Dr H I Lazarus and Partners

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Dr H I Lazarus and partners is operated by Dr H I Lazarus and partners. Dr H I Lazarus and partners provide general practice services and a surgery service. This report relates only to the surgery service. All other services are reported on separately.

The service offers minor surgery, including vasectomy, removal of skin lesions and hernia repair to patients aged 18 years and over. Surgery is available all year round and is scheduled on an ad-hoc basis dependent on patient need and the availability of surgeons. Surgery services are limited to day surgery, with no facility for patients to stay overnight. Facilities include a patient waiting area, a pre-admission area, one operating theatre and a recovery area.

We inspected the service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 3 August 2017, along with a further inspection of the service on 10 August 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we do not rate

We regulate minor surgery services but we do not currently have a legal duty to rate them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Clinical areas were visibly clean. Staff were "bare below the elbow" and completed hand hygiene before and after contact with patients.
- Staff cleaned equipment daily, on the days when surgery was taking place. We checked a selection of equipment and found that it was visibly clean and marked with appropriately dated 'I am clean' stickers.
- Staff had access to policies online and also in paper format. We reviewed a selection of policies and found that they were version controlled, dated and included references to national guidance and law.
- Staff provided patients with guidance on pre-operative fasting for procedures requiring sedation and gave patients something to eat and drink after surgery if required.
- Staff monitored clinical outcomes, including pain control and infection rates, through local audit. Senior staff shared audit outcomes with staff and took action to improve outcomes based on audit results.
- We asked two patients about the care they received and both gave us positive feedback about the service. One patient commented that staff were "friendly and caring" and another described the service as "faultless."
- Staff were kind and compassionate in their interactions with patients. We saw staff explaining a procedure to a patient and checking on their well-being during and after their operation.
- Hernia repair surgery was available on a Saturday, which meant that patients had flexibility to arrange their surgery outside of normal working hours.
- Staff were aware of the local population demographic, which included a high number of patients who did not speak English. Staff told us they would access translators from the GP practice for these patients.
- Information on how to complain was available to patients.The service had received one complaint from July 2016 to July 2017.

Summary of findings

- Results of a staff feedback audit dated May 2016 showed that 100% of staff felt valued and were happy with communication from senior staff. We asked two staff about the leadership of the service. Both staff gave positive feedback about leaders and told us they would be confident to raise any concerns.

However, we also found the following issues that the service provider needs to improve:

- There were no clear inclusion and exclusion criteria to help staff assess patients' suitability for the service. There had been an incident relating to an inappropriate referral, which resulted in a procedure being abandoned. This meant that there was a risk that patients with complex needs could be accepted to the service inappropriately. We raised this with senior staff at the time of inspection.They advised that this issue would be discussed at the next clinical governance meeting.
- Senior staff did not have direct oversight of the competency and appraisal of surgeons. No records of surgeons' appraisals were kept on site and senior staff did not have contact with the the local NHS hospital where surgeons were separately employed regarding their competency. This meant that senior staff could not be assured of the ongoing competency of surgeons working in the service. We raised this with the general manager at the time of our inspection.
- The provider sent us records of surgeons' compliance with mandatory training, which showed that none of the surgeons had completed all required mandatory training.
- Bank nursing staff were appraised at the local NHS hospital where they worked under separate employment. We saw results of a staff feedback audit dated May 2017, which showed that staff had asked to have an appraisal specific to their role in the surgery service. The theatre manager told us that appraisals for bank staff were planned to start in August 2017. This had not started at the time of our inspection.
- The theatre recovery area was located in the same room as a staff office area. Although the two areas were divided by a curtain, this was not an ideal environment as it may have impacted on patient privacy during recovery. We raised this with the theatre manager and general manager at the time of inspection. The theatre manager advised us that this area was not used as an office while patients were in the recovery area.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notices that affected the surgery service. Details are at the end of the report.

Heidi Smoult
Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery		Surgery was the main activity of the service. We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary. We found the service was in breach of two regulations of the Health and Social Care Act (2014). These were regulation 12, Safe care and treatment and regulation 18, Staffing. As a result of this we issued two requirement notices.

Summary of findings

Contents

Summary of this inspection

Background to Dr H I Lazarus and Partners

Dr H I Lazarus and partners is operated by Dr H I Lazarus and partners. The service opened in 2013. It is located in Kings Lynn, Norfolk. The service has had a registered manager in post since 15 January 2013 and is registered for the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. The provider was last inspected on 3 January 2017 but the inspection did not include the surgery service. The surgery service had not been inspected previously.

We inspected the surgery service, which provides minor surgery including carpal tunnel release, skin lesion excisions, vasectomies and hernia repairs to the communities of Norfolk. The service provides day surgery to male and female patients over the age of 18.

We carried out an inspection of the service on 3 August 2017 and a further inspection of the service on 10 August 2017.

Our inspection team

The team that inspected the service comprised a CQC inspection manager and one CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Information about Dr H I Lazarus and Partners

The surgery unit included a waiting area, pre-assessment area, one theatre and a recovery area. Five surgeons and one anaesthetist worked at the service under consultancy agreement contracts. The service employed one theatre manager and one theatre practitioner as well as seven bank theatre staff. The surgery unit was included in governance arrangements for the GP service which owned the unit .

We visited the surgery unit. We spoke with seven staff including the general manager, the theatre manager, four theatre staff and a member of administrative staff. We spoke with two patients and two relatives. We reviewed eight sets of patient care records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

- From July 2016 to June 2017 there were 974 surgical procedures performed. All of these were NHS-funded.
- The service reported no never events and two clinical incidents from August 2016 to July 2017. There were no serious injuries or deaths in this period.
- The service reported one complaint from August 2016 to July 2017.

Services provided at the hospital under service level agreement:

- Laundry
- Provision and cleaning of surgical instruments
- Maintenance of medical equipment
- Histology services

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently have a legal duty to rate minor surgery services where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Staff understood how to report incidents. We asked three staff about incident reporting and all three staff could describe what constituted an incident and how to report an incident.
- Clinical areas were visibly clean. Staff were "bare below the elbow" and completed hand hygiene before and after contact with patients.
- Staff cleaned equipment daily, on the days when surgery was taking place. We checked a selection of equipment and found that it was visibly clean and marked with appropriately dated 'I am clean' stickers.
- Resuscitation equipment was easily accessible. Staff completed safety checks on this equipment on days when surgery took place. We reviewed records dated 01 July 2017 to 10 August 2017 which confirmed that staff had completed safety checks appropriately.
- Staff stored medicines securely in a locked cupboard. We checked a sample of medicines and found that all were in date and that expiry dates were clearly marked.
- We reviewed eight patients care records. All of the records we reviewed were signed and dated by staff and were legible. All eight records included pre-operative assessments, surgical notes and clear post-operative instructions.
- Staff completed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery for all patients. This is a safety checklist used to reduce the number of complications and deaths from surgery. We reviewed eight patient records and found that the checklist was documented in all of the records. On our unannounced inspection, we saw staff completing and documenting surgical safety checks.

However, we also found the following issues that the service provider needs to improve:

- There were no clear inclusion and exclusion criteria to help staff assess patients' suitability for the service. There had been a recent incident relating to an inappropriate referral, which resulted in a procedure being abandoned. This meant that there was a risk that patients with complex needs could be

Summary of this inspection

accepted to the service inappropriately. We raised this with senior staff at the time of inspection.They advised that this issue would be discussed at the next clinical governance meeting.
- The provider sent us records of surgeons' compliance with mandatory training, which showed that none of the surgeons had completed all required mandatory training.

Are services effective?

We do not currently have a legal duty to rate minor surgery services where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Staff had access to clinical and governance policies online and also in paper format. We reviewed a selection of policies and found that they were version controlled, dated and included references to national guidance and law.
- Staff provided patients with guidance on pre-operative fasting for procedures requiring sedation and gave patients something to eat and drink after surgery if required.
- Staff monitored clinical outcomes, including pain control and infection rates, through local audit. Senior staff shared audit outcomes with staff and took action to improve outcomes. For example, an audit of patients undergoing vasectomy from April 2017 to June 2017 showed that 74% of patients reported their pain was controlled by over the counter medications. Actions had been identified to extend the audit to a larger sample size in September 2017 and to review advice given on pain relief.
- An audit of patients receiving hernia repair from January to December 2016 showed that out of 40 patients, no patients had experienced post-operative infection and 39 out of 40 patients reported that their pain control was adequate
- We observed staff working together effectively in theatre. Staff described positive working relationships, with one member of staff commenting "It's a lovely family."
- Staff obtained consent from patients before carrying out procedures. We reviewed eight patient records and found that all eight contained appropriate documentation of consent.

However, we also found the following issues that the service provider needs

to improve:

- Senior staff did not have direct oversight of the competency and appraisal of surgeons. No records of surgeons' appraisals were kept on site and senior staff did not have contact with the

Summary of this inspection

the local NHS hospital where surgeons were separately employed regarding their competency. This meant that senior staff could not be assured of the ongoing competency and clinical skills of surgeons working in the service. We raised this with the general manager at the time of our inspection.

- Bank nursing staff were appraised at the local NHS hospital where they worked under separate employment. We saw results of a staff feedback audit dated May 2017, which showed that staff had asked to have an appraisal specific to their role in the surgery service. The theatre manager told us that appraisals for bank staff were planned to start in August 2017. This had not started at the time of our inspection.

Are services caring?

We do not currently have a legal duty to rate minor surgery services where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Patients gave positive feedback about the service. We asked two patients about the care they received and both gave us positive feedback about the service. One patient commented that staff were “friendly and caring” and another described the service as “faultless.”
- Staff were kind and compassionate in their interactions with patients. We saw staff explaining a procedure to a patient and checking on their well-being during and after their operation.
- Staff acted on feedback from patients. An audit of patient feedback completed in June 2017 identified two comments from patients regarding areas they felt could be improved. We saw that staff had taken action to address both these issues.

However, we also found the following issues that the service provider needs to improve:

- The recovery area was located in the same room as a staff office area. Although the two areas were divided by a curtain, this was not an ideal environment as it may have impacted on patient privacy during recovery. The theatre manager advised us that this area was not used as an office while patients were in the recovery area.

Are services responsive?

We do not currently have a legal duty to rate minor surgery services where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

Summary of this inspection

- Hernia repair surgery was available on a Saturday, which meant that patients had flexibility to arrange their surgery outside of normal working hours.
- Designated disabled parking was available directly outside the unit. Parking at the location was free of charge.
- There was level access to the surgery unit and a wheelchair accessible toilet was available.
- Staff were aware of the local population demographic, which included a high number of patients who did not speak English. Staff told us they accessed translators from the GP practice for these patients.
- Information on how to make a complaint was available to patients.The service had received one complaint from July 2016 to July 2017.

Are services well-led?

We do not currently have a legal duty to rate minor surgery services where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Results of a staff feedback audit dated May 2017 showed that 100% of staff felt valued and were happy with communication from senior staff.
- We asked two staff about the leadership of the service. Both staff gave positive feedback about leaders and told us they would be confident to raise any concerns.
- Staff we spoke with understood the service values and demonstrated them in their interactions with patients.
- Senior staff had oversight of clinical quality outcomes for the surgery service. Minutes from clinical governance meetings dated 13 March 2017, 24 April 2017 and 5 June 2017 included discussion of audit results and actions to improve outcomes.
- We saw records, including a 'business continuity planning and recovery toolkit,' which included potential risks to the service and actions for managing these risks.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are surgery services safe?

Incidents

- The service reported no never events from August 2016 to July 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- The service used a paper system to report incidents. There were two clinical incidents reported from August 2016 to July 2017. We asked three staff about incident reporting and all three staff could describe what constituted an incident and how to report an incident.
- Incidents were discussed at clinical governance meetings. We saw clinical governance meeting minutes dated 13 March 2017, 24 April 2017 and 5 June 2017, which included discussion of incidents and actions taken to prevent re-occurrence.
- The theatre manager told us they discussed learning from incidents with staff informally and at team meetings and would display learning from incidents on the staff noticeboard. We asked three staff about learning from incidents and all three could describe incidents that had occurred and actions that had been taken following these incidents.
- There was a duty of candour policy in place, dated October 2016. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- We asked one senior member of staff about duty of candour and they were unable to explain what would trigger duty of candour. We raised this with the senior staff at the time of inspection. When we returned for our unannounced inspection we asked two members of staff about duty of candour and both understood their responsibilities.

Cleanliness, infection control and hygiene

- All areas we inspected were visibly clean and tidy. Hand sanitiser was available on entry to the unit and handwashing sinks and eyewash were available in theatre. Personal protective equipment (PPE) including gloves and aprons were available. Staff were "bare below the elbow" and we observed staff using PPE appropriately.
- Infection control audits showed positive results. An audit of the theatre area dated May 2017 showed compliance with all eight areas assessed. We also saw results of an infection control audit carried out by an external stakeholder in November 2016. Areas requiring action had been identified, for example a suction unit which had been stored on the floor and the lack of hand hygiene audits. Staff had taken action to address these issues by the time of our inspection.
- Results of hand hygiene audits dated 2 March 2017 and 8 June 2017 showed positive results, with 100% compliance for both audits. We observed staff completing hand hygiene before and after contact with patients.This was in line with National Institute for Health and Care Excellence (NICE) Quality Standard 61, which states that healthcare workers should decontaminate their hands immediately before and after every episode of direct contact care.
- An audit of post-operative outcomes for patients undergoing hernia repair from January to December 2016 showed that out of the 40 patients audited, none had experienced a post-operative surgical site infection.
- An audit of outcomes for patients undergoing vasectomy from April to June 2017 identified that out of a sample of 23 patients, two patients experienced a

post-operative infection. This was higher than the 'minimum standard targets' set by the service and we saw that actions were in place to address this, including gathering qualitative data to assess themes and extending the audit in September 2017.
- Staff cleaned equipment daily, on the days when surgery was taking place. We checked a selection of equipment and found that it was visibly clean and marked with appropriately dated 'I am clean' stickers. A deep clean of the theatre took place once a year. This was provided by a third party company.
- Surgical instruments were sent to a local NHS hospital for decontamination. This service was provided under a service level agreement. We saw the contract for this service, which was within date for review. We checked four sets of surgical equipment and found that all were in date for decontamination.
- Waste was clearly segregated and stored securely in appropriate coloured bags to indicate clinical waste for incineration.
- All clinical areas had laminate flooring, which enabled easy cleaning. This complied with the Department of Health (DH) Health Building Note 00-09: Infection control in the building environment.
- The provider had an infection control policy. The policy was in date for review and included information on personal protective equipment, hand hygiene and cleaning of equipment.

Environment and equipment

- Resuscitation equipment was easily accessible. Staff completed safety checks on this equipment on days when surgery took place. We reviewed records dated 01 July 2017 to 10 August 2017 which confirmed that staff had completed safety checks appropriately.
- We saw records for electrical safety testing of clinical equipment which showed that all equipment that was in use had been tested and passed the required checks.
- Surgical instruments were provided under a service level agreement with the local NHS hospital. We saw this agreement, which was in date and included a date for review.
- We checked a sample of consumable items, for example syringes, and found that all were in date.

Medicines

- Staff stored medicines securely in a locked cupboard. We checked a sample of medicines and found that all were in date and that expiry dates were clearly marked.
- Staff completed temperature checks of refrigerators where medicines were stored on days when surgery took place. We reviewed records of these checks dated 01 July 2017 to 10 August 2017 and found that staff had recorded temperatures appropriately on a regular basis and that temperatures were within the required range.
- Controlled drugs were checked daily when the unit was in use. We checked a sample of CDs and found that these were in date and that the amount of each drug matched the amount recorded in the controlled drug register.
- Any medicines required were prescribed by the patient's consultant.
- We reviewed eight patient care records and found that patient allergies were clearly documented in all the records.
- We reviewed eight patient records and found that all of these contained appropriately completed records of sedation.
- There was a 'Safe and secure handling of controlled drugs' policy dated July 2017, which referenced guidance from NICE (National Institute for Health and Clinical Excellence) and was in date for review.

Records

- The service used paper records. Staff stored records securely in a staff area.
- We reviewed eight patients records. All of the records we reviewed were signed and dated by staff and were legible. All eight records included pre-operative assessments, surgical notes and clear post-operative instructions for staff to give patients.

Safeguarding

- Mandatory training included safeguarding adults training (level two). Although the service did not treat children, staff also completed safeguarding children training (level one), to enable staff to identify any safeguarding issues relating to children who might visit the service, for example as relatives of patients
- Staff knew how and when to raise a safeguarding concern and could describe the process for raising a

concern. Staff were aware of how to contact local authorities for advice and there was a lead GP for safeguarding at the practice which owned the surgery service, who staff could contact for specialist advice.
- Information provided by the service showed that eight out of nine theatre staff had completed safeguarding training in the last 12 months and one member of staff was completing this training at the time of our inspection.
- There was a safeguarding policy, dated April 2016 which was version controlled and in date for review.

Mandatory training

- Information provided by the service showed that both permanent theatre staff were up to date with mandatory training, which included basic life support, moving and handling and fire safety among others.
- Senior staff did not have a complete record of mandatory training compliance for three out of seven bank theatre staff. We asked the provider about this and they told us that all three staff had completed the required training and that records had been updated for two of these staff following our inspection to reflect this. The other member of staff was due to leave the service soon after our inspection.
- During our inspection, the general manager told us that records of surgeons mandatory training were not kept on site, as these were held at the NHS trust where surgeons were separately employed. Following our inspection the provider sent us records of compliance with mandatory training for four out of five surgeons, which showed that none of these surgeons were up to date with all required mandatory training.

Assessing and responding to patient risk

- Patients undergoing a hernia repair attended a 45 minute appointment with a nurse before surgery to go through pre-operative safety checks including assessment of risk factors, a blood pressure check and a screening questionnaire. We reviewed eight patient care records and found that all eight contained appropriately completed pre-operative risk assessments.
- Staff completed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery for all patients. This is a safety checklist used to reduce the number of complications and deaths from surgery. We reviewed eight patient records and found that the checklist was documented in all of the records. On our unannounced inspection, we saw staff completing and documenting surgical safety checks appropriately.
- The theatre manager was aware of National Safety Standards for Invasive Procedures (NatSSIPs) and had reviewed these standards to ensure that the surgical safety checks in place at the service were adequate.
- Patients that received sedation wore wristbands to confirm their identity and wore a red wristband to identify any allergies. We saw staff checking patients' identity before surgery by asking patients to confirm their name, address and date of birth. This was checked against the patient's records.
- Staff monitored observations, including blood pressure, heart rate and respiratory rate every 10 minutes post-surgery for patients who had received sedation. Each patient took away a copy of their 'recovery record' after surgery. This included a record of medicines and any sedation they may have received and a record of their observations post-surgery. This meant that if a patient experienced complications or deteriorated after they had left the surgery unit, they would be able to share information on their surgical procedure with any clinicians treating them.
- Patients were required to be accompanied by a relative or friend to their appointment, to ensure that they had appropriate support to get home safely.
- All patients received local anaesthetic, except for patients undergoing hernia repair, who received local anaesthetic plus light sedation. An anaesthetist was available on site until all patients who had received sedation had recovered from surgery and been discharged. Staff told us that if a patient unexpectedly deteriorated, they would provide CPR and airway management and would call 999 to arrange an emergency transfer to the local NHS hospital.
- We saw staff advising patients to be vigilant for signs of infection. Patients were provided with written advice on who to contact if they developed any signs of infection post-operatively. Patients undergoing a hernia repair were asked to attend the unit for a wound check five days post-operatively.
- All eight records we reviewed contained stickers to identify the surgical equipment used. This meant that the equipment used could be traced effectively if any safety issues were identified.

Surgery

- The general manager told us that referrals were required to adhere to service specifications from the clinical commissioning group (CCG) and that surgeons assessed patients' suitability for surgery on an individual basis.
- However, there were no clear inclusion and exclusion criteria to help staff assess patients' suitability for the service. There had been a recent incident relating to an inappropriate referral, which resulted in a procedure being abandoned. This meant that there was a risk that patients with complex needs could be accepted to the service inappropriately. We raised this with senior staff at the time of inspection.They advised that this issue would be discussed at the next clinical governance meeting.

Nursing and support staffing

- The service employed two part-time permanent members of staff (the theatre manager and a theatre practitioner). There were seven theatre staff employed through bank contracts.
- Staffing was planned in advance by the theatre manager. On the day of our inspection there was one theatre manager, two theatre practitioners and one health care assistant working. This was adequate to meet patient need.
- The service did not use any agency staff.

Medical staffing

- The service employed five surgeons and one anaesthetist on an ad-hoc basis through consultancy agreements. All of these staff were also employed separately at a local NHS trust, which was their main place of work.
- Out of hours medical advice was provided by each patient's local out of hours GP service or through NHS 111.

Emergency awareness and training

- The provider had a 'business continuity planning and recovery toolkit' in place, which included a plan for how to respond to a major incident.
- Staff had completed a fire evacuation drill the week before our inspection and were aware of how to respond in the event of a major incident.
- We saw results of a fire safety audit date March 2017 and saw that all identified actions to comply with fire safety requirements had been completed.

Are surgery services effective?

Evidence-based care and treatment

- Staff had access to policies online and also in paper format. We reviewed a selection of policies and found that they were version controlled, dated and included references to national guidance and law. For example, we saw the policy for 'Allergy management and prevention' dated July 2017, which was due for review in July 2018 and referenced Control of Substances Hazardous to Health Regulations (2002).
- Policies were managed through an online system, which automatically tracked the version number of each policy and flagged any policies requiring review. The general manager told us that any policies requiring review went to the nurses meeting or managers meeting for review by relevant members of staff and were then ratified at the clinical governance meeting.
- The general manager told us changes to policy were shared at clinical governance meetings, which included representatives from the surgical unit and the GP practice. We reviewed minutes from clinical governance meetings dated 13 March 2017, 24 April 2017 and 5 June 2017 and saw that policies and procedure were a standing item on the agenda.
- Staff completed local audits to assess compliance against policies. These audits included handwashing, infection control and fire safety audits. We saw evidence of actions being identified and implemented as a result of audit activity. For example, staff told us that following an audit of infection control, they had implemented hand hygiene audits and following a fire safety audit staff had altered the lock on the fire exit at the rear of the theatre, to ensure that staff could exit quickly in the event of a fire.

Pain relief

- Patients were given written and verbal advice on post-operative pain relief. Patients were advised to take simple analgesia, which was available over the counter.
- An audit of outcomes for patients undergoing hernia repair from January to December 2016 showed that out of 40 patients, 39 patients were satisfied with the advice

given regarding pain relief. One patient reported that their pain was not sufficiently controlled by over the counter analgesia and had received a prescription for pain relief.
- An audit of outcomes for patients undergoing vasectomy from April 2017 to June 2017 showed that 74% of patients reported their pain was controlled by over the counter medications. We saw that actions had been identified to extend the audit to a larger sample size in September 2017 and to review advice given on pain relief.

Nutrition and hydration

- Patients undergoing hernia repair were advised to fast for six hours before their operation but were allowed to drink water until two hours before their operation.
- There was a water fountain available for patients and we saw staff offering patients water after surgery.
- Staff told us that patients who had received sedation were offered sips of water immediately after their operation and were then offered tea and biscuits as they recovered.
- Specialist dietician services were not offered due to the nature of the service provided, which was minor day surgery only.

Patient outcomes

- Staff monitored clinical outcomes through local audit. We saw results of an audit of outcomes for patients receiving hernia repair from January to December 2016. This audit showed that out of 40 patients that responded to follow up telephone calls, no patients had experienced post-operative infection and 39 out of 40 patients reported that their pain control was adequate and were satisfied with the information they had received on pain relief.
- The theatre manager completed a local audit of outcomes for patients receiving vasectomy surgery from April to June 2017. Audit results showed that 70% of patients rated their experience as 'Excellent' and 26% rated their experience as 'Good' and one patient (4%) did not respond to this question.
- The local vasectomy audit identified that out of a sample of 23 patients, three patients had experienced complications, two of which were related to a post-operative infection. We saw that actions to address these results had been identified, including plans to follow up with patients to gain qualititative information and to extend the audit to a larger sample size to identify any themes.
- Staff told us they discussed audit results at clinical governance meetings, team meetings and management meetings. We saw surgical team meeting minutes dated 18 August 2016, 24 November 2016 and 27 June 2017 and clinical governance meeting minutes dated 24 April 2017, which included discussion of audit.
- There was a system in place to ensure histology samples sent to the local NHS hospital could be tracked and that all samples were accounted for when reports of results were returned. An audit of histology result returns from April 2016 to March 2017 showed that 99.3% of results were checked correctly. Records of the audit showed that staff had put actions in place to improve the process for checking results.

Competent staff

- Staff completed an induction upon starting at the service. We saw an induction checklist and competency assessment for a new member of staff which had been completed appropriately.
- We saw records to show that staff had completed role-specific supervision and training including diathermy training, tourniquet training and oxygen awareness training.
- We saw records to show that all staff working in the surgery service had completed disclosure and barring service checks. Senior staff monitored registration and revalidation with the Nursing and Midwifery Council and General Medical Council for all professionally qualified staff.
- The provider was part of the Clinical Negligence Scheme for Trusts. This meant that indemnity insurance was in place for surgeons working in the service.
- Permanent nursing staff received a yearly appraisal. Information from the provider showed that all permanent nursing staff had completed an appraisal in the last 12 months.
- The theatre manager told us that bank nursing staff were appraised at the local NHS hospital where they worked under separate employment. We saw results of a staff feedback audit dated May 2017, which showed that staff had asked to have an appraisal specific to their

role in the surgery service. The theatre manager told us that appraisals for bank staff were planned to start in August 2017. This had not started at the time of our inspection.

- Senior staff did not have direct oversight of the competency and appraisal of surgeons. Surgeons were required to sign a consultancy agreement, which included an obligation to maintain their competence and the general manager told us that surgeons' competency would be monitored through audit of clinical outcomes. However, no records of surgeons' appraisals were kept on site and senior staff did not have contact with the the local NHS hospital where surgeons were separately employed regarding their competency. This meant that senior staff could not be assured of the ongoing competency and clinical skills of surgeons working in the service. We raised this with the general manager at the time of our inspection.

Multidisciplinary working

- We observed staff working together effectively in theatre. Staff described positive working relationships, with one member of staff commenting "It's a lovely family."
- Service level agreements were in place with the local hospital for a number of services including provision of linen, surgical instruments, histology and sterile services.
- There were effective processes in place for sharing information with the local hospital. For example, there was an established process in place for the transfer of histology samples to the local hospital and for the reporting and interpretation of histology results.
- The service did not include physiotherapy or occupational therapy services due to the nature of the service provided, which was minor day surgery only.

Access to information

- Patients were referred into the service by their GP through an E-referral system. Consultants received relevant information from the patient's GP through this referral system.
- Patient records were kept in paper format and were accessible to staff.
- Staff had access to policies, which were available online or in paper format.
- Patients were given written information about their operation and advice on recovery.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Consent was carried out by a consultant at a pre-operative clinic held at the GP service. We reviewed eight patient records and found that all eight contained appropriate documentation of consent.
- We observed staff confirming patients' consent both in the pre-operative area and also in theatre.
- Staff told us that they had not received any referrals for patients that lacked the capacity to consent as these patients would be referred to a different service more appropriate to their needs.
- There was a policy on the Mental Capacity Act dated May 2016. This was version controlled and in date for review.

Are surgery services caring?

Compassionate care

- We saw positive patient comments displayed in the patient waiting area. These included "Well cared for and kept informed of all aspects of the operation" and "Awesome staff – very reassuring and friendly."
- We spoke to two patients. Both patients gave us positive feedback about their experience. One commented that staff were "friendly and caring" and another described the service as "faultless."
- Staff were kind and compassionate in their interactions with patients. We saw staff explaining a procedure to a patient and checking on their well-being during and after their operation.
- Results of a patient feedback audit dated June 2017 showed positive results. From January to June 2017, staff collected 21 pieces of patient feedback from cards, letter and comments cards; 19 of these gave positive feedback and two commented on areas which could be improved. Patients' comments included "Friendliest and most efficient service I have ever experienced in the NHS", "Staff were very kind" and "The team displayed a professional, precise and calm approach."
- However, the recovery area was located in the same room as a staff office area. Although the two areas were divided by a curtain, this was not an ideal environment as it may have impacted on patient privacy during

recovery. We raised this with the theatre manager and general manager at the time of inspection. The theatre manager advised us that this area was not used as an office while patients were in the recovery area.

Understanding and involvement of patients and those close to them

- The theatre manager gave us examples of how they encouraged patients to feedback honestly on their experience whether this was positive or negative. We saw staff encouraging patients to complete comment cards and to suggest any areas for improvement.
- Staff acted on feedback from patients. The audit of patient feedback completed in June 2017 identified two comments from patients regarding areas they felt could be improved. These comments related to cleanliness of a grille on the ceiling and to difficulty accessing the sink in the disabled access toilet. We saw that staff had taken action to address both these issues.

Emotional support

- Staff provided patients undergoing hernia repair surgery with a telephone call eight weeks post-operatively to ensure that they were not experiencing any problems and had returned to their work and usual activities as expected.

Are surgery services responsive?

Service planning and delivery to meet the needs of local people

- The service was commissioned by the local clinical commissioning group (CCG) and provided NHS funded minor surgery services for patients without the need for patients to attend a hospital.
- Surgery was available all year round and was scheduled on an ad-hoc basis dependent on patient need and surgeons' availability.
- Hernia repair surgery was available on a Saturday, which meant that patients had flexibility to arrange their surgery outside of normal working hours.
- Designated disabled parking was available directly outside the unit. Parking at the location was free of charge.
- There was level access to the surgery unit and a wheel chair accessible toilet was available.

Access and flow

- Patients were referred to the service by their GP through an E-referral system. Referrals were accepted for patients across the Norfolk area.
- There were no unplanned transfers from July 2016 to June 2017.
- The theatre manager monitored the percentage of patients that did not attend appointments for each consultant. From 7 February 2017 to 1 August 2017 the percentage of patients that did not attend ranged from 0% to 5.2%.
- The theatre manager monitored waiting lists for each type of surgery offered and identified trends. At the time of inspection the waiting list for general surgical patients was four weeks and the waiting list for hernia repair and carpal tunnel decompression was eight weeks (due to staff annual leave).
- The theatre manager told us how they monitored the average list size of each consultant and liaised with consultants to ensure that the size of each theatre list was appropriate to maximise patient flow while also maintaining quality of care for patients .
- The service provided day surgery only, which meant patients were discharged home on the day of their surgery. Staff provided patients with written and verbal information on how to access care as required following their operation.
- Staff did not formally monitor cancellations of surgery.

Meeting people's individual needs

- There was a waiting area for patients, relatives and carers. A radio, magazines and patient comment cards were available in this area.
- We saw staff explaining procedures to patients and tailoring information to each patient's needs. Patients received written information leaflets on their care.
- Staff were aware of the local population demographic, which included a high number of patients who did not speak English. Staff told us they accessed translators from the GP practice for these patients.
- The theatre manager gave us an example of how staff ensured that translators were available during post-surgery telephone follow up calls, to make sure that all patients were given the opportunity to feedback on the care they received.

Learning from complaints and concerns

Surgery

- The service received one complaint from July 2016 to July 2017. Senior managers had responded to the complaint with a letter of apology for any distress caused to the patient. The complaint was under investigation at the time of our inspection. Senior staff told us a meeting had been booked with the staff member involved to discuss the complaint.
- Information on how to complain was available for patients in the corridor area near the waiting room.

Are surgery services well-led?

Leadership / culture of service

- The service was led by the theatre manager and the general manager of the GP practice.
- We asked two staff about the leadership of the service. Both staff gave positive feedback about leaders and told us they would be confident to raise any concerns.
- Results of a staff feedback audit dated May 2017 showed that 100% of staff felt valued and were happy with communication from senior staff.

Vision and strategy for this core service

- The service had a mission statement which was "Southgate's surgical service is a forward-looking healthcare provider, aiming to offer the high level of healthcare we would want for ourselves, our friends and family. We hope to provide the highest quality healthcare in a safe, responsive, supportive and courteous manner. We seek to achieve this through the continuous professional development of our highly motivated Primary Healthcare Team."
- The service values were "Patient-centred, Teamwork, Innovation, learning and Integrity." The staff we spoke to understood these values and demonstrated them in their interactions with patients.

Governance, risk management and quality measurement

- The surgery unit was included in governance arrangements for the GP practice which owned the unit. Clinical governance meetings took place every six weeks and were attended by staff from the surgery unit and the GP practice.
- Senior staff had oversight of clinical quality outcomes for the surgery service. We saw minutes from clinical governance meetings dated 13 March 2017, 24 April 2017 and 5 June 2017 which included discussion of audit results and actions to improve outcomes. Information from clinical governance meetings was passed on to staff verbally at team meetings and through the staff information board. We saw audit results displayed on the staff noticeboard, which staff were required to sign to confirm they had read.
- There were processes in place to ensure that policies were updated and reviewed in a timely way. Senior staff used an online system to manage policies and to identify any policies requiring review. The general manager told us that policies were reviewed by relevant staff and were then ratified at the clinical governance meeting. We saw that policy and procedure was a standing item on the agenda of clinical governance meetings.
- Risk management arrangements were overseen by the GP practice, which held a provider-wide risk register and a 'business continuity planning and recovery toolkit,' which included potential risks and actions taken to manage these. Clinical governance meeting minutes showed that updates to the risk register were recorded and shared with staff.
- Risk assessments were in place for service specific risks including: 'Risk assessment for needlestick injuries and sharps injuries'. 'Risk of fire/injury from use of electrical equipment in theatre'. These documents contained actions for managing each risk.

Public and staff engagement

- Senior staff completed regular audits of staff and patient feedback, which was collected verbally and through comment cards. We saw evidence of senior staff taking action to address feedback from staff and patients.

Innovation, improvement and sustainability

- The theatre manager was focused on improving the quality of care through audit and feedback from patients and staff. They had introduced local audits of clinical outcomes and had plans in place for further evaluation of the service, for example an audit of outcomes for patients undergoing carpal tunnel surgery and a structured patient feedback questionnaire.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that care and treatment is provided in a safe way for service users by appropriately assessing patients for their suitability to use the service, according to agreed criteria.
- The provider must ensure that all staff, including bank staff and visiting surgeons have received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Action the provider SHOULD take to improve

- The provider should consider the physical environment of the recovery area, to ensure that this maximises patient privacy and dignity.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA, (Regulated Activities) Regulations 2014. Safe care and treatment which states: (1) Care and treatment must be provided in a safe way for service users. (2) (a) assessing the risks to the health and safety of service users of receiving the care or treatment. (b) doing all that is reasonably practicable to mitigate any such risk. How the regulation was not being met: The provider had no inclusion and exclusion criteria to ensure that patients accepted for surgery were suitable for treatment at the service.

Regulated activity	Regulation
Surgical procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing, which states: 1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this part. 2. (a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Senior staff did not have direct oversight of the competency and appraisal of surgeons. No records of surgeons' appraisals were kept on site and senior staff did not have contact with the the local NHS hospital where surgeons were separately employed regarding their competency.

The provider sent us records of surgeons' compliance with mandatory training, which showed that none of the surgeons had completed all required mandatory training.

Bank nursing staff were appraised at the local NHS hospital where they worked under separate employment. The theatre manager told us that appraisals for bank staff were planned to start in August 2017. This had not started at the time of our inspection.