

Parkside Hospital at Putney







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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Not sufficient evidence to rate	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Overall summary

Parkside Hospital at Putney is a private hospital operated by Aspen Healthcare Limited. The service provides pre-assessment and post-operative care for general surgical and gender re-assignment patients. Most of the gender re-assignment patients were referred to the hospital under NHS funded arrangements.

The patients using the service were a mixture of privately and NHS funded patients. Between March 2018 and

February 2019, 40 private patients attended for a first appointment compared to 155 NHS funded patients. There was 476 NHS and 611 non-NHS follow up appointments.

We inspected this service using our comprehensive inspection methodology. We carried out the announced inspection of the hospital on 19 September 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

Summary of findings

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 rate

Our rating of this service stayed the same. We rated it as **Good** overall.

We found the following areas of good practice:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care. Managers appraised staff's work performance annually and checked to make sure staff had the right qualifications and professional registration for their roles.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The environment was appropriate and met the needs of the range of people who accessed the service including refreshments for parents' appointments. The service controlled infection risks effectively.
- Patients could access services and appointments in a way and a time that suited them. The service used technology innovatively to ensure patients had timely access to all the diagnostic tests before their scheduled appointment.

- The service provided care and treatment based on national guidance and could evidence its effectiveness. Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service evaluated care provided to ensure they were of good quality through regular clinical audits.
- The service treated concerns and complaints seriously. The registered manager completed comprehensive complaints investigations and shared lessons learnt with all staff.
- The service improved its quality and safeguarded high standards of care by creating an environment for good clinical care.
- Staff were caring, compassionate, kind and engaged well with patients and their families.
- Managers promoted a positive culture that supported and valued staff. Staff reported their team worked well together and staff trusted and respected each other.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.
- The service effectively managed risks and could cope with both the expected and the unexpected.

Nigel Acheson

Deputy Chief Inspector of Hospitals (South & London)

Summary of findings

Our judgements about each of the main services

Service

Outpatients

Rating Summary of each main service

We rated this service as good because it was safe, effective, caring, responsive and well-led because;

- There was a good incident reporting, investigation and feedback system and staff recognised how to respond to patient risk with arrangements to identify and care for deteriorating patients.
- Appropriate infection control procedures were in place and the environment was clean and utilised well.
- Policies and procedures were developed using relevant national best practice guidance and patients had access to appropriate nutrition and hydration including specialist advice and support.
- Patient access and flow was seamless and without delay and staff were aware of their responsibility to ensure patients' individual needs were met.
- Leaders and teams used systems to monitor and manage performance effectively.
- Clinical audit processes functioned well and had a positive impact on quality governance, with clear evidence of action to resolve concerns.
- There was an effective and comprehensive process to identify, understand, monitor and address current and future risks.

Good



Summary of findings

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Good



Parkside Hospital at Putney

Services we looked at

Outpatients

Summary of this inspection

Background to Parkside Hospital at Putney

Parkside Hospital at Putney is a private hospital opened in February 2012 to provide additional clinical space for outpatient services at Parkside Hospital. The services offered at the hospital are general surgery and gender re-assignment pre-operative assessments. No surgical procedures take place at this location.

The gender identity service at Parkside Hospital provided genital reconstructive surgery which currently deals with transwomen only. The gender identity service also provided vaginoplasty, labiaplasty and orchidectomy services. Prior to surgery, patients undergo hormone replacement therapy and counselling from recognised gender specialists from their referring hospitals.

The pre-assessment nursing team works across both Parkside Hospital and Parkside Hospital at Putney and consists of one nurse practitioner, one sister, three staff nurses and one care assistant. The gender reassignment team had one specialist nurse.

Two medical consultants work at the clinic; they offer consultations and review for pre and post gender re-assignment surgery.

The registered manager of the hospital is also the hospital director of Parkside Hospital in Wimbledon and has been registered since 2017.

The service is registered with the CQC to undertake the regulated activities of treatment of diseases, disorder and injury, surgical procedures and diagnostic and screening procedures.

Our inspection team

The inspection team comprised of one CQC inspector. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection for London.

Information about Parkside Hospital at Putney

Parkside Hospital at Putney is a private facility set up to provide additional clinical space for pre-assessment service for patients undergoing general surgery and gender re-assignment surgery at the Parkside Hospital. The gender re-assignment service at the hospital was designed to support the NHS gender re-assignment program and works in partnership with referring hospitals and Clinical Commissioning Groups (CCGs).

During the inspection, we visited the hospital in Putney. We spoke with four staff including the lead outpatients nurse, clinic assistants and registered nurses. We spoke with four patients who were in the clinic for their pre-assessment appointment and review post operation. During our inspection, we reviewed four sets of patient 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.

The hospital is registered to provide the following regulated activities:

- Treatment of disease, disorder, or injury
- Diagnostic and screening
- Surgical services

Track record on safety from March 2018 to February 2019:

- No reported never events.
- No reported incidences of healthcare acquired MRSA.

Summary of this inspection

- No reported incidences of healthcare acquired Meticillin-sensitive staphylococcus aureus (MSSA).
- No reported incidences of healthcare acquired Clostridium difficile.
- No reported incidences of healthcare acquired E-Coli.
- No reported complaint.

Services provided at the centre under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds Maintenance
- Maintenance of fire extinguishers and smoke alarms.

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?

Are services safe?

Good



Our rating of safe stayed the same. We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The provider controlled infection risks effectively. We observed well-presented staff who kept the equipment and premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each patient through individual referral forms. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patient's appointments and referrals to NHS services and completed consent documents. Records were clear and up to date.
- The service had appropriate processes for staff to raise concerns and report incidents. Staff understood their roles and responsibilities to raise concerns and record safety incidents. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services effective?

Are services effective?

Not sufficient evidence to rate



We do not rate effective for this type of service:

- The service provided care and treatment based on national guidance and there was evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff ensured patients were comfortable, relaxed and reassured during their appointment.
- Staff monitored the effectiveness of care and treatment and used the findings to improve them.

Summary of this inspection

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and there were processes in place to assess staff competencies and suitability for their role.
- Staff of different kinds worked together as a team to benefit patients and their families.
- Staff provided patients with information regarding their care and treatment and provided them with health promotion information regarding their condition, care and treatment.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Are services caring?

Are services caring?

Good



Our rating of caring stayed the same. We rated it as **Good** because:

- Staff cared for patients and their families with compassion. Feedback from patients and their partners confirmed that staff treated them well and with kindness
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

Are services responsive?

Good



Our rating of responsive stayed the same. We rated it as **Good** because:

- The service planned and provided services in a way that met the range of needs of people accessing the service.
- The service took account of patients' individual needs, it had a proactive approach to understanding individual needs, was accessible and promoted equality.
- Patients could access the service and appointments in a way and at a time that suited them. There were no waiting times for appointments and patients were booked to suit their individual needs.
- The service had a complaints policy and treated concerns and complaints seriously. The registered manager investigated complaints and shared outcomes with all staff.

Are services well-led?

Are services well-led?

Good








Our rating of well-led stayed the same. We rated it as **Good** because:

Summary of this inspection

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for good clinical care to flourish.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, their families and local organisations to plan and manage appropriate services.
- The service was committed to improving services by learning from when things went well or wrong and promoting training and shared learning.

Outpatients

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are outpatients services safe?

Good 

Our rating of safe stayed the same. We rated it as **good**.

Mandatory training

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

Mandatory training for staff covered topics including manual handling, fire safety and medical devices. We saw that staff compliance of mandatory training ranged between 95% and 100%. The service target for the completion of mandatory training was 95%.

There was system to ensure managers knew if staff had completed their training. Mandatory training matrix showed the staff overall compliance and the list of training staff were expected to complete. The service analysed what skills were required to perform individual tasks and how frequent various mandatory training was to be delivered to individual staff. The analysis took into account job roles and prescribed if training was to be delivered using e-learning resources, face to face or if skills were to be assessed 'on the job'.

All staff had access to an online system for training. The system was able to give the outpatient manager an overview of performance and gave prompts when staff were due to re-take or refresh their training. The matron could also see mandatory training performance and would send emails to department managers, reminding them if any staff were approaching their due dates.

Safeguarding

Staff understood how to protect people from abuse and the service worked well with other agencies to do so.

Staff had training on how to recognise and report abuse, and they knew how to apply it. There were clear safeguarding processes and procedures in place for safeguarding adults and children. All policies were available to staff in an electronic format.

At the time of our inspection, 100% of staff were compliant with safeguarding training. All staff we spoke with had received training in levels two or three for children's safeguarding as appropriate. The lead nurse was trained to level three and could access advice from the local council safeguarding teams if required. This met the intercollegiate guidance 'Safeguarding children and young people: roles and competences for health care staff' (January 2019).

Although staff reported they had not had any safeguarding concerns to raise, they were aware of the correct pathways to follow to raise their concerns.

Cleanliness, infection control and hygiene

The service controlled infection risks well. Staff kept equipment and the premises visibly clean. They used control measures to prevent the spread of infection.

All staff we saw at the hospital were bare below the elbows to prevent the spread of infections in accordance with national guidance. Hand cleansing gel was available at the main entrance of the hospital and throughout the outpatients department. We spoke to patients who told us they saw staff clean their hands before their consultation.

Outpatients

Clinical staff received infection prevention and control training as part of their mandatory training package. We saw that 97% of staff had completed this training.

We reviewed three consulting rooms in the outpatient department and found no concerns. We saw that in all of these rooms, waste was segregated, “I am clean” stickers were used to indicate equipment that was ready to use, hand sinks were available for hand washing and sharps bins were signed and dated in line with best practice. Personal protective equipment such as gloves and aprons were available, and consumable items were checked and found to be within their expiry dates.

The hospital was cleaned in the evening and overnight to minimise disruption to patients and staff during the day when clinics were being held. All medical equipment was the responsibility of nursing staff and healthcare assistants to clean after each use, and everything else was the responsibility of the housekeeping team.

There were cleaning checklists on the back of consulting and treatment room doors and we saw these had daily checks documented.

The matron was the director of infection prevention and control and there was an Infection prevention lead nurse for the clinic. The clinic also had an infection prevention link nurse.

Environment and equipment

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

The design of the environment was appropriate. It was spacious and fully accessible to patients who had additional mobility needs. The service had suitable facilities to meet the needs of patients’ families. There was adequate seating for patients and their families.

The hospital had enough suitable equipment to help them to safely care for patients. This included equipment required to complete patient observations, such as; blood pressure and temperature monitoring and weighing scales.

Staff carried out regular safety checks of specialist equipment. This included checks of the patient observation equipment referred to above and emergency equipment such as resuscitation trolleys.

Staff disposed of clinical waste safely and effective systems were in place to ensure this waste was removed from the clinic in an appropriate and safe manner.

Assessing and responding to patient risk

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

Staff completed patient observations, such as; blood pressure readings, oxygen saturation readings and patient temperatures to assess and monitor patient’s health.

Staff used recognised tools to complete risk screens and assessments for each patient on arrival and updated them when necessary. For example, all patients who attended outpatients for pre-admission assessments were asked whether they had any history of falls. If a patient was identified as being at risk of falling, a record of this risk was recorded and handed over to in-patient staff if the patient was due to be admitted for surgery.

The service provided comprehensive pre-assessment patient undergoing surgical procedures, this included Malnutrition Universal Screening Tool (MUST) and psychological assessment. Patient who needed psychological support were referred to their GP’s for ongoing support.

Staff knew about and dealt with any specific risk issues. For example, staff were able to access records that showed the risk assessments and management plans for patients who were attending outpatient’s post-surgery. This enabled them to check that patients were compliant with post operation risk management advice, such as the use of compression stockings to prevent blood clots. Staff reminded patients of the agreed risk management plans where required and updated risk assessments if changes to risk had been identified.

Nurse and medical staffing

The service had enough staff with the right qualifications, skills, training and experience to

Outpatients

keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough staff of relevant grades to keep patients safe. There were currently no nursing vacancies at the service. Cover for staff leave or sickness was provided by staff that were part of the existing nursing team.

Managers reviewed the staffing numbers and skill mix needed for each shift to ensure all shifts matched the number of staff required to safely run the clinic. The service had a very low turnover rate. The turnover rate for staff between March 2018 and February 2019 was 0%.

Staff records showed that appropriate checks were made that ensured they were safe to work with patients. This included requesting and reviewing criminal history checks and references from previous employers.

The pre-assessment nursing team worked across both Parkside Hospital sites and consisted of one nurse practitioner, one band 7 nurse, three band 6 staff and one care assistant. The gender reassignment team had one specialist nurse.

Two medical consultants worked at the clinic. They offered consultations and reviews for pre and post gender re-assignment surgery.

Records

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

The hospital had a mixture of paper and electronic care records. At our previous inspection, there had been incidents where patient notes had been removed from the clinic by consultants which was not in line with best practice. At this inspection, staff told us that this no longer occurred in the clinic. Staff received information governance training as part of their mandatory training package. We saw that 100% of staff had completed this training.

A care record audit was completed by the outpatient service in February 2019. The aim of the audit was to assess the quality of patient records within the department. The audit found that all records audited

were completed satisfactorily and contained evidence of risk assessments, consent forms and that all entries were legible. However, the service had not audited the availability of record in clinics during patients consultation.

Patient records were stored securely, and access was limited to authorised users only. Patient records were transported between Parkside Hospital at Wimbledon and Parkside Hospital at Putney by hospital porter service, using a secure, sealed mail bag. Patient records were requested by the administrator before the appointment, to allow sufficient time to identify any gaps or issues.

Medicines

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

Registered nurses held the keys to the medicines cupboard which was in line with best practice. Medicines were stored, managed, administered and recorded securely and safely. We checked medicines in the cupboards and saw that these were all within expiry dates, and boxes that were close to their expiry date were pulled to the front of the cupboard and had the expiry date highlighted. Prior to surgery, patients undergo counselling, hormone replacement therapy and its associated risks from recognised gender specialists.

Prescription pads were kept in a locked medicines cupboard until they were needed for a consultant's clinic.

Medicines that required refrigeration were stored in a locked fridge, keys were held by the senior member of staff and temperatures were checked and recorded daily when the service was open.

Incidents

The service had appropriate processes for staff to raise concerns and report incidents. Staff understood their roles and responsibilities to raise concerns and record safety incidents.

The service used electronic incident reporting system which all staff had access and were trained to it. There were zero incident reported in Parkside at Putney Hospital. The registered manager was responsible for

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conducting investigations into all incidents. The registered manager used the incident report to identify any themes and learning and shared these with staff at their team meetings.

Staff we spoke with knew how to report incidents and could give examples of when they would do this. When things went wrong, staff apologised and gave patients honest information and suitable support.

From April 2018 to March 2019, the service did not report any incidents classified as a never event at the clinic. Never events are serious patient safety incidents which should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

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. The service had not needed to do this, but staff we spoke with were aware of the term and the principle behind the regulation and the need to be open and honest with women where incidents occurred.

Managers were aware of the requirements for reporting incidents and submitting notification to the CQC. However, at the time of inspection, the registered manager had not been required to submit any notifications within the last 12 months.

Are outpatients services effective?

Not sufficient evidence to rate 

We do not rate effective in outpatients. However, we found the following good practice:

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness.

The Parkside at Putney hospital policies and procedures were developed nationally by the Aspen Group and took account of relevant best practice guidance including

those that were issued by the National Institute for Health and Care Excellence (NICE), the Department of Health and relevant royal colleges such as the Royal College of Nursing (RCN) and the Royal College of Surgeons. Policies and procedure guidelines relevant for the service were accessible to staff on computers, stored in a shared document folder.

Patients' care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. This was monitored to ensure consistency of practice. There was participation in local and national audits. Findings were used to improve care and treatment and patients' outcomes.

The information provided prior to our inspection visit showed that the hospitals policies and procedures was linked to NICE guidelines and appropriate best practice. The implementation of NICE guidance was monitored through the corporate clinical governance team. We noted that the service used the NHS service specific gender dysphoria surgical interventions guidelines published in May 2019, the aim of this guideline was to provide a comprehensive service, care and treatment for gender patients. The hospitals' assessment and treatment protocols were in line with these guidelines.

During the site visit inspection, we found that the matron received updates on new practice and guidance from the corporate team for dissemination to relevant teams. Clinical staff told us they received email updates when new guidance was issued by the hospital. New guidance was printed by the manager and placed in the staff room. Staff signed a list to confirm they had read the new policies.

Nutrition and hydration

The service provided nutrition and hydration. Staff ensured patients had enough food and drink to meet their needs before and after their appointment.

Patients nutritional needs were assessed by nursing staff as part of the pre-operative assessment and admission process. The service made adjustments for patients' religious, cultural and other preferences in the provision of nutrition and hydration. Patients always had access to hot and cold beverages in waiting areas. Biscuits or sandwiches could be obtained for patients if required.

Outpatients

Staff had access to pre-operative fasting guidelines, which provided guidance regarding intake of fluid and food before elective surgery. We were told that the service undertook a fasting audit as part of the annual audit programme; however, results were not made available to the inspection team at the time of inspection.

All surgical patients had regular screening for malnutrition and weight loss, the service recorded this using the Malnutrition Universal Screening Tool (MUST). Nutritional supplements, if required, were prescribed by the consultants and should further intervention be required then nutritional advice was available to patients through referral to a dietitian. Specialist nutritional advice was also provided as part of the hospital's integrated recovery and rehabilitation programme.

Pain relief

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

Patients were asked about their pain at each appointment and were advised appropriately in how to manage this. Staff also prescribed, administered and recorded pain relief accurately.

Pre-operative assessment included information about the patient with respect to existing pain management, such as the pain relief medicines they took. Appropriate pain relief was noted to be prescribed for patients in the records that we looked at.

Patients received follow-up phone call post discharge to counsel on medicine efficacy in pain management.

The hospital carried out six monthly pain management audits to review if individual pain assessments were undertaken and if pain scores were adequately recorded and any advice and patient's wishes related to pain control were followed. Although this audit covered only small sample of records (10) it demonstrated good compliance in relation to pain management overall.

Patient outcomes

Managers monitored the effectiveness of care and treatment.

The service did not provide evidence of benchmarking against other similar organisations or monitoring patient

outcomes for outpatients specifically. However, the clinical services manager had plans to align the service with a local independent hospital to share best practice and compare outcomes.

The gender reassignment team told us that they participated in a patient reported outcomes measure for gender re-assignment nationally. This was done in conjunction with the local NHS hospital that referred patients to the service, however we were not given any data set for this outcome measures.

Staff took opportunities to share information on patient outcomes widely. For example, the gender reassignment team had completed an audit of blood loss in 2016 and presented the findings at the World Professional Association for Transgender Health conference. The service undertook hand hygiene audits as part of the regular audit programme, the audit results showed 96% compliance with the required standard for consent and hand hygiene.

The pre-assessment team reported that they carried out an audit of surgical site infection 30 days after admission to review results. These results were reviewed by the clinics infection control lead and practice changed if appropriate. An example of change as a result of audit was the use of a different type of dressing.

The hospital collected and monitored information related to gender reassignment surgery. It included information on surgical site infections, 30 days post discharging from the hospital, and if a patient required emergency admission or developed a blood clot within 30 days from the procedure. The information provided by the hospital indicated that there were no such complications in 2018/2019.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and there were processes in place to assess staff competencies and suitability for their role.

The outpatient's manager appraised staff's work performance and had introduced individual supervision meetings to provide additional support and monitor the effectiveness of the service. The manager was appraised by the matron of the hospital.

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Staff were provided with training on pre-operative assessment and gender re-assignment modules.

All new staff were given an induction pack that they worked through as new members of staff. This included a range of topics not limited to: departmental structure, opening times, parking on site, wellbeing and uniform. We spoke to new members of staff who told us how useful this induction book was and that it contained useful extras such as how to use the telephone system which helped them during their first weeks of work.

Multidisciplinary working

There was a multidisciplinary team meeting at the hospital, and staff of different kinds worked together for the benefit the patient. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

We observed good collaborative working and communication among staff. Staff reported that they worked well as a team. Specialist staff within the gender reassignment team said they felt part of the wider team. Staff told us they were able to call on the expertise from other departments in the main hospital if required. Patient records were transported between Parkside Hospital at Wimbledon and Parkside Hospital at Putney by hospital porter service, using a secure, sealed mail bag. Patient records were requested by the administrator before the appointment, to allow sufficient time to identify any gaps or issues with the records.

Staff of different grades worked together as a team and with external professionals such as referring doctors to improve patient care and outcomes. Doctors and other healthcare professionals such as the therapists and administrative staff supported each other to provide good care. In the gender re-assignment clinic administrative staff, consultants and specialist nurses worked together to benefit the patient.

We were told patient discharge summaries were sent to their GP's and referring consultants, and we saw copies of these letters kept in patients record.

Seven-day services

The service did not provide seven-day face to face services.

The service was open 8am to 6pm, Monday to Friday, however there was 24-hour, seven day a week on-call consultant rota for patients provided from the main Parkside Hospital in Wimbledon where they undertook surgical procedures. The service always had at least one resident medical officer on site to provide 24-hour cover, seven days per week. In addition to clinical and consultant arrangements, the senior management team operated a rota for on call support during out of hours.

Health promotion

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

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. All patients were asked lifestyle questions and participated in a health assessment to identify any health promotion needs.

The service had access to numerous health promoting leaflets which they shared with patients prior the surgical procedure and during their admission. It contained information related to health promotion, self-care, surgical procedures, and rehabilitation amongst others. For example, patients who disclosed unhealthy life choices, such as; smoking and excessive use of alcohol were shown understanding and were supported and encouraged to seek the relevant support to make lifestyle changes.

The service provided coaching and tailored support in the areas of physical fitness, healthy eating, psychological wellbeing, medication, hormone therapy and enhanced recovery after treatment.

Consent and Mental Capacity Act

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

The hospital had a policy on obtaining consent from patients and this was in line with NHS policy on consent. Patients confirmed they consented to the procedure before their surgery at the hospital. Standardised consent forms which was in line national guidelines and NHS

Outpatients

consent were signed by both the consultant and the patients and risk and benefits were noted on them. Staff were provided with consent training as part of their mandatory training.

Where applicable, staff gained informed consent from patients for their care and treatment in line with legislation and guidance. Patients' consent to care and treatment was clearly recorded in their care records. This included consent to participate in research and the sharing of information with relevant other people when required.

The service had a chaperone policy concerning the use of chaperones. This provided guidance on chaperones, their availability to patients, and that the patient would have the option to reschedule an appointment if a chaperone was not available when required.

Staff completed training on the Mental Capacity Act 2005 (MCA). The MCA sets out specific requirements that ensure when people are unable to make decisions for themselves, any decisions made about their care and treatment are made in their best interests using a multidisciplinary approach. Training records showed all eligible staff at the hospital had completed this training.

Are outpatients services caring?

Good 

Our rating of caring stayed the same. We rated it as **good**.

Compassionate care

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

Patients said staff treated them with compassion and with kindness. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff followed policy to keep patient care and treatment confidential. Patients were seen in private areas and records that contained sensitive information were stored securely.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude. Patients wishes and

preferences were noted and addressed appropriately. Consulting rooms displayed 'free/engaged' signs on the door. We saw that staff used these to show when rooms were engaged to protect patient privacy and dignity.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, patients who had a carer role were asked additional questions and given specific advice about their own care needs and how this may impact on their carer roles.

Patients we spoke with were very positive about the services and told us they received good treatment and were happy to attend the clinic again for further appointments. Staff ensured that suitable support systems were in place for patients who had carer needs before any inpatient admissions for care and treatment were arranged.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw a nurse successfully offer reassurance to a patient who had visited the clinic for review post-surgery.

Staff supported patients who became distressed and helped them maintain their privacy and dignity. For example, patients who were visibly distressed were given time to gather their thoughts and compose themselves before leaving a consultation room and walking through any waiting areas.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. They showed empathy when discussing patients' limitations and frustrations. Patients who required ongoing psychological support were referred to their GP for support.

Staff were responsive to emotional and psychological needs expressed by patients. Staff gave an example of making a phone calls to a patient who was struggling with rehabilitation following family difficulties. The phone calls were to provide emotional and psychological support and to check on the patient's wellbeing. All the

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patients we spoke with felt they did receive emotional support from staff, or that this would be available if they needed it. The support provided included given information and signposting patients for primary care support, reproductive services, voice and communication therapy, mental health services (assessment, counselling, psychotherapy) and hormonal Support and guidance in planning for gender transition. We were not informed of any peer or support groups available for patients or carers.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Doctors and nurses gave people information about their care and treatment and ensured time was allocated for patients and those close to them to ask questions. Questions were then answered in a suitable manner to ensure patient understanding.

Staff spoke with patients, families and carers in a way they could understand, using interpreters where necessary. Pricing information were provided to patients as part of their patients pack.

Are outpatients services responsive?

Good 

Our rating of responsive stayed the same. We rated it as **good**.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people within the opening time of the service.

The patients using the service were a mixture of privately and NHS funded patients. Between March 2018 and February 2019, 40 private patients attended for a first appointment compared to 155 NHS funded patients. There was 476 NHS and 611 non-NHS follow up appointments.

The facilities and premises were appropriate for the services being delivered. The waiting areas were furnished to a high standard and provided sufficient comfortable seating. There was a range of free hot and cold beverages available, as well as newspapers and magazines to read.

The service was opened between 8am to 6pm Monday to Friday. This allowed patients who worked office hours during the week to attend at a time that suited them, within the opening hours of the clinic. We spoke with patients who told us they were able to get appointment times that suited their needs.

Staff monitored and took action to minimise missed appointments through reminder phone calls prior to the appointment date. Staff ensured that patients who did not attend appointments were contacted and appointments were rearranged.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The environment was appropriate and patient-centred with comfortable seating, refreshments and suitable toilets.

Nursing staff told us patients treatment was planned to meet the individual needs of each patient. We saw examples of patient's treatment plans which demonstrated this including scheduled appointments pre and post-surgery.

A range of literature and health education leaflets were available and given to patients. Some of these were available in other languages and could also be translated if required. Translation and interpreting services were available for patients whose first language was not English. The service signposted patients to access other support services, these services included cultural support, psychology, counselling and complementary therapies.

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During our inspection, we noted that patients could have their bloods taken on the same day as the appointment and staff were trained to do this. This meant patients did not have to return for a separate appointment at the hospital.

Access and flow

Not all patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were variable between different patient groups.

Not all patients could access services and appointments in a way and at a time that suited them because of their limited opening hours of 8am – 6pm Monday to Friday. All the patients we spoke with during the inspection told us they had arranged their appointments to meet their needs. The service did not provide waiting time figures for private and NHS patients. NHS gender patients can only access surgery with a referral from a Lead Professional from a specialist Gender Dysphoria Clinic that is commissioned by NHS.

The service did not record waiting times, however, administration staff told us that some surgical patients were booked within two weeks and always sooner if urgent. All the patients we spoke with told us it was easy to book a convenient appointment. One patient said, 'the appointments are well facilitated around your family schedule.' There was no information on waiting times for gender re-assignment patients. These patients were referred to the service by the NHS after been on the NHS waiting list.

An audit of 100 general surgical patients (non-gender re-assignment patients) who were referred to outpatients between March 2018 and February 2019 showed that 100% of these patients were offered an initial appointment within seven days of their referral.

We saw that staff informed people of delays on arrival to the clinic or if appropriate by phone before scheduled appointments. Patients were given the option to rearrange another appointment at another suitable time if required. None of the patients we spoke with were caused any distress or inconvenience by the delay and the clinic appointments on that day promptly got back on track.

A proactive and holistic approach to pre-operative assessments meant discharge planning began in the outpatients department before a patient had been admitted for surgery. This proactive approach ensured patients had the right support and equipment in place to support and facilitate safe discharge which meant the risk of delayed surgical discharges was reduced. We were told patient discharge summaries were sent to their GP's and referring consultants, copies of these letters were kept in patients record.

Learning from complaints and concerns

People could give feedback and raise concerns about care received. The service treated concerns and complaints seriously and investigated them.

Between March 2018 and February 2019 there were no complaints received from patients attending the hospital.

The registered manager had overall responsibility for complaints, however the matron led on any complaints where there were concerns about clinical aspects of patient care. The complaints policy stated that all complaints should be acknowledged within two days and responded to within 20 working days. No complaints were referred to the ombudsman or Independent Healthcare Sector Complaints Adjudication Service in the last 12 months.

We saw comments and formal complaints leaflets and information on how to complain available in the waiting room areas.

Are outpatients services well-led?

Good 

Our rating of well-led stayed the same. We rated it as **good**.

Leadership

Managers had the right skills and abilities to provide sustainable care. Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

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There was an outpatient sister in charge of the service. The outpatient sister worked at both Parkside Hospital at Putney and the other location. The outpatient sister reported to the matron and the matron reported to the hospital director. Staff told us the hospital director and the matron were routinely visible and approachable and visited the service regularly.

We were told a senior nurse in charge was available as a contact point for staff, consultants and patients, and was available via bleep or telephone. The local leadership team were experienced and demonstrated a good understanding of the performance challenges and risks within the surgical services. Senior members of staff we spoke with had been in post for several years and had a very good knowledge of the hospital and its systems and processes.

Staff said they felt well-supported and felt confident in raising concerns. They were positive about the leadership of the service and told us their manager was visible and approachable. Feedback from the staff survey showed 100% of staff were satisfied with support from their line manager and agreed that their line manager took a positive interest in their health and well-being.

Staff were proud of their service and felt involved to improve systems and processes to ensure patients received the best care. Consultants spoke positively about the hospital's care and safety within outpatients' services.

Staff commented on the proactive and responsive management style of leadership at the service. Issues and concerns were promptly followed up and resolved and clinicians were involved and consulted about changes. There were clear lines of management responsibility and accountability within the outpatient's services.

Vision and strategy

The service had a vision for what it wanted to achieve.

The hospital's vision and values were displayed in clinical and staff areas and staff we spoke with were able to articulate a clear vision and set of values. The aim of the service was to provide first class independent healthcare for the local community in a safe, comfortable and welcoming environment, this was underpinned by set of five organisational values "beyond compliance,

personalised attention, partnership and teamwork. investing in excellence, and always with integrity". Staff were encouraged to "going the extra mile and aspiring to be the best in what they do; recognising that one size does not fit all; respecting the individual; work in a coordinated and collaborative manner; doing the right thing and being respectful of others".

There was an action plan from the workshop was available detailing further actions to be taken up to the end of 2020 to continue to engage staff and provide ongoing training in line with the vision and strategy of the service. This was in line with the wider Aspen corporate vision and values.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Staff described how there was a no blame culture within the service and everyone was open and honest when dealing with challenges and mistakes. There was a positive, energetic and inclusive culture described by all staff. Staff told us they felt supported as individuals in their roles but also as part of the wider hospital team.

Staff were aware of the whistleblowing policy. All staff were passionate about the service and told us how committed they were to provide the best service for patients.

Healthcare assistants reported being well supported by nursing colleagues, and housekeeping staff spoke of being supported by administrative staff and other colleagues. Staff described the culture being an improvement from previous roles they had worked in and feeling happy to be part of the hospital.

Many staff told us they loved working at the hospital and were proud of what they could achieve individually and collectively as a team. There was a strong sense of teamwork. Staff described how the patients' experience of the service was paramount.

Staff we spoke with demonstrated the importance of being open and honest with patients when something went wrong, staff demonstrate knowledge of the providers' duty of candour (DoC) policy. All staff we spoke

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with in the department were knowledgeable about duty of DoC regulations. The leadership team demonstrated compliance with DoC requirements following incident investigations.

Governance

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

There were clear governance structures in place where a number of groups and committees, such as; the health and safety committee, the medicines management group and the infection prevention committee that fed into the quality and safety committee which in turn reported directly to the board.

The hospital had allocated responsibilities for overseeing quality and performance to various committees. There was a quality governance committee and medical advisory committee. The work of these committees was coordinated by the group quality governance committee. There was also a social and wellbeing committee that looked at issues related to workforce.

A practicing privileges policy was in place which outlined the requirements that consultants needed to follow and meet to maintain their practicing privileges. This included annual submission of insurance and appraisal and a formal yearly review of their practicing privileges by the Medical Advisory Committee (MAC). We looked at a selection of consultant files and these contained evidence that this staff group were suitably skilled and competent to deliver care and treatment.

Managing risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Leaders and teams used systems to monitor and manage performance effectively. This included safety thermometer data and compliance with agreed quality improvement goals, such as: ensuring staff gave

appropriate health promotion advice to patients who smoked. Feedback about performance was shared appropriately with staff to thank them for their work and/or share plans for improvement.

The service held monthly departmental meetings where issues related to day to day management were discussed. There were other decision making and performance monitoring forums such as the monthly senior management meetings and heads of management meetings. Issues related to individual areas and specialities were addressed during more specific formal meetings such as theatre users group meeting, gender reassignment working group meetings, paediatric surgical working party and operational meetings or hospital transfusion committee amongst others.

Clinical audit processes functioned well and had a positive impact on quality governance in terms of reporting to the board from the clinical staff, with clear evidence of action to resolve concerns. We saw that a number of audits were completed in clinic, this included; medicines audits, records audits and infection prevention and control audit.

There was a comprehensive process to identify, understand, monitor and address current and future risks. Staff knew how to identify and escalate relevant risks.

The risk register was reviewed regularly and contained a description of the risk, the ratings, assurances and proposed actions to mitigate the risks. The risk we saw reflected what was on the risk register. Meeting minutes evidenced that the risk registers were regularly reviewed, discussed and updated. The departmental risks were reviewed at monthly divisional quality and safety committee meetings. This was fed into an overall provider risk register and which had oversight from the board.

The department used information available through performance reports and local audits to inform and improve service planning. The information was also timely and relevant. When required, the department submitted reports and notifications promptly to support shared learning and to share information with external bodies.

Managing information

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The service collected information and analysed it to understand performance and to enable staff to make decisions and improvements. The information systems were integrated and secure.

Medical records were paper based and stored securely either on site, or at an archive site in a different location.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had the required access to record systems to allow them to perform their work effectively. We were not made aware of any data security breaches that occurred at the hospital within the past 12 months prior the inspection.

At our previous inspection, consultants took patient notes off site, which was not secure or in line with the hospital policy. At this inspection, we were assured that this practice had stopped.

Confidential waste bins were available in the clinic and information security and governance was a part of the service mandatory training. Staff followed recommendations to prevent against data loss or breaches of confidentiality. For example, we observed staff logging off computers before leaving the station, huddle boards in theatres did not display patient names.

Engagement

The service engaged well with patients and staff.

The hospital participated in audits such as the Friends and Family Test and Patient Led Assessments of the Care Environment. Feedback from staff and patients was sought and responded to when considering changes or developments to services. The outpatient department also ran a patient feedback survey and the response rates at the time of our inspection was around 98%.

The outpatient team met once a month for team meetings and also had ad-hoc meetings when needed. We saw minutes from these meetings that had a standard agenda and staff had the opportunities at the end of these meetings to raise concerns, issues or updates.

Senior leaders engaged with staff by completing walk rounds, sending emails, newsletters and team briefs. The service held monthly training sessions and team meetings. All staff felt these forums were beneficial to them and they were confident to ask questions and engage effectively with the management.

Department managers could attend managers' meetings with managers from other Aspen group hospitals. For example, the outpatient manager had attended the Aspen Group managers meeting which were held quarterly.

Learning, continuous improvement and innovation

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

Staff were supported to access specialist training to develop their skills and improve patient care. This included training in: leadership, management and gender re-assignment courses. The service participated in the Association for Perioperative Practice (AfPP) accreditation scheme and its annual inspection met with all green status. The accreditation scheme offers the opportunity to demonstrate hospital's commitment to high standards of perioperative care by ensuring their educational materials, such as leaflets, brochures, or website meet pre-set standards and good practice requirements.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- Consider collating the information on waiting times for gender re-assignment patients, referred to the service by the NHS.
- Consider auditing the availability of medical records for patients seen at the service.