

Spire Healthcare Limited

Spire Wellesley Hospital

Quality Report

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Date of inspection visit: 5 November 2014

Date of publication: 21/01/2015

This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital

Surgery

Outpatients and diagnostic imaging

Summary of findings

Letter from the Chief Inspector of Hospitals

Spire Wellesley Hospital is a privately run hospital in Southend on Sea, Essex. The hospital is one of 39 hospitals run by the private healthcare group Spire Healthcare Ltd.

The Care Quality Commission (CQC) carried out a comprehensive inspection on 05 November 2014. The reason for undertaking this scheduled inspection was to assess the compliance at the service following an increased number of never event incidences in the previous year and ensure that outstanding compliance actions had been complied with. The two key identified risk areas which required follow up were never events around wrong site surgery and an increase in the number of pulmonary embolism's post surgery.

For the purpose of the comprehensive inspection we undertook an on-site review of surgery and outpatient services. The on-site element of the inspection involved a team of experts by experience (service users), clinical associates (experienced healthcare professionals) and CQC inspectors. The team is divided into subteams, each of which looked at one the service lines described above. The subteams were led by an experienced inspector, supported by clinical experts.

Prior to the CQC on-site inspection, the CQC considered a range of quality indicators captured through our monitoring processes. In addition, we sought the views of a range partners and stakeholders. A key element of this are the focus groups with healthcare professionals and feedback from the public.

The inspection team make an evidence based judgment on five domains to ascertain if services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led.

We have not rated this inspection as it was conducted as part of our piloting of the independent sector methodology.

Our key findings were as follows:

- Caring and compassionate care was evident in all areas.
- Staffing levels met the safe staff level guidelines, using national benchmarks, with the support of bank and agency number, additional staff support was arranged where patient need required it.
- The service had a robust process for appointing medical staff to the service with practicing privileges.
- The diagnostic service was very responsive to patient needs in relation to the turn around times for results.
- The high dependency service is part of the main surgical service and the facilities are underutilised which could affect staff competency and skills.
- The majority of areas throughout the hospital were visibly clean with the exception of the ground floor and first floor dirty utility and clean utility rooms.
- The service has a wide bore MRI scanner which is unique in the East Anglian region.
- Practice around the reporting and investigating serious incidents was improving but further work was needed to embed learning from incidents.

We saw the following areas of outstanding practice:

- Scan results were available quickly for the majority of patients. On the day of our visit a number of scans were reported within 60 minutes of the scan taking place.

However, there were also areas of poor practice where the provider needs to make improvements.

Summary of findings

Importantly, the provider must:

- The provider must improve the ground floor and first floor dirty utility and clean utility rooms to ensure they comply with regulation and provide a clean environment for the safe handling and disposal of medicines.
- The provider must ensure that learning from serious events is implemented to protect patients from avoidable harm.

In addition the provider should:

- The provider should consider opportunities and use of the wide bore MRI scanner to determine if it could meet patient demand in the East Anglian region.
- The provider should review the work undertaken by the high dependency unit (HDU) to ensure staff remained skilled in their HDU competencies.
- The provider should ensure that equipment stocked in clinical areas is within its expiry date.
- The provider should provide training to all staff on the Mental Capacity Act 2005.
- The provider should provide training to all staff on Dementia awareness

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service Surgery

Rating Why have we given this rating?

We found that the surgical service was effective, caring, responsive and well led to meet the needs of patients having surgery at the hospital. However there were risks to protecting people from avoidable harm because the ground floor and first floor dirty utility and clean utility rooms were in poor condition, with poorly fitted cupboards which led to a lack of security for intravenous fluids and disposal practices for surgical and oncology services were also affected. On the high dependency unit we found out of date equipment and records related to equipment were not accurate. The service was responsive however there was limited information which supported people with complex needs such as those with learning disabilities or people living with dementia.

Outpatients and diagnostic imaging

Outpatient services were effective, caring, responsive and well led and patients in the outpatients and diagnostic unit were protected from avoidable harm. Staffing levels were appropriate. All patients who provided feedback said that the staff were kind and caring, and locally the outpatient service was well led. The diagnostic service had robust processes in place to deliver a service and there was continual investment in equipment with the recent introduction of the wide boar MRI scanner. However this was not advertised by the service who could have increased revenue and improved patient experiences by enhancing the use of the service.

Spire Wellesley Hospital

Detailed findings

Services we looked at

Surgery; Outpatients and diagnostic imaging

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Detailed findings

Background to Spire Wellesley Hospital

The Spire Wellesley Hospital is one of 39 hospitals run and owned by Spire Healthcare Ltd. The Spire Wellesley Hospital is an established healthcare provider in the Southend-on-Sea, Essex 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.

Our inspection team

The inspection team was led by:

Head of Hospital Inspections: Fiona Allinson, CQC

Inspection Manager: Leanne Wilson, CQC

The team included two CQC inspectors and a specialist advisor with a background in anaesthesia. The inspection was supported and observed by a member of the Acute policy Team within CQC.

How we carried out this inspection

Pre-inspection:

The on-site element of the inspection was preceded by a comprehensive information-gathering process.

This phase involves collating data held by the CQC as part of our ongoing monitoring of the service. In addition to this, the service was asked to submit a significant number of documents as evidence of their performance around quality and service delivery.

Public involvement:

During the on-site inspection, we spoke with members of the public were invited to share their experiences of the service. This involved small group discussion, as well as the offer of individual interviews with the inspection team. Attendees could submit comments via comment cards and we shared the website address where comments could be submitted.

While on site, we spoke to service users in clinical areas and during the inspection, the CQC left post boxes where comment cards could be submitted by patients, relatives and members of the public.

Internal stakeholders:

We held a number of focus groups that included: nursing staff, consultant medical staff and administrative and clerical staff. During the inspection, we talked to staff from all staff groups, allowing them to share their views and experiences with us.

Inspection:

Whilst the service comprised of a range of specialties we determined that, based on evidence that the comprehensive inspection involved an on-site review of:

- Surgery
- Outpatients

The on-site element of the inspection involved the team being divided into subteams, each of which looked at one the service lines described above. The subteams were led by an experienced inspector, supported by clinical experts. The teams undertook a number of methods of inspections from interviews to direct observations of care.

Members of the management team were interviewed, as were members of the Medical Advisory Committee.

Post inspection

Detailed findings

The comprehensive inspection programme included the option of carrying out an unannounced inspection. Based on the service we chose not to undertake an unannounced inspection as we had gathered sufficient evidence to conclude our inspection.

Facts and data about Spire Wellesley Hospital

The hospital contains the following:

- 46 beds
- 14 Consulting rooms
- 3 theatres (2 laminar flow),
- 1 endoscopy suite
- Physiotherapy department (self employed team)
- Imaging with CT/MRI/plain radiography/Mammography
- 2 treatment rooms
- 1 minor operations procedure room
- 143 consultants (majority are SHUT based)
- 275 staff (of which 86 are bank)

Hospital statistics for 2013:

- 22,000 Outpatient visits
- 800 CT scans
- 2,600 MRI scans
- 4,427 Day cases
- 1,696 Inpatients
- 37% of all inpatient and day surgery cases were NHS patients
- Bupa accredited for Breast cancer, bowel cancer and MRI services.

Core private services provided by Spire Wellesley:

- Orthopaedic
- Gynaecology
- General Surgery
- Ophthalmology

- Neurology
- ENT
- Bariatric Surgery
- Plastics
- Dermatology
- General Medicine
- Gastroenterology
- Cardiology
- Haematology
- Oncology
- Oral surgery
- Rheumatology
- Urology

NHS Services provided at Spire Wellesley through NHS Choose and Book:

- Orthopaedics
- Ophthalmology
- General Surgery
- Gynaecology

Equipment and Service Level Agreements:

- In 2014 the service purchased a wide bore MRI machine
- There is a 128 slice CT scanner
- Digital Fluoroscopy was installed in 2014
- Digital Mammography installed in 2014
- Pathology services are provided through a service level agreement with a neighbouring NHS trust

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	N/A	N/A	N/A	N/A	N/A	N/A
Outpatients and diagnostic imaging	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & diagnostic imaging.

Surgery

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

Wellesley hospital provides surgical activity in the hospital, such as, planned (elective), trauma and day case surgery. It includes anaesthetic services that are provided alongside the surgery. The hospital provides inpatient treatment for adults and children over the age of 3 years.

The hospital is registered as having 46 beds, this includes: a high dependency unit with 3 beds, ground floor ward with 8 beds and ensuite rooms and first floor ward with 30 beds with ensuite rooms. The last years surgical activity included: 1696 overnight inpatients, 4370 day cases and 5637 visits to theatre.

The high dependency unit consisted of three beds in a separate bay of the inpatient ward area. It was staffed from the main ward but only by nurses assessed as competent to care for higher needs patients. The majority of patients cared for in the unit were elective post-operative patients who had had abdominal surgery or orthopaedic revision surgery. The unit cared for approximately two patients per week. On the day of our inspection there were no high dependency patients on the unit. Instead it was being used for two day case patients.

Summary of findings

During our inspection; we spoke to 22 staff, five consultants and three patients. We visited the endoscopy unit, day stay and inpatient wards. We used information provided by the organisation, a recent inspection report by the CQC in June 2014 and information that we requested, which included feedback from people using the service about their experiences.

The surgery service did not always protect people from avoidable harm because the ground floor and first floor dirty utility and clean utility rooms were in poor condition, with poorly fitted cupboards which led to a lack of security for intravenous fluids and inappropriate clinical surfaces for medicines preparation, management and disposal practices for surgical and oncology services were also affected. On the high dependency unit we found out of date equipment and records related to equipment were not accurate. The lessons learnt from previous never events had not always been embedded as evidenced by the similarity in subsequent never events. However the new management team were beginning to make progress on this issue.

We found that patients in the wards and theatre were protected from abuse and avoidable harm in that staff we spoke with were confident to report serious incidents, whistle blow or challenge if they suspected poor practice which could harm a person.

Surgery

The service provided safe staffing levels and skill mix and had encouraged proactive teamwork to support a safe environment. All staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice.

The surgery service was effective. Staff could show systematic processes for implementing and monitoring the use of best practice guidelines and standards and demonstrated good outcomes to patients through the care and diagnostics provided.

The surgery service was caring. Staff in all roles put effort into treating patients with dignity and patients felt well-cared for as a result. Patients we spoke with were encouraged to be involved in their care, treated as equal partners, listened to and were involved in decision making at all levels. There were positive views from patients and those close to them about the care provided, which were supported by the views of the staff. We found that care was patient centred. The provider encouraged staff to develop services to provide patients with emotional support where needed.

Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided both for private and NHS patients. However, whilst staff recognised the need for supporting people with complex needs, there was minimal evidence that the needs and wishes of people with a learning disability or of people living with dementia or who lacked capacity were fully understood and taken into account.

The majority of ward and theatre staff understood the corporate vision and strategy for developing the services at Spire Wellesley hospital. Risks at team and management level were identified and captured and staff recognised their role within the risk management system.

Are surgery services safe?

Patients in the wards and theatre were protected from abuse and avoidable harm as staff we spoke with were confident to report serious incidents, whistle blow or challenge if they suspected poor practice which could harm a person.

The hospital had provided safe staffing levels and skill mix and had encouraged proactive teamwork to support a safe environment. There were concerns from staff regarding the current high levels of agency used on the wards and managers were actioning recruitment days and salary reviews to encourage further recruitment of permanent nursing staff and housekeepers to address this.

There were arrangements in place for staff to implement good practice and learning from untoward incidents. We observed an open culture to encourage a focus on patient safety and risk management practices, however, some of the consultants were not aware of the rationale for recent changes in practice for blood clot assessments which should be addressed.

The ground floor and first floor dirty utility and clean utility rooms were in poor condition, with poorly fitted cupboards, lack of security for intravenous fluids and inappropriate clinical surfaces for preparation, management and disposal practices for surgical and oncology services. The high dependency unit did not always protect people from avoidable harm as there was out of date equipment including a central venous cannula and the documentation relating to equipment was not up to date. This was removed during our inspection.

We saw that the five steps to safer surgery through the use of the safer surgery (WHO) check lists, silences, surgical pauses for checking procedures and recent pre-operative visits to patients from trained theatre staff was well managed and focussed on responding to patient risk.

Incidents

- The service has had six pulmonary embolisms post surgery, three never events including two insertions of wrong sided prosthesis and one insertion of a wrong sized prosthesis, and one unexpected death this year. The reporting and identification of serious incidents was improving at the time of our inspection, however

Surgery

learning from incidents was still being embedded amongst the clinical teams. For example not all medical staff were aware why procedures and guidelines around the assessment for VTE had changed.

- We reviewed three recent serious incident investigations two relating to pulmonary embolism and one relating to wrong site surgery. We found that the quality of investigations had improved however the lessons learned were still being embedded to make clinical practice safer.
- We looked at incident reporting practices including policies, clinical effectiveness meeting minutes, risk registers and a database which included surgical incidents raised by staff. We found that incident reporting systems were in place. Staff we spoke with were confident to report serious incidents.
- The majority of staff we spoke with received feedback and were knowledgeable about practice changes in response to adverse events, such as new prosthetic checks, updated patient identification, surgical site checking procedures and blood clot assessments. Four consultants we spoke with knew of practice changes but were not aware of the rationale behind the changes.

Safety thermometer

- CQC raised concerns at the last inspection regarding the nine cases of pulmonary embolism in the last year, with five occurring in the last six months. We checked the current monitoring practices and found 100% of all inpatient admissions were assessed for the risk of blood clots in April to June 2014, with 95% being assessed over the preceding twelve months. Ongoing quarterly audits were performed on the completion of Venous Thromboembolism (VTE) risk assessments.
- The provider has responded with additional consultant led checks and we noted from April to June 2014 the hospital saw a decrease with only one case reported. The provider should note that on reviewing the VTE assessments, our specialist advisor noted that consultants were not always identifying individual risks.
- Staff were aware of the clinical indicators displayed for their information. They told us they were kept informed of safety measures through team and governance meetings, emails and updates regarding the key performance safety indicators such as pain scores, in

patient falls, unplanned returns to theatre and admissions to the high dependency unit. We noted there was minimal information displayed for patient's regarding the hospital's safety performance.

Cleanliness, infection control and hygiene

- We observed staff regularly wash their hands and use hand gel between patients and that bare below the elbow policies were adhered to.
- We found that infection prevention and control training via e-learning for all clinical and non-clinical staff was provided with 84% attendance.
- The location has reported no incidence of infection (MRSA, C.diff or MSSA) in the last 12 months and there have been no reported surgical site infections for the last six months.
- We saw the environment was visibly clean and well maintained. There had been no recent MRSA or C diff. infection within the high dependency unit.

Environment and equipment

- The ground floor and first floor dirty utility and clean utility rooms were in poor condition, with poorly fitted cupboards which meant that medicines security was compromised. There were inappropriate clinical surfaces for preparation, management and disposal of medicines which related to surgical and oncology items.
- We were informed by the registered manager that the provider was addressing this with refurbishment planned although it had been delayed until January 2015. We have asked for confirmation of completion of these upgrades due to the level of risks involved, particularly on the ground floor where the oncology service is provided and a clean environment ensures medicines preparation is safe for patient.
- Equipment was stored appropriately with service histories and "I am clean" stickers in place. Ward and theatre staff and consultants confirmed they received training before using pieces of equipment. We saw appropriate specific equipment being provided for bariatric (obese) patients.
- Resuscitation equipment was regularly checked in line with Resuscitation Council UK guidelines. Response times for a collapsed patient from the emergency support teams were noted as good by all staff we spoke with.

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- Policies were in place for staff reference and training records showed appropriate levels of training were provided. Regular simulations were taking place to ensure a safe response to a collapsed patient.
- There was enough space within the high dependency unit to allow safe management of patients and access for staff and equipment.
- We examined a number of items of medical equipment on HDU and found two guedel airways to be out of date by more than a year and one central line pack to be out of date by six months. We brought this to the attention of the staff who told us that a staff member should check these and that it had not been done. We ensured that this equipment was removed before we left the unit.
- We saw there was a blood gas machine on the high dependency unit. There were two folders with instructions for use and where records relating to the machine were kept. We saw that receipts for daily testing were mixed up and it was difficult to find the most current one. We also saw that logs relating to testing and usage of the machine were not completed though staff told us it had been used in the recent past.
- There was a defibrillator kept in the HDU but the crash trolley was shared with the ward and was in easy reach of the unit.

Medicines

- Staff we spoke with were aware of medicine management policies for reference purposes and monitoring systems were in place to pick up medication errors. Controlled drugs were checked appropriately however the medication charts we looked at did not indicate maximum doses or have a separate area for prescribing anti-coagulant drugs.
- The clean utility room on the ground floor which stored intravenous fluids, sharps and other medical consumables was unlocked and accessible to the public. The high dependency unit was also open, unsupervised and accessible to the public during our inspection.
- The chemotherapy drugs are purchased via a Spire contract from Hospira, and made on a patient specific basis at their Aseptic Compounding facility in London. Oncology staff were positive about the preparation and safety of this practice for patients receiving chemotherapy.

Records

- The hospital has a strict policy that medical records cannot be taken off site by any staff member or consultant. If consultants cannot review records at the hospital for any reason the provider will organise for records to be copied but the original records are never taken off site. We saw that Information governance training was provided for all staff (currently 65%) to ensure compliance with the Data Protection Act.
- We checked five patient records and found that the surgical pre-assessment and post-operative checklists were completed appropriately. Staff were complimentary regarding the medical records staff and data protection management within the hospital.
- Patients cared for in the high dependency unit were placed on a specific care pathway. This included risk assessments for skin integrity. We were unable to review any completed documentation as there were no high dependency patients cared for in the unit at the time of our inspection.

Safeguarding

- We found that the provider identified the things that were most important to protect people from abuse and to promote safety. There were safeguarding policies and procedures which were understood and implemented by staff. Chaperones were offered in all departments.
- Protecting vulnerable adults training and child protection training is mandatory for all hospital/clinic based staff. Modules were available for both subjects on the Spire e-learning system, with annual refreshers required for child protection training. Staff confirmed they had actioned safeguarding training via e-learning and were aware of the process to report any concerns.

Mandatory training

- There was a clear matrix which outlined the mandatory requirements for all staff. Staff we spoke with were clear about annual mandatory training which had attendances of 83% wards and 93% theatre staff. They said they were supported with protected time to attend face to face training such as manual handling which was tailored to the clinical area they worked in such as the use of patient (PAT) slides in theatres to transfer patients. 68% of bank staff had attended mandatory training to date this year.

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Assessing and responding to patient risk

- Staff on the surgical inpatient ward were aware of management of the deteriorating patient and we observed appropriate Early Warning Score observations recorded in people's care plans to monitor patients safely.
- We observed the patient journey to theatre and checked the documentation being used. We saw that the five steps to safer surgery through the use of the WHO check lists, silences, surgical pauses for checking procedures and recent pre-operative visits to patients from trained theatre staff was well managed and focussed on responding to patient risk.

Nursing staffing

- Staff told us they were confident that managers ensured where able that the right staffing levels and skill-mix across all clinical and non-clinical functions and disciplines were sustained at all times of day and week to support safe, effective patient care and levels of staff wellbeing. The vast majority of staff said they felt valued and supported by the organisation.
- It was noted that there was a high level of agency staff usage on the inpatient ward at times. However, the senior management team were fully aware and looking at initiatives such as salary reviews and recruitment days to increase the number of permanent clinical staff. There were service level agreements with the agencies to show that staff were appropriately qualified and checked before working at the Wellesley hospital and examples were given where staff were cancelled if the ward manager was not happy with their performance. Theatre departmental agency usage between April 2013 and June 2014 was nil.
- There was stability within the nursing workforce as 73% nursing staff had been employed for over a year. The current theatre department vacancy rate was low. The hospital was looking at introducing the 'SHELFORD' safer nursing care patient dependency tool. Currently the nurse dependency score is calculated daily for the following day. There was a weekly staff plan and the dependencies / skill mix is co-ordinated for the following day by the senior nurse. The hospital is required to complete a daily key performance indicator sheet which is worked out and calculated for nursing hours per patient day. This is to ensure that they are running according to agreed nursing dependencies to provide safe care to patients.

- Staffing for the high dependency unit was managed in tandem with the ward, though when high dependency patients were on the unit a member of staff always stayed with them.
- There were five members of staff who were assessed as competent to work in the high dependency area. Staff told us that most patients who used the unit were elective surgery patients and so staffing could be arranged in advance and rotas showed this to be the case.
- We observed that with only five members of staff assessed as competent to run a three bed high dependency unit that it may be a challenge to staff it at all times. We were told it could be a problem particularly due to illness but good will of staff ensured the unit was staffed to a safe level. The unit did not use agency staff.
- Senior staff on the ward were supernumerary and were able to staff the HDU in the event of an unplanned admission.

Surgical staffing

- The theatres operated 8.30 – 21.00 Monday-Friday, 8.30 – 16.00 Saturday, and there was a 24/7 on-call service if a patient needs to return to theatre. Consultants provided 24-hour on-call (off-site) cover for their patients. If they are unavailable at any time they organise a consultant colleague with admitting rights to provide cover in their absence.
- One Clinical Manager is on-call 24/7 and the Registered Medical Officer (RMO) who has advanced life support training is on site 24/7 to support any deteriorating patients.
- The RMO attends the morning handover each day, some staff informed us that RMOs could be more visible during the day and should consider attending the evening handover to ensure they are fully informed of individual patients conditions at all times. We were informed that communication with visiting consultants could be improved.
- RMOs are not involved with the medical advisory committee or informed of the outcome of their meetings, which meant that they were not routinely aware of learning from incidents or concerns.
- Ward boards were in place showing staffing numbers and skill mix for patient information which was noted as good practice.

Surgery

Are surgery services effective?

The wards and theatres could demonstrate that there was a collaborative effective approach to care and treatment. Staff could show systematic processes for implementing and monitoring the use of best practice guidelines and standards and demonstrated good outcomes for patients through the care and diagnostics provided. Inpatient care and treatment plans were recorded and communicated with all relevant parties to ensure continuity of care.

All permanent staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. The number of staff receiving continual professional development and supervision was satisfactory, the appraisal rates were good. However staff had not received training on the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards.

There were timely multi-disciplinary team discussions to ensure patients' care and treatment was coordinated and the expected outcomes were achieved. We found that staff were supported to participate in training and development which would enable them to deliver good effective quality care.

Analysis of data held by CQC for Spire Wellesley Hospital shows all measures related to surgery to be close to the levels expected and therefore there were no current concerns from the data regarding operations and procedures undertaken at this hospital. We saw that the five steps to safer surgery through the use of the WHO check lists, silences, surgical pauses for checking procedures and recent pre-operative visits to patients from trained theatre staff was well managed and focussed on responding to patient risk.

Evidence-based care and treatment

- We saw examples of local policies such as: Resuscitation policy that was reviewed July 2014 which made reference to current national guidance and resuscitation council guidance to support evidence based care and treatment.
- The annual governance report showed that Spire Wellesley Hospital continues to participate in the NHS Patient Reported Outcome Measures for patients undergoing Total Hip, Total Knee and groin hernia surgery.

- The hospital audit programme for 2014 included both national and local audits such as VTE compliance and Quality of fluid balance monitoring in line with NICE guidelines.
- Local audits included a Nil by mouth fluid fasting times for pre-operative patients and the safer surgery checklist.
- We saw minutes which showed audit findings were shared with clinical teams and the Medical Advisory Committee as appropriate and reported in the quality accounts 2013/2014.
- We asked about clinical procedures policies for the HDU and were told that they used the Marsden Manual. We saw that the edition in use was dated 2008 when the most up to date edition is 2011. Staff told us that they were looking to “revamp” the guidance.

Pain relief

- Three patients we spoke with indicated that their pain was well managed. They received explanations at pre-assessment regarding pain relief practices post operatively such as patient controlled analgesia (PCA) which allows the patient to use a pump to control their pain.
- The medication records we looked at showed appropriate analgesia prescribed for post-operative pain.

Nutrition and hydration

- Staff and patients were complimentary regarding the standard and choice of food provided to patients.
- The provider should note we observed that fluid balance charts were not always being totalled to show a patients intake over a 24 hour period which could increase the risk of dehydration.

Patient outcomes

- Standardised 30-day emergency readmission rate following knee replacement procedures was rated better than expected.
- The following patient outcomes were reported for Wellesley hospital currently as performing similar to expected on measures including the standardised 30-day emergency readmission rate following hip replacement procedures and the proportion of patients risk assessed for Venous Thromboembolism (VTE).

Surgery

- Analysis of data held by CQC for Spire Wellesley Hospital shows all measures related to surgery to be close to the levels expected and therefore there are no current concerns from the data regarding operations and procedures undertaken at this hospital.

Competent staff

- Appraisal rates were 60% on the inpatient wards for nursing staff. However, the ward manager could show systems in place to address this over the coming months and the appraisal process was currently under review to improve the approach.
- Clinical supervision had been implemented for health care assistants and a more formal approach for nursing staff was being introduced as it had been lacking.
- Through interviews, focus groups and records seen, it was clear that the provider supports continual professional development. Staff from theatres, wards and oncology services provided examples such as bariatric awareness training and extended infection control qualifications.
- Patients we spoke with felt that the staff were well trained and that they were able to ask questions and be confident that they were safe in their hands.
- As there was a low throughput of patients we asked if staff supplemented their skills by working in other HDU's but were told that they did not. We were concerned that the low numbers of patients requiring the high dependency unit meant staff could not maintain their skills.

Multidisciplinary working

- Staff told us there was good team work with allied health professionals (AHP) to support an integrated care pathway for patients. They said medical input was good and liaison with community services for home support was satisfactory.
- There was good liaison with clinical commissioners for NHS patients. Consultants and NHS patients were complimentary as to the service and treatment provision provided within the service level agreement.

Seven-day services

- The Consultants are on call for their patients for the duration of their stay. The Resident Medical Officer (RMO) provides continual cover for the seven day

service. There was also an on call senior manager, theatre on call team, radiographer, pharmacist, and oncology nurse on call to ensure a full seven day service was available to patients where needed.

Access to information

- We saw examples of procedure specific information provided by consultants and the hospital. General information on coming into the hospital was also sent out to patients prior to admission.
- Patients we spoke with felt well informed regarding the diagnostic tests or procedures they were receiving. They also said that the pre-assessment clinics provided them with good information about the hospital stay and expectations of recovery and discharge practices.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We reviewed records of surgery which showed that consent to surgical procedures was appropriately taken by the consultant prior to surgery.
- We found that the majority of staff had not received training around the mental capacity act or deprivation of liberty safeguards. The provider had purchased an online e-learning tool for staff to complete in 2014 however the training records we examined showed that whilst staff had received training on safeguarding vulnerable adults, training uptake on the Mental Capacity Act 2005 was poor. The service is seeing an increase in the number of patients who attend who may potentially lack capacity, for example those with dementia, therefore this training and awareness is required.

Are surgery services caring?

Staff in all roles put effort into treating patients with dignity and patients felt well-cared for as a result. Patients we spoke with were encouraged to be involved in their care, treated as equal partners, listened to and were involved in decision making at all levels.

There were positive views from patients and those close to them about the care provided, which were supported by the views of the staff. We found that care was patient centred. The provider encouraged staff to develop services to provide patients with emotional support where needed.

Surgery

Compassionate care

- Three surgical patients told us they were treated with privacy, dignity and respect and they felt staff cared about them.
- We spent time in the hospitals wards and theatre departments and observed how patients were treated. The provider had recently introduced theatre pre-operative and post-operative visits by theatre staff to reduce anxiety to patients. Feedback to date was really positive.

Understanding and involvement of patients and those close to them

- Patients told us they were involved in decision making and understood the care and treatment they received. They were positive regarding the professionalism and support provided by the clinical and non-clinical staff. They knew their named shift nurse although the amount of different nursing staff on the wards was sometimes noticed as a lack of consistency.
- Patients and staff were confident that consent to treatment was actioned appropriately. Both the consultant and anaesthetist saw the patient pre-operatively. We looked at completed consent forms which outlined the risks of surgery. The pre assessment process and chaperone support to theatre were highlighted as helpful by patients.
- The ward manager recently introduced patient 'HELP' cards which noted that nursing staff would visit every hour between 6am and 10pm and every two hours between 10pm and 6 am to ensure patients feel safe, valued and cared for. One patient told us, "Nothing is too much trouble" another said, "The staff are excellent, I couldn't ask for more"

Emotional support

- The oncology service which included a pharmacist recently held a focus group with ten patients which received good feedback and plans are in place to support a three monthly regular meeting. The aim of the meeting would be to provide tips and advice and use a support group approach to help patients cope with their treatment programmes. This was noted as good practice.

Are surgery services responsive?

Services were planned and delivered in a way that met the needs of the people using the service. The importance of flexibility, choice and continuity of care was reflected in the services provided both for private and NHS patients.

We saw that the provider was proactive in making changes and developments to ensure that people could access the right care at the right time. However, whilst staff recognised the need for supporting people with complex needs, there was minimal evidence that the needs and wishes of people with a learning disability or of people living with dementia were fully understood and taken into account.

We saw in recent clinical effectiveness and ward meetings that complaints were reviewed hospital wide to encourage learning to improve practice. However, we could not see any posters or clear evidence of complaints information being displayed in the wards to inform and encourage people to raise concerns where necessary, though we were informed that all patients were provided with a questionnaire following their treatment and encouraged to raise concerns.

Service planning and delivery to meet the needs of local people

- Services were planned and delivered in a way that meets the needs of people using the service. The importance of flexibility, choice and continuity of care was reflected in the services provided both for private and NHS patients. This was confirmed by patients and staff we spoke with throughout the inspection. Waiting times for outpatient and diagnostics were within recommended time frames and the booking process and referral times from the patient's perspective was reported as good.
- The Friends and Family test score for this hospital has been positive over the reporting period at around 80%, but with a low response rate of between 19% and 31%. The data shows whether patients are likely to recommend the hospital to friends or family.

Access and flow

- We saw that waiting times, delays and cancellations were minimal and managed appropriately for both NHS and private patients. Services ran on time and ward

Surgery

clerks ensured people were kept informed of any disruption to their admission, treatment and discharge processes. This was acknowledged by patients, consultants and staff we spoke with.

- There were no delays in discharging patients from the HDU. This was because a patient's ward bed was held for them whilst they were in the unit and was then immediately available on discharge from high dependency.

Meeting people's individual needs

- We found that there was a lack of staff training in dementia awareness and learning disabilities to support people with individual needs. Staff did acknowledge seeing increased numbers of people living with dementia. Therefore the individual needs of people with learning disabilities or living with dementia may not be being met.
- Staff confirmed that translation services could be accessed through Language Line for people whose first language was not English. However, we did not see any posters or written information available to inform people of the help available. Written information we looked at did not make clear reference to accessing information in braille, different font sizes or other languages.
- The bariatric service had a specialist nurse for pre assessment and specific equipment in place to support care needs.

Learning from complaints and concerns

- We saw meeting minutes from a ward meeting that high dependency staff attended that showed complaints and concerns were discussed and lessons learnt shared with staff.
- CQC have directly received no complaints for the location in the last 12 months. Complaints are discussed in the relevant departmental meetings. The hospital had a full complaints policy which adheres to the independent healthcare standard.
- We could not see any posters or clear evidence of complaints information being displayed in the wards to inform and encourage people to raise concerns where necessary, though we were informed that all patients were provided with a questionnaire following their treatment which encouraged patients to provide feedback including any concerns.

Are surgery services well-led?

The majority of ward and theatre staff understood the corporate vision and strategy for developing the services at Spire Wellesley hospital. Risks at team and management level were identified and captured and staff recognised their role within the risk management system.

The culture was open and transparent; staff were clear where they were performing well and confident to challenge poor performance to improve quality of care.

We found the leadership model encouraged cooperative, supportive relationships among staff and a caring approach towards people who used the service.

Staff reported that the managers ensured they feel respected, valued and engaged. Staff contributions and performance were recognized, and celebrated which is good practice.

Vision and strategy for this service

- The new hospital director provided inspectors with a statement of the vision and values encompassing quality as a key priority.
- The majority of staff told us they had attended trust wide meetings or one to one meetings with the hospital director which helped them understand the vision and strategy and also the plans for developing the service at the Wellesley Hospital.

Governance, risk management and quality measurement

- We had raised concerns previously regarding the investigation and management of serious incidents and never events. We reviewed meeting minutes, risk registers and staff consultation that risks were being identified and captured and staff recognised their role within the risk management system, such as practice changes resulting from adverse incidents and audit outcomes.
- The quality of serious incident investigations was improving and the service had now implemented the learning to enable staff to identify never events and other categories of serious incident requiring investigation.

Surgery

- Meeting minutes showed that the clinical effectiveness committee reviews all national alerts and incidences and we saw that environmental and clinical risk assessments were logged, however the review dates indicated some were out of date currently.
- The provider submits notifications of death on a timely basis. There have been two new notifications of death after June 2014 - both were expected deaths.

Leadership of service

- The staff reported good approachable managers at ward and theatre levels. The vast majority of staff felt the managers knew their staff, played to their strengths and developed them as individuals.
- The majority of staff said they were valued which helped during busy times where flexibility and good will was needed to provide a quality service.

Culture within the service

- The management team had recognised the commitment of staff and to drive recruitment and retention had provided all staff with a pay increase. Staff told us that they felt rewarded and valued by this.
- Staff told us the culture was open and transparent; they were clear where they were performing well and would be confident to challenge poor performance to improve quality of care.
- An example was provided during the inspection of a consultant raising concerns about staffing levels directly to senior management. These concerns were dealt with and changes implemented to ensure safer staffing levels at weekends.

Public and staff engagement

- It was reported that full heads of department meetings are held monthly with a more informal weekly meeting which feeds into a weekly staff newsletter. This provides staff with information on what is going on in the hospital and encourages staff engagement.
- A number of special lunches were held throughout the year, with staff being recognised for going the extra mile for patients and colleagues as part of the Inspiring People award scheme.
- Staff told us and we saw in ward team minutes dated September 2014 that staff engagement surveys were actioned in September giving staff the option to complete anonymously which is good practice. Consultants were also being encouraged to complete their Consultant Satisfaction Survey. The results were not available at the time of inspection.

Innovation, improvement and sustainability

- The hospital finds theatre capacity a limiting factor and a review is currently underway to determine whether or not it is possible to build a 4th operating theatre.
- The hospital case load now includes 37% NHS patients. Staff and consultants were positive about the impact of this additional work in the hospital.
- The HDU is sufficiently underutilised. The service advertises high dependency care however does not utilise the facilities or staff skills for this service. There was no future plan or innovation around the future use of the HDU service.

Outpatients and diagnostic imaging

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

The outpatient and diagnostic imaging department at Wellesley provides clinic and scanning services to private and some NHS patients on behalf of a local NHS trust. Outpatient clinics are held for a variety of specialties including plastics, cardiology, dermatology and orthopaedics amongst others. The imaging service completed approximately 50 investigations a day including CT, ultrasound and mammography and had one of the few wide bore CT scanners in the region.

In 2013 the service undertook 22,000 outpatient visits, 800 CT scans and 2,600 MRI scans. In 2014 the service installed a state of the art wide bore CT which is capable of providing dignified scans to bariatric patients.

Summary of findings

Staff were aware of the incident reporting system, we saw good infection control practice and the environment and equipment was properly maintained. Staff were competent to carry out their duties and there was effective multidisciplinary working.

Services were effective as care and treatment were provided in line with NICE guidance and pain control was discussed with patients as part of their care pathway. The turnaround time for reporting results on diagnostic imaging was exceptionally quick.

We saw that staff were caring and maintained patients dignity and privacy at all times. Patients understood their treatment options and their plan of care. Services were responsive as patients were able to choose a time for their appointment to suit their needs and there were no delays in getting appointments. We saw that reports for some investigations were available within an hour of the scan being performed.

Outpatient and diagnostic services were well led locally. Staff spoke with obvious pride about the service they provided and had a clear vision of where their department and the hospital as a whole was going.

We saw that the department strived for continuous improvement in the facilities it offered and how it managed its services.

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services safe?

Staff knew how to report and demonstrated learning from incidents. The areas were visibly clean and we saw good infection control practice including appropriate hand washing. Most medicines were securely stored though on one occasion we found a medicines cupboard unlocked and unattended.

Records were in order and contained the relevant risk assessments. There were procedures in place for staff to deal with an emergency and they were aware of the actions they should take. Staff had attended mandatory training and there were sufficient numbers of nursing, radiography and medical staff to manage the service safely.

Incidents

- There had been no recent incidents in the outpatients and radiology departments.
- The service has reported no Ionising Radiation (Medical Exposure) Regulations (IRMER) events reported within the last 12 months.
- Staff we spoke with were clear about how to report an incident and were confident that they would be investigated.
- We saw team meeting minutes that showed a standing item for the feedback of incidents to the wider team and lessons learned.

Cleanliness, infection control and hygiene

- We saw the environment was visibly clean and well maintained and that a cleaning schedule was adhered to. With the exception of the physiotherapy shared toilet where we saw unclean floors and dust. We were told that recent infection control audit outcomes also supported these concerns.
- Staff told us of reduced levels of housekeeper support in the evenings and weekends which were impacting on cleaning standards. We were informed that the provider was currently recruiting additional housekeepers to address these concerns.
- There was enough hand washing materials within the unit and we saw that staff washed their hands between patient contacts.
- We saw that personal protective equipment was used correctly by staff when required.

- Curtains in clinical areas were dated when put up and where changed regularly.

Environment and equipment

- We saw that equipment in the main outpatient's area was serviced in line with manufacturer's guidelines and electrically checked annually.
- Scanning and x ray equipment including MRI, CT and ultrasound scanners were serviced regularly in line with manufactures recommendations and IRMER guidance.
- We saw records that showed when equipment required repair, it was back in service within 24 hours.
- There was sufficient safety equipment for radiology staff which met national health and safety requirements and guidance. The CT was an extra low dose scanner exposing patients to less radiation.

Medicines

- Medicines were stored in locked cupboards within clinical areas.
- In the outpatients department, all medicines were securely stored. In the radiology department we found a medicines cupboard open and unattended with the keys in the lock. We saw that this was closed and locked immediately.
- We saw that emergency medicines were in date and that medicines that required were stored in a fridge and the temperatures checked daily.

Records

- We saw that records were held securely in the departments and that patient confidentiality was maintained.
- We reviewed two records and found they contained appropriate information that ensured all staff caring for the patient were aware of care and treatment.
- We saw that risk assessments such as for patients with prosthesis were completed prior to undergoing radiological examination with safety questionnaires completed.

Safeguarding

- The outpatients and diagnostic services followed the Spire Healthcare policies on safeguarding vulnerable adults and children.
- Staff we spoke with were aware of safeguarding procedures and told us they had undertaken online safeguarding training.
- We saw records that indicated staff had received this training.

Outpatients and diagnostic imaging

Mandatory training

- Mandatory training was completed by staff in the department and included resuscitation and moving and handling.
- We saw that mandatory training was tailored depending on work roles for example radiographers.
- Records reviewed showed that most staff were up to date with mandatory training.

Assessing and responding to patient risk

- There were clear procedures in place for outpatients and radiology to care for patients who became unwell.
- Staff we spoke with told us about emergency procedures and escalation of unwell patients in line with procedure.
- There was a resuscitation trolley with emergency equipment available within the area and staff knew where this was located.
- We saw that in the departments staff checked patient allergies such as to the contrast medium used in CT scanning.

Nursing staffing

- There was a sufficient number of nursing and healthcare support staff to manage the clinics.
- Staff told us that because the outpatient clinics were in two parts of the hospital some distance apart then it required careful allocation of staff to clinics.
- There were a small number of vacancies within the department.
- The unit manager told us that they did not use agency staff but that there were a number of bank staff who did regular shifts.

Medical staffing

- All clinics were covered by consultants who agreed clinic dates and times directly with the hospital and outpatients department.
- A radiologist was available when required for any interventional treatments such as angiography were to be carried out.

Major incident awareness and training

- We saw there was a business continuity plan in place to manage the service in the event of an unforeseen incident.

Are outpatients and diagnostic imaging services effective?

Services were effective as care and treatment were provided in line with NICE guidance and pain control was discussed with patients as part of their care pathway. We saw that staff attended additional training to ensure they were competent to carry out their work and there was effective multidisciplinary working.

Services were offered in outpatients on Saturdays and there was an on call radiology service out of hours to support the inpatient unit. Staff told us that they had the necessary information to care for patients and there were consent process in place.

Evidence-based care and treatment

- We saw that NICE guidance for post-operative care of patients undergoing orthopaedic surgery amongst others was followed.
- We saw that staff followed local policy and procedure when carrying out their duties.
- Staff we spoke with were unsure as to local audit activity in the department.
- Radiology staff worked in accordance with IRMER regulation and guidance.

Pain relief

- We saw that pain relief was discussed with patients in the outpatients department and analgesia prescribed accordingly.

Competent staff

- Staff told us that they had received appraisals and evidence we reviewed confirmed this.
- Nursing staff and radiography staff had completed post registration qualifications relevant to their area. We saw specialist nurses had undertaken specialist qualifications and study.
- Radiography staff travelled to another hospital to train on new equipment prior to its installation at Wellesley.
- We saw in the outpatients department that there were competency frameworks in place and completed by staff.

Multidisciplinary working

- We saw effective multidisciplinary working between the radiology department and outpatients which meant patients were not delayed in getting results.

Outpatients and diagnostic imaging

- The radiology department insured that patients had an outpatient appointment booked following their scan.
- There was access to an on call radiologist and other specialist staff if required.
- We saw that for patients who required community services that they were appropriately referred to community medical and nursing services.

Seven-day services

- The main outpatients department was open from Monday to Saturday but closed on Sundays.
- Radiology services were planning to offer further provision over weekends but also ran an on call rota to support the inpatient area should a patient require diagnostic support.

Access to information

- Records were always available for outpatient clinics and in radiology. However, we were told that, on occasion, referral letters from GP's were not always received in a timely way but patients were still able to be seen.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we spoke with were aware of their responsibilities for taking consent prior to any care, investigation or treatment.
- We saw completed consent forms which showed information had been given to patients and that they had consented to treatment.
- Three members of staff we spoke with were unsure of the Mental Capacity Act 2005 and its implications for their practice. We examined the staff training matrix and found that whilst staff were provided with safeguarding training staff were not routinely provided with training on the Mental Capacity Act 2005.

Are outpatients and diagnostic imaging services caring?

We found services were caring and that staff protected patients dignity and treated them with respect. Staff interactions we witnessed were positive. We saw that patients had the necessary information to make informed choices about their care and were supported by specialist nurses for some specialties and written information.

Compassionate care

- We saw that patient's dignity was maintained and that they were afforded privacy at all times.
- For outpatient and radiology sessions chaperones were provided for patients whilst they were seeing clinicians or undergoing tests.
- In the radiology department, there were private facilities for patients to get changed. Additional dressing gowns and slippers were provided for patients who may have to walk a short distance to the scanning room.
- We saw staff speaking freely in a calm and relaxed way to patients and developing a rapport with them.

Understanding and involvement of patients and those close to them

- We saw that the service conducted patient satisfaction surveys though we were told they were not routinely completed for patients undergoing radiological examination.
- 6 patients we spoke with told us they had been given the necessary information required to make a decision about their care and treatment and made choices about their care.
- Specialist nurses assisted patients with additional information and expertise in certain procedures.

Emotional support

- Staff told us that they always offered to chaperone patients undergoing examination and we saw records that showed patients were supported in this way.
- Where possible, patient's relatives were allowed to support them when undergoing scanning subject to safety restraints.
- Patients were able to take in their own music to be played whilst they were having an MRI scan to help them relax.
- Specialist nurses supported patients undergoing some surgeries such as breast and plastic surgery and followed them up post discharge.

Are outpatients and diagnostic imaging services responsive?

The service had increased the clinic hours and imaging hours due to an increased demand for appointments. We saw that the radiology service was planning to offer

Outpatients and diagnostic imaging

Saturday appointments early in 2015. There were no delays for patients getting an appointment and the service was meeting referral to treatment time targets for patients seen on behalf of the NHS.

We saw that the service met individual needs as appointments were offered to suit the patient, facilities were in place for bariatric patients including in scanning and that investigation results and reports were available quickly.

Service planning and delivery to meet the needs of local people

- Staff told us that the service was getting busier year on year and that now offered additional clinics to allow for this at more suitable times and at weekends to meet patient need.
- Radiology had identified a need for further radiology cover and were planning a Saturday service to commence early 2015.
- the MRI service has a new wide bore scanner which could meet the needs of bariatric patients and those with severe claustrophobia. These scanners are rare and the nearest scanner of a similar size is in London, however the use of this item had not been publicised to meet the need of the East Anglia healthcare community.
- The environment in outpatients and radiology was bright and spacious. The radiology department was in the process of refurbishment in some areas and the introduction of new scanning equipment.
- In the outpatients department, rooms were private and the majority had an attached examination room which meant patients could be examined in privacy away from others who may have attended the appointment with them.

Access and flow

- Waiting times were less than two weeks for most outpatient appointments and for radiological examination with many offered an appointment within days.
- The hospital was meeting the referral to treatment times for patients it managed on behalf of a local NHS trust.
- We were told that there were only minor delays to patients on the day of appointments. Six patients we spoke with, some of whom had also had x ray appointments, told us they had never been delayed by more than a few minutes.

- The radiology department was planning remote access for radiologists to further improve reporting times.
- There were some nurse led clinics available for cardiology and plastics clinics.

Meeting people's individual needs

- Outpatients offered appointments to suit individual patients which included early morning, late evening and Saturday appointments.
- Some minor operations were undertaken in the outpatients department meaning patients did not need to attend main theatres.
- The radiology service was planning to commence scanning on Saturdays and were aware they required extra staff to enable that.
- The unit provided a large bore MRI scanner which enabled some patients with claustrophobia to use the scanner.
- Staff told us translation services were available but they did not require them often.
- We saw that there were facilities in outpatients department to support the needs of bariatric patients.
- Scan results were available quickly for the majority of patients. On the day of our visit a number of scans were reported within 60 minutes of the scan taking place.
- Following an investigation, the radiology department arranged an appointment with the patient to avoid any undue delays in patients receiving their results.
- In the radiology department, the wide bore scanner meant bariatric patients could be easily scanned without referral to another facility.
- The scanner was a 'silent' MRI with reduced noise ensuring a more comfortable experience for the patient.
- There was a portable x ray machine for use around the hospital if required.
- We saw that the outpatients department was in two different areas. Staff told us that, on occasion, patients came to the wrong department and were required to walk to the correct area. They were concerned as some patients had had recent orthopaedic surgery and reduced mobility.
- Patients were able to wait in a comfortable environment with easy access to refreshments.
- There was written material regarding a range of disorders and treatments for patients to take home for further consideration.

Outpatients and diagnostic imaging

Learning from complaints and concerns

- There had been no recent complaints to the outpatients department but we saw that complaints received in other areas were shared with staff and any change in practice was recognised.

Are outpatients and diagnostic imaging services well-led?

Outpatient and diagnostic services were well led locally. Staff spoke with obvious pride about the service they provided and had a clear vision of where their department and the hospital as a whole was going. Staff spoke highly of the recent change in leadership within the service and the hospital and local leaders had a clear idea of their strengths and challenges faced.

There is an open and positive culture within the service. Staff reported that they felt they could raise concerns and that they were confident anything they raised would be dealt with appropriately.

We saw that the department strived for continuous improvement in the facilities it offered and how it managed its services.

Vision and strategy for this service

- Staff had a clear vision for the service and were aware of the vision for the organisation. One member of staff told us the organisation as a whole and their department was expanding and improving.
- Staff spoke passionately about the service they provided and were proud of the facilities they had.

Governance, risk management and quality measurement

- Patients were regularly asked for feedback on the quality of care and service provided.
- We saw minutes of governance meetings that covered the outpatients department which covered areas of good practice and risk.

Leadership of service

- Staff were very positive of the recent change in leadership at departmental and hospital level.
- Leaders within the department had a clear understanding of their challenges and what they did well.

Culture within the service

- The culture within the service was open and transparent. Staff we spoke with said that a recent change in hospital leadership meant staff felt listened to and respected.

Public and staff engagement

- Patients were asked to complete satisfaction surveys and we saw that results were very positive. Any concerns raised by patients were addressed and disseminated to staff.
- Staff told us that the organisation increasingly engaged staff including in the review of pay and conditions of employment.

Innovation, improvement and sustainability

- The service was striving for improvement in the type of and way it delivered services. We saw that new equipment was being installed at the time of our inspection to improve the quality of scanning and patient experience.
- The hospital had a wide bore MRI scanner installed in 2014. These scanners are not common and few services in East Anglia have them. Wide Bore MRI scanners are used on patients who cannot fit into regular scanner or have severe claustrophobia. Currently the service does not promote that they have this facility which is not innovative. The use of this equipment offers patients the opportunity to be treated closer to home than would otherwise be the case.
- The department was in the process of planning remote access for radiologists so that they could report scans offsite, further improving reporting times.

Outstanding practice and areas for improvement

Outstanding practice

- Scan results were available quickly for the majority of patients. On the day of our visit a number of scans were reported within 60 minutes of the scan taking place.

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must ensure that the ground floor and first floor dirty utility and clean utility rooms to ensure they comply with regulation and provide a clean environment for the safe handling and disposal of medicines.
- The provider must ensure that lessons are implemented from serious events to prevent people from avoidable harm.

Action the hospital **SHOULD** take to improve

- The provider should consider opportunities and use of the wide bore MRI scanner to determine if it could meet patient demand in the East Anglian region.

- The provider should review the work undertaken by the high dependency unit (HDU) to ensure staff remained skilled in their HDU competencies.
- The provider should ensure that all areas of the hospital are clean.
- The provider should ensure that equipment stocked in clinical areas is within its expiry date.
- The provider should provide training to all staff on the Mental Capacity Act 2005.
- The provider should provide training to all staff on Dementia awareness

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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 activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance of the ground floor and first floor dirty utility and clean utility rooms which were in poor condition, with poorly fitted cupboards. This compromised the security of medicines. Also there were inappropriate clinical surfaces for preparation, management and disposal of medicines which related to surgical and oncology items.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The registered person must protect people who use the service from avoidable harm through implementation of the lessons learnt from serious incidents by regularly assessing and monitoring of the actions taken to reduce the risk of harm.