

Mount Stuart Hospital

Quality Report

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

Ratings

Overall rating for this location

Are services safe?

Are services responsive?

Are services well-led?

Summary of findings

Letter from the Chief Inspector of Hospitals

Mount Stuart is operated by Ramsay Healthcare UK Operations Limited. The hospital has 26 single rooms, of which 23 are currently in use for patients. There are also 15 ambulatory care spaces for patients coming for a day procedure. Facilities include: three main operating theatres with laminar flow systems (laminar flow theatres aim to reduce the number of infective organisms in the theatre air by generating a continuous flow of bacteria free air), one day-case theatre and a recovery area.

Surgery, outpatient and diagnostic services are provided at the hospital. Day case and inpatient surgery specialities included general surgery, major and minor orthopaedic surgery, ophthalmology, ear nose and throat surgery, gynaecology, urology, dermatology, endoscopy and cosmetic surgery.

Outpatient and diagnostic services are delivered in consulting rooms and include orthopaedics, general surgery, gynaecology and obstetrics, cosmetic surgery, ear nose and throat, urology, oral and maxillofacial, ophthalmology, gastroenterology, dermatology, and facial surgery.

Diagnostic imaging services include plain X-ray, ultrasound, and fluoroscopy. Magnetic resonance imaging (MRI) and computed tomography (CT) are provided from a mobile unit. There is a private physiotherapy service for outpatient and inpatient services. Non-surgical cosmetic treatments are delivered by the cosmetic suite. However, these treatments are not in scope for CQC to regulate. The main service provided by this hospital was surgery.

Mount Stuart provides surgery, medical care, outpatients and diagnostic imaging services to adults over the age of 18 years. We inspected this service using our focused inspection methodology to follow up on concerns we had about the service. We carried out the unannounced visit to Mount Stuart on 8 August 2019. For this inspection, we inspected surgery, concentrating on the theatre department only. We did not inspect all key questions or all elements of key questions, but focused on elements of safe, responsive and well led. We did not inspect any elements of effective or caring. For this reason, we did not re-rate this service. The ratings from our previous inspection remain unchanged.

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.

Services we rate

Our rating of this hospital stayed the same. We did not change the rating for this service as this was a focused inspection to follow up on concerns.

We found good practice in relation to surgery:

- Staff recognised patients at risk and took appropriate action. Staff identified and quickly acted upon patients who deteriorated. Safety checklists were undertaken in theatres to minimise risks to patients.
- Although the service relied heavily on bank and agency staff to cover vacant shifts, it mostly used staff familiar with the service to maintain continuity of care and treatment for patients. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Most staff felt respected and valued by the service.
- Feedback from patients for surgery was positive both through the friends and family test and the provider's own survey.

However, we found areas of practice that require improvement in surgery:

Summary of findings

- Theatres had challenges in recruiting enough staff with the right qualifications, skills, training and experience. However, this was improving with new staff due to start work following our inspection.
- Some training for emergency scenarios had not been completed.
- Checks on the difficult airway trolley were not always being completed in line with the provider's policy.
- One policy had not been developed to meet local procedures.
- Not all incidents were investigated in a timely manner. One serious incident that required an in-depth investigation had not yet been completed for over six months.
- A number of staff were not aware of the provider's values and vision.
- No staff meetings had been held in the theatres' department since November 2018.
- Not all staff felt the senior management were visible in the service and they were listened to.

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 one requirement notice that affected surgery. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals, London and the South

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Summary of each main service

Surgery was the main activity of the hospital. We did not change the ratings from the last inspection as this was a focused inspection to follow up on concerns about theatres.

Summary of findings

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Mount Stuart Hospital

Services we looked at; Surgery

Summary of this inspection

Background to Mount Stuart Hospital

Mount Stuart Hospital is an independent hospital which is part of the Ramsay Healthcare UK Operations Limited. The hospital is in Torquay and opened in 1984. It treats NHS patients and privately funded adult patients, who are either self-funded or medically insured. The hospital has three outreach clinics which are for consultation only. These are staffed by surgeons with practicing privileges.

The registered manager for Mount Stuart Hospital is the hospital director, who has been in post since December 2009. The accountable officer for controlled drugs is the head of clinical services (matron).

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in theatres. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

Information about Mount Stuart Hospital

The hospital has two core services, outpatient services and surgery, and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Surgical procedures
- Treatment of disease, disorder or injury

During the inspection, we visited the theatre department. We spoke with 19 staff including registered nurses, healthcare assistants, reception staff, medical staff, operating department practitioners, and senior managers and consultants. We spoke with three patients. During our inspection, we reviewed parts of patient records, policies and procedures and data we requested through our inspection.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The hospital has been inspected seven times since 2012. The most recent

inspection took place in June 2018, which found the hospital was not meeting two of the five standards of quality and safety it was inspected against. It was rated overall as good.

Activity (July 2018 to June 2019):

- In the reporting period, there were 5,118 inpatient and day-case episodes of care recorded at the hospital. Of these, 78% were NHS-funded and 22% privately funded.
- 26% of patients stayed overnight at the hospital during the same reporting period.

There were 64 surgeons, 23 anaesthetists, and six radiologists working at the hospital under practising privileges. One regular resident medical officer (RMO) worked on a one to two-week rota. Within the hospital, 67% of their staff were registered (qualified nurses and operating department practitioners) and 33% were unregistered staff (healthcare assistants). There were also four radiographers, as well as bank staff.

Track record on safety:

- No never events

Summary of this inspection

- Clinical incidents: 203 no harm, 17 low harm, 14 moderate harm, no severe harm, no deaths.
- No incidences of hospital acquired MRSA
- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli
- 28 complaints

Services accredited by a national body:

- Joint Advisory Group on GI endoscopy (JAGS) accreditation

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds maintenance
- Laser protection service
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- RMO provision

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 did not rate safe. We did not inspect all areas related to this key question. We found:

- The service had enough staff to care for patients and keep them safe. Bank and agency staff were used to fill vacant shifts. Recruitment of staff was ongoing with new staff having been appointed and were due to start work shortly.
- Staff assessed risks to patients and acted on them.

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

- The service relied heavily on agency and bank staff to fill gaps in the rotas for theatres. However, they tried to use the same staff for consistency of service.
- Safety checks on the difficult airway trolley were not always in line with the provider's policy.
- Some emergency scenarios had not been practiced, and a local policy and procedure had not been produced in relation to major blood haemorrhage.
- Not all incidents were investigated in a timely manner.

Are services responsive?

We did not rate responsive. We did not inspect all areas related to this key question. However, we found:

- Patients could access the service when they needed it and did not have to wait too long for treatment.
- There were limited operations cancelled at the provider's request.

Are services well-led?

We did not rate well led. We did not inspect all areas related to this key question. We found:

- Leaders had the integrity, skills and ability to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable around the service for patients.
- Most staff felt respected, supported and valued. The service and staff focused on the needs of the patients receiving care. There

Summary of this inspection

was an open culture where patients, their families and staff could raise concerns without fear. Most, although not all, staff felt listened to. However, this had improved since our last inspection.

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

- Not all staff understood the vision and values of the service.
- Some staff still felt the senior managers were not visible in the service.
- Staff in theatres had not had a staff meeting since November 2018.

Surgery

Safe

Responsive

Well-led

Are surgery services safe?

We did not rate safe.

Assessing and responding to patient risk

Staff recognised patients at risk and acted appropriately. Staff identified and quickly acted upon patients at risk of deterioration.

In accordance with the provider's policy, the hospital did not provide care and treatment for patients who had complex needs or needed care which the staff assessed they could not safely provide. For example, post-surgery, the service did not have facilities or staff with suitable training to care for patients with higher dependency needs. Should an increased level of dependency unexpectedly occur, the patient would be transferred to the local NHS acute hospital by emergency ambulance. A service level agreement had been agreed with the local NHS hospital trust for the transfer of patients if needed and this had been used safely on occasion.

Each patient had consultant-led care for both day surgery and inpatient admission. The consultant saw the patient pre- and post-operatively and remained on-call out of hours to respond if required. Most consultants were local, and it was their responsibility to provide cover should they be unavailable. In the interim, the resident medical officer (RMO) was available to provide medical support. An escalation procedure was used should a patient deteriorate. Nursing staff would escalate concerns to the RMO, who would in turn, if required, contact the consultant.

Staff discussed key information during ward to theatre transfers and recovery suite to ward transfers. Staff shared information to keep patients safe when handing over their care to others.

Daily 'huddles' with representation from each department took place each morning. This was to make sure patients

received a high level service. Staff were able to discuss any issues or concerns they might have and identify the required solution. This meeting was also attended by senior staff.

Theatre staff followed the five steps to safer surgery. This involved following the World Health Organisation (WHO) checklist before, during and after each surgical procedure. We observed this procedure taking place in day surgery theatre. Staff used the same WHO checklist for all procedures and operations. Staff confirmed they consistently completed this checklist for each surgical procedure and operation.

The WHO checklist was audited to demonstrate compliance to ensure the safety of patients. We were sent copies of the September 2018 audit which demonstrated a 100% completion rate. These audits also covered other areas of safety, for example, the swab count and if the theatre register were completed in full. This included checking patient details and if any specimens were taken. This also demonstrated 100% compliance. Senior staff explained their programme for auditing. As no issues were identified during the 2018 audit programme, these would not be undertaken again until the audit programme for July to September 2019.

Following our inspection, the registered manager sent us details of their latest audits of theatres. This showed some areas where improvements were needed. For example, there had been no emergency scenarios' training for major haemorrhage, cardiac arrest and for difficult airway. Actions were being devised to meet these shortfalls.

At our last inspection in June 2018, to improve safety, theatres had implemented a white board system to cover all areas of the WHO checklist during the patient's theatre visit. The information was then transferred to a paper copy which was retained in the patient's notes and audited as part of the patient's medical records audit. This procedure was now embedded into daily practice.

Resuscitation equipment and a difficult airway trolley was available in theatres. We saw the resuscitation trolley had

Surgery

been checked weekly and monthly as directed by the organisation's policy. However, we saw the difficult airway trolley had not always been checked weekly as required. When we brought this to attention of staff, they immediately checked the trolley to make sure all the required equipment was available for use in the event of an emergency. To ensure this equipment was available in an emergency, staff were able to tell us where these trolleys were located.

There was a procedure to follow if a patient needed to return to theatre unexpectedly. If this was during core working hours, staff would do their best to accommodate this. If this occurred out of hours, theatres had an on-call system where staff were allocated to a specific role. Staff would be called in to set up theatres and recovery.

There was a major haemorrhage policy/procedure in theatres. However, this was a corporate policy, and a local procedure for this specific location had not been developed. A member of staff in theatres told us they knew who to call, but this was not formally written down. Senior staff told us theatre staff would follow the procedure of the local NHS hospital as they supplied all their blood products and they had a copy of its procedure. However, they did not have a local procedure.

Nursing and support staffing

The service had challenges in recruiting enough staff with the right qualifications, skills, training and experience. The service relied heavily on bank and agency staff to cover vacant shifts. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

There was a clear focus on recruitment and retention, with the imminent appointment of new staff improving vacancy rates. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction. Senior staff told us bank and agency staff were used on each shift in theatres. This was confirmed on the duty rotas we reviewed. However, these staff had worked at the hospital frequently and were familiar with the policies and procedures to maintain continuity of care for patients.

Recruitment for staff was ongoing and interviews for healthcare assistants for theatres were taking place during our inspection.

Managers calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. We observed in theatres that the service met the Association for Perioperative Practice (AFPP) guidance for staffing. Staffing levels were consequently often altered to meet the demands of the service on each day.

If staff were called in for an emergency, their working hours were adjusted the next day to make sure they had the appropriate rest period before going back to work. Other staff, bank or agency, would be used to cover any shifts left by permanent staff who had worked during the emergency.

During our inspection, we were assured staff were given the appropriate number of shifts and did not complete too many during the rota period. If this occurred, the service had the risk of staff being tired which could have an impact on patient care. Staff told us they mostly had their breaks. However, this was not always in a timely way.

The lack of permanent theatre staff had impacted on procedures/operations being undertaken. If a member of staff went off sick unexpectedly, and the team were not able to obtain bank or agency staff, the operation list would be cancelled due to safety reasons. Staff felt this was improving from previous inspections with less cancellations.

Incidents

Most staff recognised and reported incidents and near misses, although staff shortages were not reported as often as required. However, not all serious incidents were investigated in a timely manner.

The provider had an electronic reporting system which all the staff had access too. However, not all staff in theatre felt confident at using it. For agency staff, any incidents were often completed for them by a permanent member of staff. This was because they did not have access to the system.

Not all staff said they were reporting when they were short of staff as they said this was recorded in the minutes of the daily huddle. Staff were not clear if reporting shortages of staff was in the provider's policy and needed to be reported. However, the draft theatre scheduling and efficiency standard operating procedure did state these need to be reported though the services incident reporting system.

Surgery

We were notified of a serious incident that took place in January 2019. At the time of our inspection this had not been thoroughly investigated. However, a senior member of staff told us they were due to start the process of a detailed investigation shortly and were aware it should have been investigated earlier.

Are surgery services responsive?

We did not rate responsive.

Access and flow

People could access the service when they needed it and received the right care in a timely way. Most cancelled operations were due to patient decisions.

Cancelled operations were monitored by the hospital against a set list of reasons. This was split into NHS and private/other funded patients. For NHS patients, staff recorded whether the patient was re-booked within the 28-day timescale. The registered manager said they were not always re-booking NHS patients within the 28-day timescale, but this was mostly due to patients refusing the next date for various reasons.

The number of cancelled operations varied each month. For example, 105 NHS and private/other funded patients were cancelled in January 2019 and 55 patients in total in April 2019.

We looked at the data showing how many operations were cancelled due to theatre capacity. We found this occurred less than other reasons, for example, patients cancelling. The most cancelled operations due to theatres was in November 2018 at 17, however 58 patients had cancelled themselves during this month. Just four operations were cancelled in February and April 2019 due to theatres. In this case the data did not define what the specific reasons were.

Are surgery services well-led?

We did not rate well led.

Leadership

Leaders had the integrity, skills and ability 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. However, not all staff felt listened to or felt management were visible, but many agreed it was improving.

There had been no changes to the hospital senior leadership team since our last inspection, with each department being led by a head of department. The hospital senior leadership team consisted of the hospital director who was also the registered manager, head of clinical services, operations manager, finance manager and business administration manager.

The service had not had a theatre manager in post since November 2018. Recruitment to appoint a new theatre manager had taken some time to find a replacement. A new theatre manager had been appointed and was due to start in October 2019. Another member of staff had stepped into managing the department, who was supported by the head of clinical services.

Staff in theatres had not always felt supported or listened to by the senior leadership team, especially in relation to their concerns about staffing levels in theatres. Most staff felt this had improved, with senior staff being more visible and involved in the day to day running of theatres.

Vision and strategy

The service had a three-year clinical vision and strategy for what it wanted to achieve. However, we were not assured all staff understood the vision and strategy of the service.

Most staff we spoke with were not able to tell us of the service's vision and strategy. We saw the service's values displayed throughout the hospital, but many staff were unable to tell us what these were. Senior staff said they would discuss their strategy and values at the next planned staff forums.

Culture

Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear, but not all staff felt listened to.

The senior leaders told us the culture of the surgery division had positively changed, and staff had a better understanding of the challenges within theatres and the

Surgery

impact across the service. The senior leaders were keen to keep developing a culture of openness where staff could report any concerns or provide feedback about the service. The majority of staff felt they could do this but not all felt listened to.

Most staff felt respected, supported and valued. They felt positive about working for the service and their team. All staff had a positive attitude about working together, were passionate about patient care and were proactive and keen to make improvements for the benefit of the patients. They felt the culture had improved since the last inspection, although recognising there was some way to go. Staff felt supported in their roles by their team, and mostly by senior staff.

Staff followed policy to keep patient care and treatment confidential. Staff spoke quietly outside of private areas when discussing patient care and treatment. We heard staff tell a patient, “I am sorry to talk over you,” during a handover from the recovery team to the ward team.

Governance

Leaders operated effective governance processes throughout the service to monitor their progress.

There were clear governance processes which monitored the service provision. This included several meetings, for example, on the day of our inspection there was a planned meeting of heads of department. The meeting agenda covered a range of topics, for example, business provision, incidents and complaints. The senior leadership team also met frequently to discuss how the service was progressing.

The arrangements for the medical advisory committee (MAC) remained the same as the previous inspection. They met quarterly and had a representative from each surgical speciality. The MAC was an integral part of the governance structure.

The provider had a list of audits for each of their locations to complete each year on a three-monthly cycle, July to September. If any issues or concerns were highlighted, then local audits would be undertaken. For example, at this hospital they had identified an issue with the lack of evidence for perioperative temperature monitoring, so they had undertaken an audit. The hospital was completing this year's audits during our inspection. These audits were going to be benchmarked across other Ramsay Healthcare Operations UK Limited locations.

Staff in theatres told us the new audits for this year were still being embedded. This was because there had been a misunderstanding around the number of patient records that needed to be reviewed in theatres for their audit. This audit covered for example, the WHO surgical safety list and other safety issues in theatre. A senior member of staff confirmed following the inspection, this had been addressed. This year's audit programme would also include the National Safety Standards for Invasive Procedures (NatSSIPs). The aim of NatSSIPs is to reduce the number of patient safety incidents related to invasive procedures in which surgical never events could occur. These standards set out broad principles of safe practice and advise healthcare professionals on how they can implement best practice, such as through a series of standardised safety checks and education and training. This was ongoing at the time of our inspection.

We asked to see the audits for theatres specifically around safety. The audit we saw for the 2018 audit period demonstrated 100% compliance with safety checks. The most recent audit for 2019 showed several areas for improvement. For example, lack of emergency scenarios for staff and lack of departmental meetings. Actions were being devised to address these shortfalls.

The hospital monitored all unplanned returns to theatre, unplanned readmissions, transfers to the local NHS acute trust and cancelled operations. They were able to break down the reasons for cancelled operations, for example, if this was due to the consultant, patient, or issues with theatres. This was also split between private funded patients and NHS patients. The hospital also listed if NHS patients were re-booked within the 28-day timescale. We saw from the data from July 2018 to June 2019 the number of operations cancelled due to theatres, occurred on fewer occasions each month than cancellations for other reasons, for example, patients cancelling.

We reviewed the theatre utilisation meeting minutes. These meetings took place every two weeks. While the minutes were brief, staff in theatres understood what they meant. They did not record for example, a percentage of how often theatres were in use or not in use. But they did list empty theatre slots. Staff used these minutes to book equipment, check if any representatives of manufacturers needed to be present, and to offer any vacant operating slots to other surgeons.

Surgery

The new draft standard operating procedure for theatre scheduling and efficiency included the terms of reference for theatre utilisation meetings and who should attend. This had not been shared with all staff at the time of our inspection. Senior staff planned to do this following our inspection.

Managing risks, issues and performance

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

In theatres, staff had completed risk assessments for areas they had identified as a risk. Each risk was given a score and if they reached a certain level they would be escalated to the head of clinical services for inclusion on the risk register. A senior member of staff said they needed to review these risk assessments as some could be combined to reduce the number.

The hospital had their own risk register where each department added their risks. A senior member of staff told us the risk register was due to be reviewed at the heads of department meeting, as some risks had reduced.

Prior to this inspection, the registered manager had sent us their risk assessment for staffing levels in theatres and their actions to mitigate these. This was still an ongoing risk but improving with recruitment.

There was a service level agreement (SLA) with the local NHS acute trust for the transfer of patients who were deteriorating, or if their needs could not be met by the staff at the hospital

Engagement

Leaders and staff actively and openly engaged with patients and staff, to plan and manage services.

Patients were able to feedback their views through the friends and family test and the provider's new online survey. The friends and family test responses from March 2019 to July 2019 showed that 97% to 100% of NHS day case and inpatients would recommend the service. We were provided with feedback from the provider's new online survey for surgery both day case and inpatients. This was a new system introduced in July 2019. Of the 86 responses, all but one was positive. One expressed some concerns about the room sizes on the ward.

Patients were complimentary about the service. One patient told us staff "Listened to me, explained everything clearly and respected my wishes".

There had been no staff meeting for at least six months in theatres. Therefore, staff had not been able to give their views or be updated on topics relevant to the service and theatres. A senior member of staff said they would look to address this as a matter of urgency.

Staff were able to attend staff forums which were run by the registered manager to give their feedback and to hear about changes to the service and key messages. Staff mostly felt listened to.

Some staff told us they had recently completed the staff survey but had not seen any results from this yet.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- Ensure all incidents are investigated in a timely manner.

Action the provider **SHOULD** take to improve

- Provide all staff with the opportunity to be aware of the values and visions of the service.
- Deliver emergency scenario training as identified in their internal audit.

- Produce a policy which is in line with local procedures for the management of a major haemorrhage.
- Make sure safety checks are undertaken on the difficult airway trolley in line with policy.
- Continue with the recruitment of skilled staff to fulfil theatres' vacant posts.
- Arrange regular meetings for all staff in theatres so they can give their views and receive updates on the service.

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 17 HSCA (RA) Regulations 2014 Good governance