sight and hearing impaired patients, where special measures were put in place, so that a relative/carer could safely accompany them. The service has also introduced a passport for patients who suffered from anxiety or reduced cognitive ability.

On discharge, all patients had post-operative clinic appointments. These were usually face to face or by video if the patient requested.

Access and flow

People could access the service when they needed it and received the right care promptly.

Patients were admitted under the care of a consultant with practising privileges at the service. Admissions to the hospital could only be made by consultants who had admitting rights.

The service had an admission policy, which set the criteria for admission. The service had a clear exclusion criteria and these included patients requiring critical care level two or three, infectious conditions, mental health conditions and patients under the age of 18. The service only admitted patients they had the facilities and expertise to care for.

There were morning and afternoon operating sessions, with patients being admitted from 6.30am.

The service reported there had been no patients that did not attend (DNA) for surgery, since it opened. However, due to Covid 19 there in the last 12 months, there have been six cancellations, all of which were due to the patient testing positive for Covid-19 or isolating due to living with a confirmed Covid-19 case prior to admission. All six of these patients were rebooked at the earliest opportunity.

In the 12-month period January to December 2021, there were five unplanned transfers to another hospital. During the same period, there were 15 unplanned overnight stays.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Staff understood the policy on complaints and knew how to handle them. The service complaints policy was available online. Acknowledgements were sent within three working days of receiving a complaint. The service aimed to respond in writing within 20 working days.

The service received six complaints in the 12 month period January to December 2021. Three had been partial upheld and three were upheld. The handling of complaints was monitored to ensure that complaints were dealt within the time frame set out within the complaints policy.

We saw complaints were reported at the Medical Advisory Committee (MAC) and the quality committee meetings. At ward meetings, we saw that complaints were discussed. and meeting minutes confirmed this. Staff told us they tried to resolve issues and complaints at ward level.

Patient satisfaction surveys which patient completed on discharge included questions regarding consultants, nursing care, cleanliness and catering. Patients were also able to leave comments.

Following the inspection, the service provided examples of changes made following a complaint which included: Updates to the Managing Your Pain leaflet, clarification on TTO charges sent to the patient in advance of admission and day case pod allocation explained to the patient upon admission.

The provider was a member of the Independent Sector Complaints Adjudication Service (ISCAS).

Good

Surgery

Are Surgery well-led?

Good

We had not previously rated Well-led at this location. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was a clear leadership structure. A chief executive officer (CEO) had overall accountability for the service and was supported by senior management team members which included the chief operating officer (COO) who was also the registered manager, chief financial officer, head of business development, head of human resources and director of research and outcomes. The leaders had the skills, knowledge, experience and integrity they needed for their roles.

Staff described their immediate managers as accessible and had confidence in them. Staff were motivated to provide high quality of care and we saw there was a strong emphasis on working as a team. Staff we spoke with were clear about the management structure on the ward and in the theatres and who they could contact in case of any issues.

Senior theatre and ward staff were visible throughout the inspection. Staff described managers and members of the senior management team members as approachable and very supportive.

Consultants told us they had good working relationships with staff and the senior management to deliver care and meet patients' needs. One consultant told us they had been practising at Fortius for several years and always found it a pleasure to visit as he felt it was safe, well run and very satisfactory for his patients. He had no concerns about any aspects of the service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

There was clear corporate and local vision within the service. The provider's focus was on orthopaedics and musculoskeletal (MSK) services. The services vision and strategy were to 'enable a collective of the UK's best orthopaedic consultants to deliver excellent service to private patients and their refers'. This vision was delivered through the provider's core values of personalised service, stronger together and making it happen. All the staff we spoke with were motivated and aware of their contribution in achieving this.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

The staff we spoke with described a culture of honesty and transparency. Staff were encouraged and felt able to raise concerns and report incidents. Learning from incidents was shared.

Good

Surgery

Staff told us there was good teamwork and were committed to delivering a good service. Staff were enthusiastic about the care and services they provided for patients. Staff described the service as a good place to work and were proud of the service. There were opportunities for further learning and development. Staff had an annual appraisal and regular one-to-one meetings.

Senior staff were aware of their responsibilities under duty of candour and had systems in place to ensure compliance.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a clear and effective governance structure. Governance and risk performance were reviewed by the Board, Quality Committee and Quality Group monthly. Medical Advisory Committee (MAC) meetings were held quarterly and reported into the to the Board through the Quality Committee.

There was a robust and embedded clinical governance structure and culture of identifying and managing risk. The Quality Committee had clinical oversight of for example; patient safety issues, incidents, complaints, information governance, quality management and audit.

Staff were clear about their roles and accountabilities. Theatre and ward team minutes demonstrated staff were given feedback from meetings, where incidents and complaints were also discussed.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The service had separate risk registers for theatres and ward and nursing. The theatres risk register identified 17 risks. The ward and nursing risk register identified 12 risks. Both risk registers were reviewed regularly with review dates. Risks were updated and there were action plans in place to reduce the risks on the register. The registers did not include the risks that were identified during the inspection.

Risks were identified and escalated by staff. In the ward staff meeting minutes, we saw staff gave updates on the risk register. Staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the service.

The provider had an up to date business continuity policy, which outlined how unexpected risks were to be managed.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Service performance measures were reported and monitored. These included data and notifications that required submission to external bodies.

Information technology systems were used effectively to monitor and improve the quality of care. For example, the incident and complaints recording system provided the service with a platform to monitor and assess risks and assess trends.

Staff had secure access to the service's intranet, which gave them access to a range of policies, procedures and guidance and their training and personal development records.

The provider was registered with the Information Commissioners Office (ICO). The service reported there had been no data breaches for 'months' and they were planning to have staff identified as data protection champions on the ward and in theatres. The service had an up to date information governance policy. Governance awareness training was part of the mandatory training programme with 89% staff having completed the training.

Engagement

Leaders and staff actively and openly engaged with patients and staff.

Consultants were positively involved in the development of the service through regular consultant meetings with the senior management team.

The service gathered patients' feedback through patient satisfaction questionnaires, which were completed post procedure. Between January and December 2021, a total of 552 patients responded. Staff told us following concerns raised by patients about their privacy in the day case pods, curtains were introduced to screen patients. Originally, the day case pod areas were designed to not need curtains, as the electrostatic glass turned opaque on entry.

Following feedback from patients regarding the menu choices, the service introduced a variety of sandwiches and soups which included Halal and vegan options. The service also introduced the option for hot food via a delivery service, with option to choose anything they wanted. Staff told us this had been popular with patients.

All staff we met were welcoming, helpful and friendly. They said they were proud to work for the service. In the 2021 employee engagement survey, this had an 80% response rate. Staff scored four out five indicating when they were asked if they were satisfied with the organisation as a place to work. Following the inspection, the provider told us they had workshops with staff to discuss the results of the survey, which had resulted in cross departmental workshops and training.

The service had procedures in place for staff to raise 'whistleblowing' concerns outside of their line management arrangements and staff had access to confidential counselling and support services.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

Following the last staff survey, the 'Bright ideas' initiative was launched, which encourages staff to submit ideas for change. Staff told us one bright idea the service had, was the adoption of an alternative recycling method, which saw 200 trees being planted in a month.

The provider recognised staff who went above and beyond and following feedback from patients, they would receive a thank you letter from the CEO or COO.

Good

Surgery

Quarterly staff awards saw staff being nominated by their peers for their contribution to the service.

The provider hosted a biannual conference; The Fortius International Sports Injury Conference (FISIC), which was aimed at orthopaedic surgeons, sports physicians, radiologists, physiotherapists and allied sports and exercise professionals. The provider also hosted a number of webinars for general practitioners (GPs) and physiotherapists.