

# Nuffield Health Chichester Hospital

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Overall summary

Nuffield Health Chichester Hospital is an independent hospital which is part of Nuffield Health, a not for profit organisation. The hospital has six consulting rooms, 19 in-patient and 11 day-case beds and two laminar flow theatres. There is also an endoscopy suite and a dedicated gynaecology suite. It is situated in Chichester, West Sussex in a residential area. The hospital provided a range of surgical services to private and NHS-funded patients from the local community. NHS patients accounted for an average of 40% of all patients.

We previously visited this hospital in July 2016 as part of our national programme to inspect and rate all independent healthcare providers. We inspected two core services at the hospital, which incorporated all the activity undertaken. These were surgery and outpatients, including diagnostic imaging.

Whilst we rated both core services and the hospital as 'good' overall, we found improvements were required to minimise risks and promote safety. We told the hospital it must:

- Ensure infection control policies and standard operating procedures (SOP) are adhered to within theatres.
- Ensure adequate availability of staff handwashing facilities in line with the Department of Health's Health Building Note 00-09.
- Ensure the sinks in patient rooms are compliant with the Department of Health's Health Building Note 00-09: Infection control in the built environment.
- Ensure compliance of record keeping in theatres relating to Misuse of Drugs Regulations 2001 and Safer Management of Controlled Drugs: a guide to good practice in secondary care (England).
- Standardise and improve compliance with the 'five steps to safer surgery' (WHO) checklist.
- Ensure that there is proper assurance of the safety, calibration, security and servicing of any privately owned clinical equipment brought into the hospital.
- Ensure patients' privacy and dignity is maintained at all times in theatre.

# Summary of findings

The hospital was in breach of three regulatory requirements:

- Regulation 12 HSCA (RA) Regulations 2014 Cleanliness and infection control.
- Regulation 17 HSCA (RA) Regulations 2014 Good governance.
- Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect.

We told the hospital that it must give us an action plan showing how it would bring services into line with the regulations. The hospital provided a comprehensive report on the actions it planned to take and updated us on progress, as the issues were resolved.

The purpose of the inspection on the 29th June 2017 was to see if the hospital had made the necessary changes outlined in the action plan provided. During this follow up inspection we focused on the action plan and the areas of concern which included some aspects of the surgery core service. We did not inspect any parts of the outpatient and diagnostic imaging core service.

We cannot re-rate these services due the time elapsed since the comprehensive inspection, therefore the rating for safe for surgery remains requires improvement. However, during this inspection we were assured that the hospital had met all the required improvements, recommendations and were no longer in breach of regulations.

The hospital had significantly improved and had taken action to comply fully with regulations and we found:

- The hospital had an internal quality audit review following our inspection and showed us evidence of changes as a result of this.
- The hospital had introduced a Standard Operating Procedure (SOP) for compliance with the uniform policy in theatres.
- A new infection prevention co-ordinator had been employed and infection prevention link nurses worked in each department.
- We saw evidence of plans to undertake refurbishments install handwashing facilities on wards to ensure adequate handwashing facilities for use by staff.
- Staff training in Aseptic Non Touch Technique (ANTT) had been implemented and 90% of staff had undertaken the training.
- Consultants were no longer bringing privately owned clinical equipment on site.

However:

- We saw an improvement in the controlled drug registers; however, at the time of inspection these were not always correctly completed.

We will continue to monitor the performance of this service and inspect it again, as part of our ongoing programme.

**Professor Edward Baker**

Chief Inspector of Hospitals

# Summary of findings

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# Nuffield Health Chichester

**Services we looked at;**

Surgery.

# Summary of this inspection

## Background to Nuffield Health Chichester Hospital

Surgery is the main inpatient activity within Nuffield Health Hospital Chichester. Surgical services cover a range of specialties including orthopaedics, urology, cosmetics and general surgery. The hospital only treats adults aged 18 years and over and does not provide services for children. The registered manager is John Bruell who is also the hospital director.

The theatre department has two operating theatres, four recovery bays and one anaesthetic room. Both theatres have laminar flow (a system that circulates filtered air to reduce the risk of airborne contamination). Theatre one has a separate anaesthetic room and is predominantly used for elective orthopaedic surgery, gynaecology surgery, urology surgery and general surgery. Theatre two has a separate preparation room but no anaesthetic room. It is utilised for orthopaedic surgery, gynaecology surgery, urology surgery, general surgery, plastic surgery, colorectal surgery, ophthalmology (eye) surgery, and pain procedures. In addition, it is available for emergency return to theatre situations overnight and at weekends.

Both inpatient and day care patients recover from surgery on Pallant ward and patients who have not undergone a general anaesthetic were admitted and discharged from Northgate ward. Both wards have single bedrooms, with ensuite bathroom facilities.

The outpatient and diagnostic imaging departments offer additional specialist services where assessment, treatment, monitoring and follow-up are required. Outpatient facilities comprise of five general consulting rooms, two ophthalmic rooms and two minor treatment rooms. All are based on the ground floor of the hospital and share a waiting area with diagnostic imaging. The outpatient manager also manages the pre-assessment service, situated in two rooms on the first floor. The outpatient physiotherapy service is provided by the Nuffield Health Fitness & Wellbeing Centre and operates seven days per week. Inpatient physiotherapy and pre-assessment services were available seven days a week. We did not inspect the outpatient department during this inspection.

## Our inspection team

The inspection was undertaken by two CQC inspectors and was led by Charlotte Clarke.

## How we carried out this inspection

The inspection undertaken was a focused announced inspection to find out if the provider had taken actions to address the concerns outlined in our previous inspection and to check it had taken action against the regulatory breaches outlined above.

Prior to and during our visit, the hospital provided us with clear and comprehensive documentary evidence that demonstrated they had completed the tasks and changes specified in their original action plan. During this follow up inspection we focused on areas of concern which included some aspects of the surgery core service. We looked at improvements in the safe and caring domains. We did not inspect any parts of the outpatient and diagnostic imaging core service.

We conducted interviews with key members of the hospital senior management team and toured relevant hospital facilities. We spoke with 10 staff to test and corroborate the documentary evidence supplied. We observed two surgical procedures, reviewed checklists and other records.

Our interviews and observations and the documentary evidence supplied by the hospital gave us a satisfactory level of corroboration to provide assurance that the required improvements had been made.

# Summary of this inspection

As this was a focused inspection to follow up on the action taken by the provider since we last inspected them in June 2016, we have not considered all of the key lines of enquiry.

# Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are surgery services safe?

The main service provided by Nuffield Health Chichester was surgery. At our inspection in July 2016, we rated safety as requires improvement for surgery. At this inspection we reviewed the aspects of safety where we found concerns at the last inspection, to determine if action had been taken.

### Cleanliness, infection control and hygiene

- On our last inspection, we observed scrub practitioners in theatre undertaking orthopaedic operations wearing one pair of gloves, contrary to the IP 02 policy: “Double gloving is recommended during some exposure prone procedures (EPPs) e.g. orthopaedic/gynaecological surgery”.
- During this inspection we observed staff were wearing two pairs of gloves where indicated. The hospital had also taken part in a ‘Glove actually’ campaign, which involved all staff signing a pledge to only wear gloves in-line with standard precautions. We saw a copy of this pledge that was displayed in various places throughout the hospital.
- The hospital had a policy whereby staff roles were identified by the colour of the scrub suits they were wearing, ‘blue’ while staff were attending theatre and ‘red’ for all other areas. During our last inspection, we saw staff not adhering to the Nuffield Health IP 02 Standard Infection Prevention Precautions Policy: “The wearing of blue scrub suits (those worn by the intra operative scrub teams) outside theatre is not permitted except in emergency situations for example, Cardiac Arrest”.
- During this inspection, all staff we observed were wearing the correct colour scrub suits depending on the

area they were in. We were told a refreshed standard operating procedure (SOP) had been re-issued and regular spot checks were undertaken to ensure compliance.

- The hospital undertook an Internal Quality Audit Review in December 2016. This was followed by an internal unannounced inspection the following March 2017. The focus was around leadership in theatres, implementation of the ‘five steps to safer surgery’ WHO checklist and infection prevention and control (IPC) procedures. At this inspection we saw several changes in practice had been implemented following the audit including:
  - A new Infection Prevention Co-ordinator had been appointed in December 2016. The role included ensuring staff complied with IPC policies and procedures.
  - The IPC co-ordinator was also responsible for ensuring that staff had completed their (ANTT) training. At our previous inspection no staff had received this training. We saw evidence that 90% of staff had now completed the training in line with the action plan provided and hospital targets.
  - Regular audits were carried out in relation to infection control. The results were recorded onto a specialised computer programme, which generated graphs to show clearly where standards had dropped or improved over time. The system also highlighted when the next audits were due to be undertaken and highlighted when audits had not occurred. This enabled clear oversight of the hospital’s infection prevention.
  - Infection prevention link nurses were in post in the surgery department and within outpatients. They

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attended monthly infection prevention team meetings and acted as a point of contact for staff within departmental teams. The role also included ensuring audits were completed in a timely way.

- We attended an infection prevention committee team meeting; the meeting was attended by multidisciplinary staff including physiotherapists, a radiographer, housekeeping, facilities and the matron. The meeting followed a clear agenda. It covered areas working within the CQC domains of safe, effective, caring, responsive and well led. An example we reviewed included mandatory training updates relating to IPC and any complaints arising from IPC issues.
- During our last inspection we found, there were no dedicated hand wash basins in patient bedrooms. We also found the ensuite bathroom sinks in patient rooms were not suitable for the purpose of hand hygiene. This was because they had plugs and overflows contrary to the Department of Health's Health Building Note 00-09: Infection control in the built environment. This states "Clinical wash-hand basins should not have a plug or a recess capable of taking a plug", and "Clinical wash-hand basins should not have overflows, as these are difficult to clean and become contaminated". The taps on the ensuite bathroom sinks on the wards were not lever or sensor-operated and staff needed to twist them on and off with their hands. This risked re-contamination of hands when turning the taps off after hand washing.
- At this inspection we were shown evidence that the hospital had developed detailed plans to install sinks in a number of patient rooms and these plans are subject to approval of funds.

## Environment and equipment

- During our last inspection, we found evidence that a consultant brought their own ophthalmic laser into the hospital. The records relating to this were incomplete and could not provide full assurance that the device had been cleaned, maintained and calibrated in accordance with the manufacturer's recommendations. During this inspection, we saw evidence the hospital had purchased its own ophthalmic laser, and no longer allow consultants to bring in equipment from off-site.

## Medicines

- Previously we saw block signing of controlled drugs by anaesthetists and the absence of three signatures at the different stages of administration. We saw numerous occasions when the amount administered of a controlled drug was not recorded and the amount destroyed was not recorded. This was against hospital policy and Misuse of Drugs Regulations 2001 and Safer Management of Controlled Drugs: a guide to good practice in secondary care (England).
- Controlled drug block signing and incorrect recording was also highlighted in the Internal Quality Audit Review in December 2016. Despite this being addressed regularly through letters to anaesthetists and regular reminders in meetings and in person it was still an ongoing issue at this inspection.
- We saw evidence in recent Medical Advisory Committee (MAC) meetings that this had been regularly discussed and repercussions of non-compliance were highlighted.
- More recently, staff directly found to be working against hospital policy were sent letters by the registered manager explaining that their practising privileges would be removed if they continued to follow bad practice. In the month leading up to inspection we saw this had started to make a difference and the recording of controlled drugs had improved.

## Mandatory training

- During our previous inspection we found mandatory training figures were not in line with Nuffield Health targets. During this inspection mandatory training figures relating to infection control for July 2017 were in-line with Nuffield Health targets, with 91% of staff having completed infection prevention theory, and 87% infection prevention practical.

## Assessing and responding to patient risk

- Previously we observed theatre staff carrying out the World Health Organisation (WHO) 'five steps to safer surgery' checklist for three procedures. The 'five steps to safer surgery' WHO checklist is a national set of safety checks for use in any environment where invasive procedures are undertaken. These include team briefing, sign in (before anaesthesia), time out (before surgery starts), sign out (before any member of staff left the theatre), and debrief. We identified a number of issues which related to the completion of the WHO' five



# Surgery

steps to safer surgery' checklist including one occasion where the 'sign out' process was undertaken when the surgeon was still operating on the patient. The sign out should be undertaken prior to the patient leaving the theatre but after completion of surgery.

- During this inspection, we observed the 'five steps to safer surgery' WHO checklist completed for two patients. The checklist was fully completed both times in line with national guidance.
- We were told any short falls in the process were highlighted through audits and were fed back to the matron to address any problems directly. We saw evidence of these audit reports and saw feedback given in departmental meeting minutes.
- Staff we spoke with said there was a much better engagement from staff around the importance of the 'five steps to safer surgery' WHO checklist.

## Are surgery services effective?

We did not inspect this area of the service, as this was a focused follow up inspection and no concerns were identified at the previous inspection.

## Are surgery services caring?

- During our previous inspection, we saw patient dignity not always respected in theatres where we witnessed two patients unnecessarily uncovered from the waist down pre-operatively whilst awake. This could potentially leave the patient feeling embarrassed or

vulnerable and did not demonstrate that the patient's dignity was considered. During our previous inspection we also witnessed theatre doors being opened whilst a patient was uncovered on the theatre table.

- The hospital addressed this with the staff involved directly and we saw patient dignity was discussed at departmental meetings following the incidents.
- We witnessed operations taking place within both theatres on our most recent inspection and observed patient dignity and privacy was maintained at all times.
- We spoke to patients following recent surgery who said they felt their dignity and privacy had been maintained and they were treated with kindness and compassion.
- Theatre door settings had been changed so they did not open automatically as staff passed by. In the past, this could have led to patients being exposed unnecessarily.
- Recent patient feedback results showed from October 2016 to March 2017, on average 97% of patients felt they were treated with dignity and respect while in the hospital.

## Are surgery services responsive?

We did not inspect this area of the service, as this was a focused follow up inspection and no concerns were identified at the previous inspection.

## Are surgery services well-led?

We did not inspect this area of the service, as this was a focused follow up inspection and no concerns were identified at the previous inspection.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The service should continue to monitor compliance with recording of controlled drugs.
- The service should continue with its plans in regards to installing HBN compliant hand wash basins in ward areas.