

## Circle Health Group Limited

# Bath Clinic

### Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

We carried out a focused inspection of Bath Clinic on 9 and 10 February 2022. The service was inspected in May 2016 and was rated as requires improvement in safe and well led with good in effective, caring and responsive. The service was rated as requires improvement overall. A follow up inspection of safe and well led was undertaken in May 2018 and these were found to be good. However, due to the guidance available at the time, the overall rating remained as requires improvement.

Bath Clinic provided the following services: surgery, medical care, outpatients and diagnostic imaging. We inspected surgery, medical care and outpatient services during this inspection. The inspection was short notice announced.

We rated safe as good in surgery and medical care. In outpatients it was rated as requires improvement. Effective was rated as good in surgery and medical care. We do not rate effective in outpatients. Caring was outstanding in medical care and in surgery and good in outpatients. Well led was rated good.

Our rating of this location improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to health information. Key services were mostly available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs and made it easy for them to give feedback. Patients could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and some community services to plan and manage services and all staff were committed to improving services continually.

However:

- During the recruitment of some staff, not all the required information was obtained prior to them starting work at the service.
- Observed practice as part of clinical supervision to monitor the skills and knowledge of qualified staff was not always documented to help them with their revalidation requirements for their regulatory body. Staff felt this would be useful to have this documented.
- Not all staff followed policy when completing care records.
- Although the hospital had a high standard of cleanliness there was a lack of oversight of some areas.

# Summary of findings

## Our judgements about each of the main services

### Service

### Surgery

### Rating

Good



### Summary of each main service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and some did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and

# Summary of findings

accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service should consider as part of their clinical supervision documenting observed practice when qualified staff work together so it can be used for their revalidation as staff felt this would be useful.
- Not all staff had the required information obtained prior to them starting work at the service. Interview records were not always detailed about any gaps in staff employment history.

## Outpatients

Good



We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values,

# Summary of findings

and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff followed policy when completing care records.
- Although the hospital had a high standard of cleanliness there was a lack of oversight of some areas.

Outpatients is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.

## Medical care (Including older people's care)

Good



Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

# Summary of findings

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- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Medical services are a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.

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

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# Summary of findings

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# Summary of this inspection

## Background to Bath Clinic

Bath Clinic is part of Circle Health Group Limited. In January 2020, Circle Health Holdings Limited (Circle) acquired the BMI Healthcare Limited group. The hospital is located in Bath and serves the local population treating privately funded patients and NHS patients. Surgery and medical services are provided for inpatients, day-case patients and outpatients and the hospital treats adults. The hospital did not provide services for children or young people. The hospital has 67 beds (24 bed inpatient ward and 43 day beds), three operating theatres, a dedicated endoscopy suite, diagnostic imaging department, day-case unit, oncology ward and outpatient department.

The provider is registered to provide four regulated activities:

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

During this inspection, we looked at the following services: surgery, medicine and outpatients. We inspected the hospital as part of our routine comprehensive inspection programme for independent healthcare services. We carried out a comprehensive unannounced inspection on 9 and 10 February 2022.

### Hospital activity

The top three surgical procedures in the last 12 months for NHS patients were;

Cataract surgery for 276 patients

Hip replacement for 239 patients

Knee replacement for 194 patients.

The top three procedures in the last 12 months for private patients were;

Diagnostic colonoscopies (test to check the health of the bowel) for 189 patients

Cataract surgery for 157 patients

Injections or aspirations of joints, and cysts for 144 patients.

The oncology service provided 551 chemotherapy sessions from February 2021 to January 2022.

The endoscopy service provided 548 scope procedures between October 2020 and September 2021.

### Track record on safety from March 2021 to February 2022



# Summary of this inspection

No never events were reported - A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

No external review or investigations have been undertaken.

There were no incidences of healthcare acquired infections.

The service received 24 formal complaints across surgery, medical care and outpatients.

No Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reportable incidents have occurred.

The main service provided by this hospital was surgery. Where our findings on surgery for example, management arrangements also apply to other services, we do not repeat the information but cross-refer to the surgery service.

## How we carried out this inspection

The team that inspected this location comprised of three CQC inspectors and two specialist advisors. During the inspection we spoke with staff including the management team. We reviewed documents and records kept by the service. We also spoke with patients and their family/carers.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

We found the following outstanding practice:

- Mandatory training across medical care and outpatients was 100% compliant.
- All staff we spoke with described a very positive culture.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **MUST** take to improve:

#### Outpatients

- The service must ensure accurate, complete and contemporaneous records are maintained in respect of each service user. (Regulation 17 (2) (c)).

# Summary of this inspection

## Action the service SHOULD take to improve:

### Overall

- The service should have effective recruitment and selection procedures and ensure all appropriate checks are confirmed before they are employed. (Regulation 19 (2) (a) and Schedule 3).

### Surgery and medical care

- The service should have systems and processes to identify and assess the risks to health, safety and welfare of people who use the service. (Regulation 17 (2) (b)).
- The service should replace out-of-date items on emergency resuscitation trolleys.

### Surgery

- The service should consider documenting observed practice as part of their clinical supervision for qualified staff to help them with their revalidation with the Nursing Midwifery Council as staff felt this would be helpful.

### Outpatients

- The service should ensure that they have oversight of cleaning in all areas.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	 Outstanding	Good	Good	Good
Outpatients	Requires Improvement	Inspected but not rated	Good	Good	Good	Good
Medical care (Including older people's care)	Good	Good	 Outstanding	Good	Good	Good
Overall	Good	Good	 Outstanding	Good	Good	Good

# Surgery

Safe	Good 
Effective	Good 
Caring	Outstanding 
Responsive	Good 
Well-led	Good 

## Are Surgery 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.**

The mandatory training was comprehensive and met the needs of patients and staff. Nursing staff received and kept up-to-date with their mandatory training. We were sent evidence showing the ward and theatre staff mandatory training rates were above the 90% target. The Resident Medical Officer (RMO) provided evidence to senior staff they had completed their mandatory training.

All staff completed training on recognising and responding to patients living with dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were sent a reminder e-mail when training was due and senior staff followed this up to make sure staff had booked in their updated training.

### Safeguarding

**Staff understood how to protect patients 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.**

Nursing staff and the RMO received training specific for their role on how to recognise and report abuse. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw details on the ward of how to report an allegation to the local authority.

Due to COVID-19 there were no visitors allowed on the ward and this included children. Bath Clinic had a procedure for staff to follow when children visited the ward.

The ward had made one safeguarding referral in the last 12 months.

# Surgery

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

Ward areas and theatres were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. Due to the pandemic the service had not been inspected by PLACE. PLACE assessments are usually an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors). The last PLACE assessment was in 2019 where Bath Clinic was rated as 97% for cleanliness just below the England Average.

Bath Clinic had signed up to PLACE lite assessments until they re-start the PLACE in September 2022. PLACE Lite is recommended good practice to complement the annual PLACE collection. Staff had started their collection of data for PLACE, and this showed they were at 100% for cleanliness across the whole site.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff wearing PPE to safeguard patients and themselves from possible cross infection. The monthly hand hygiene and COVID-19 audits for the ward, day case unit, theatres and recovery showed 100% compliance.

Staff cleaned equipment after patient contact.

Staff worked effectively to prevent, identify and treat surgical site infections. The Infection Prevention and Control (IPC) lead investigated all possible surgical site infections. In the last 12 months the IPC lead told us they had investigated one surgical site infection. This was ongoing at the time of this inspection therefore there was no outcome available.

The service screened new admissions for possible infections including COVID-19, MRSA and Meticillin-sensitive Staphylococcus aureus (MSSA) and Carbapenemase producing enterobacterales (CPE). Carbapenemase-producing Enterobacterales (CPE) are bacteria that are likely to be resistant to most antibiotics. Enterobacterales are a type of bacteria (known as Gram-negative bacilli, such as E. coli and Enterobacter), which live naturally and harmlessly in people's guts, along with billions of other bacteria. We saw IPC risk assessment documents which were completed at the pre-admission clinic appointment. We were told if risks were identified they would be reviewed. For COVID-19, patients had to undertake a Polymerase chain reaction (PCR) test three days prior to admission and then self-isolate. We saw the results of these in the patient records we reviewed.

Decontamination of surgical equipment was undertaken by a third party off site. Sets of surgical equipment were checked before use to make sure they were sterile and all present.

## 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.**

All patient rooms were single occupancy to prevent any risks of cross infection. We observed in the patient's rooms stand-alone plug in electric heaters. Senior staff told us they had completed a risk assessment for their use, and we were shown this. Staff needed to make sure if they were in use, they were not close to the patient to prevent them from falling on them.

# Surgery

The PLACE lite audit had rated the overall condition, appearance and maintenance as just over 97%. An action plan had been devised to address the areas of concern, for example, re-decoration in some areas of the environment. Completion date was October 2022.

Patients could reach call bells and we saw staff responded quickly when called. Patients told us they did not wait too long for staff to answer their call bell.

Bath Clinic had three theatres and two had laminar airflow systems (systems to circulate filtered air in theatres), but only two theatres were in use due to staffing issues. A refurbishment plan was due to commence in the near future to improve their theatre provision.

Staff carried out daily safety checks of specialist equipment. We observed staff checking specialist equipment and documenting the result. For example, the blood glucose monitoring machine.

The service had enough suitable equipment to help them to safely care for patients. The resuscitation equipment by the ward was shared with the day case unit and medical care. Staff carried out daily safety checks of specialist equipment. There was oxygen and emergency equipment available. We checked the dates of items on the resuscitation trolley and found three items that had passed their expiry date. Two of these items were replaced immediately. The third item had been risk assessed to leave on the trolley due to supply issues, which had meant a replacement could not be sourced. No issues were identified with the resuscitation equipment in theatres.

Staff disposed of clinical waste safely.

There were recording systems for documenting details of specific implants, for example the National Joint Register. The National Joint Registry was set up by the Department of Health and Welsh Government in 2002 to collect information in England and Wales on joint replacement operations and to monitor the performance of implants, hospitals and surgeons. We observed in the pre-admission clinic patients being asked if they would like to consent to the register and if they agreed they signed a consent form.

A track and trace system was implemented to monitor implants, any equipment used in the patient's body for example, urinary catheter and other medical devices used in theatre. This was in case any issues in the future were identified with equipment and patients could be traced. We saw the track and trace stickers in patients' records.

## 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**

Pre-operative assessments were carried out to make sure patients were fit to have their surgery at this location. Some patients were able to have a telephone assessment depending on their medical questionnaire and type of surgery they were having. We observed a pre assessment clinic for a patient undergoing orthopaedic surgery. A full medical history was undertaken with a list of medicines and physical observations for example, blood pressure, pulse and electrocardiogram. Patients were able to be referred on to the anaesthetist if staff had any concerns. Patients were also able to see a physiotherapist and pharmacist if required at this appointment.

# Surgery

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. We observed in the surgical pathway staff had access to the NEWS2. NEWS2 is the latest version of the National Early Warning Score (NEWS), which advocates a system to standardise the assessment and response to acute illness. All records relating to NEWS2 had been completed in full making sure patients were being monitored for deterioration.

Staff monitored patients using the NEWS2 and if they were concerned about possible sepsis, they informed the RMO. The RMO would make the decision, with advice from the consultant and/or anaesthetist about prompt transfer to an NHS hospital to commence urgent treatment. Sepsis boxes were stored in the medicines room on the ward and staff were aware of these and how to use them if they suspected a patient had sepsis. These contained equipment needed for a patient suspected of having sepsis.

There were protocols including a service level agreement for the transfer of patients using services to NHS in the event of complications from surgery. From February 2021 to January 2022, three patients were transferred to the local NHS trust for treatment following a deterioration in their condition. None of the three patients who were assessed prior to surgery were identified as being unsafe to have their operation at this location and all three were treated successfully and were discharged home.

Staff knew about and dealt with any specific risk issues. For example, reporting sepsis, venous thromboembolism (VTE) risk of developing a blood clot, falls and pressure ulcers.

Staff completed risk assessments for each patient at pre-admission clinic and on admission, using recognised tools, and reviewed them regularly, including after any incident. We saw risk assessments for falls, malnutrition, pressure ulcers, moving and handling, use of bedrails and VTE. There was also a tool for reviewing intravenous cannulas (a small flexible plastic tube inserted into a vein) to make sure they were patent and were not showing signs of infection.

Staff shared key information to keep patients safe when handing over their care to others.

Shift changes and handovers included all necessary key information to keep patients safe.

Bath Clinic ensured compliance with the five steps to safer surgery, World Health Organization (WHO) surgical checklist. We observed staff completing the checklist in theatres, all staff were present, took part and completed the checklist in full. Monthly audits of the WHO surgical checklist were completed, from records we saw 100% compliance from April 2021 to January 2022.

## Nurse staffing

**The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift, in accordance with the number and needs of patients.

The number of nurses and healthcare assistants matched the planned numbers. Theatres did not have enough staff to have all three operating theatres in use. They had enough staff to safely run two theatres. A new theatre manager had just started working at Bath Clinic at the time of our inspection.

# Surgery

Senior staff on the ward told us they had four qualified nurse vacancies on the ward, with one being for a full time senior nurse. In pre-admission clinic they had a part time qualified nurse vacancy. For health care assistants, senior staff had just recruited to vacant posts. Two healthcare assistants were planning to do their nursing apprenticeships. Theatres also had vacancies; these were for a part time qualified nurse, two health care assistants and a theatre practitioner. Recruitment was underway. Agency and bank staff were used to fill vacancies.

Guidance on theatre staffing levels was planned to be in line with a recognised professional body once recruitment of staff had been completed. The provider will be looking to implement 'The Association for Perioperative Practice' (AfPP) accreditation for staffing. The AfPP are a registered charity working to enhance skills and knowledge within operating departments.

To help with the staffing on the ward they had one nursing associate, which was a new role within a nursing team. Nursing associates work with healthcare support workers and registered nurses to deliver care for patients. It is also a stepping stone to becoming a registered nurse.

Bath Clinic helped to support student nurse training from a local university. A student nurse had just started a placement on the ward and was being supported by staff.

Physiotherapy staff also had vacancies within their department and recruitment was also underway.

Managers made sure all bank and agency staff had a full induction and understood the service and they requested staff who were familiar with the service. We saw evidence of a completed induction booklet and an agency nurse confirmed they had received a full induction. The agency usage from January 2022 was 9.5% for theatres and 5.7% for the ward.

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The service had enough medical staff to keep patients safe.

A resident medical officer (RMO) was on duty 24 hours a day and had access to the consultants if needed in an emergency. Bath Clinic had a service level agreement with another provider to supply the RMO. They worked one week on and one week off. They were on call 24 hours a day. However, staff told us they were only called at night if they had an urgent or emergency with a patient.

Surgery was consultant delivered, and led, for both private and 'NHS choose and book' patients.

Consultants reviewed patients on their ward rounds and the RMO would also review patients before surgery and after if required. The RMO was included in the handover of patients in the morning and evening to make sure they were aware of their medical conditions.

## Records

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

Patient notes were comprehensive, and all staff including bank and agency could access them easily. All patient records we observed (six in total) were up-to-date and signed by the member of staff completing the entry. Patients who had



# Surgery

undergone surgery had a pathway booklet and some were specific to the surgery for example, hip replacement. These booklets included all the documented care and treatment from pre-admission, through to discharge of the patients. This was a multidisciplinary record where all disciplines of staff wrote in the pathway, for example, nurses and physiotherapists.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

Discharge summaries were communicated to the patients GPs. We saw records of discharge information sent to the patients' GPs on their discharge.

A documentation audit was completed between the months of April 2021 to November 2021. This covered all areas. The audits were rated as 'amber' meaning they had not met the 95% target for green they were just under this score. An action plan had been devised to address the areas identified as not meeting the target score. For example, the bed rail risk assessment had not always been completed on admission. Areas of good practice were also highlighted for example, clinical documentation.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff were aware of how to access medicines advice and supplies during the pharmacy opening hours and there were arrangements for out of hours support. As part of the pre-assessment for surgery, staff in the pre-admission clinic could contact a member of pharmacy to speak to the patients about their medicines. Staff in pre-admission clinic advised patients on whether any of their medicines needed to be stopped prior to surgery.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. A member of the pharmacy department was available to speak to patients about their medicines and provide advice and support to the staff on the ward.

Staff completed medicines records accurately and kept them up-to-date. All prescription charts we reviewed (eight) were completed in full and all doses of medication administered were signed for. We also saw evidence when these had been reviewed by pharmacy staff.

Staff stored and managed all medicines and prescribing documents safely. Each patient had a locked facility for storing their medicines in their room. The medicines room and trolley were all secured, and only authorised staff could access medicines stored in these.

Staff followed national practice to check patients had the correct medicines when they were admitted or moved between services. Staff on the ward were able to administer certain types of medicines to take home if patient was discharged after hours. The doctor prescribed the medicines and two qualified nurses checked and dispensed the medicines to the patient. Safety checking systems to monitor staff dispensing medicines from the ward had been devised and were checked by pharmacy staff when they next visited the ward.

# Surgery

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them and they raised concerns and reported incidents and near misses in line with the provider's policy.

Managers investigated incidents thoroughly. Patients and their families received copies of the investigation once completed.

Staff received feedback from investigation of incidents. The computer system used, automatically sent feedback to the member of staff who reported the incident once it had been investigated.

There was evidence that changes had been made as a result of incidents. Senior staff had identified an increase in the number of patients presenting post discharge following surgery with a pulmonary embolism (blood clot in the lung) or *deep vein thrombosis (blood clot in the leg)*. *The incidents were investigated for trends, but none were found. Senior staff felt it may have been due to patients being dehydrated pre surgery as some patients often fasted for longer than two hours. Consequently, Bath Clinic encouraged patients to continue to drink water up to two hours before their surgery. Staff made sure any changes to the theatre list were communicated to patients and staff made sure patients were told when to stop drinking water. We saw posters advertising this in the pre-admission clinic waiting room and staff told us they made sure when patients were admitted they continued drinking water until two hours before their surgery. This was ongoing at the time of our inspection; therefore, no results were available to show if an improvement had been made.*

The service had no never events on the ward or theatre.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

The provider sent the service the Medicines and Healthcare products Regulatory Agency (MHRA) alerts weekly. These were then shared with staff by the heads of each of the department. The alerts require local executive management level action to reduce the risk of death or serious harm.

## Are Surgery effective?

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

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to the providers policies and procedures via their computer system.

# Surgery

Bath Clinic completed 21 audits per year and these were linked to national guidance and quality standards and professional guidance. We saw the results of some of these audits and saw compliance was at 100%. Where the service had not scored 100%, action plans were devised to address the areas of shortfall.

Bath Clinic monitored patients identified at risk of sepsis. We were sent a copy of a sepsis audit from April 2021 to November 2021. This was used to review patients who had scored a NEWS score of 3 or more and triggered the sepsis pathway. (A score of 3 or more would indicate a medical review was needed quickly). The audit compliance was 100% for all correct actions taken.

Staff followed the National Institute for Health and Care Excellence (NICE) guidance, for example, in theatres we observed staff meeting the hypothermia prevention and management of adults having surgery (CG65). In the intraoperative phase the patient's temperature should be measured and documented before induction of anaesthesia and then every 30 minutes until the end of surgery; to help reduce the risk of infection and to monitor the risks of hypo or hyperthermia. In all patients records we reviewed we saw patient's temperature had been recorded during all phases of their care, pre operation, during the operation and post operation.

Bath Clinic were using enhanced recovery pathways for some surgical procedures. Enhanced recovery is an evidence based approach that helps patients recover more quickly following major surgery. We observed the process of this starting in pre-admission clinic where patients were given information about post operation recovery, when to expect to be mobilising and their planned discharge date.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food or fluids for long periods. The service made adjustments for patients' religious, cultural and other needs.**

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs.

Staff fully and accurately completed patients' fluid and nutrition charts where needed.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition.

Patients waiting to have surgery were not left nil by mouth for long periods. As previously mentioned, staff were encouraging patients to maintain drinking water until two hours before surgery to reduce dehydration and any possible side effects of this.

Following surgery patients had effective management of nausea and vomiting. Patients were prescribed anti-emetic (anti-sickness) medicine to enable them to drink and eat.

Staff told us Bath Clinic was able to cater for patients religious and cultural needs. This information would be shared with the catering staff following a pre-admission assessment.

## Pain relief

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

Staff assessed patient's pain using a recognised tool and gave pain relief in line with individual needs and best practice.

# Surgery

Patients received pain relief soon after requesting it. Patients we spoke with confirmed they did not have to wait long for their pain relief.

Staff prescribed, administered and recorded pain relief accurately. We saw this was recorded on the patients' prescription charts.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The service participated in relevant national clinical audits. For example, Patient Reported Outcome Measure (PROMs). This is a measure of health gain in patients undergoing hip replacement and knee replacement surgery. This is done using questionnaires before and after surgery. Private Health Care Information Network (PHIN) was used. They provide outcome information for private hospitals and consultants in the UK.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The PROM data for NHS-funded patients from 1 April 2019 to March 2020, was similar to other organisations. The same for The Oxford score adjusted average health gain for hip replacements. The Oxford score average health gain for knee replacements was better than the England average.

Under the PHIN Data Maturity Model, patient outcome measures were published under Milestones five and seven. Milestone five is participating in health outcome measures, and Milestone seven is publishable health outcome measures. Bath Clinic were compliant with both of these.

Bath Clinic was due to provide data from quarter four (January 2022 to March 2022) to participate in QPROMs (this is the same as PROMS but for cosmetic surgery).

The Commissioning for Quality and Innovation (CQUIN) framework (for NHS procedures) had been put on hold due to the pandemic. This supports improvements in the quality of services and the creation of new, improved patterns of care. This service was currently negotiating their CQUINs with the local Clinical Commissioning Group.

In the National Joint Registry data from April 2020 to March 2021 hip, knee, ankle and shoulder audit, 95.5% of patients at this organisation consented to having their personal details included in the audit, which was better than other organisations. For the two other comparable metrics in this audit the organisation performed better than other organisations.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role. All new staff had a 90 day induction period which included e-learning and a checklist for competency assessment. New staff were appointed a mentor to help them through their induction process.

# Surgery

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge at their appraisals. The appraisal rate for the ward and day case unit was above the 90% target.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. Senior staff told us they worked with the qualified staff on the ward on a regular basis as part of observed practice and used this to monitor their work and learn from each other. Staff felt it would be useful to document this.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers made sure staff received any specialist training for their role. For example, qualified nurses were able to administer intravenous antibiotics following training and supervised practice. Theatre staff were able to apply for the 'first assistant' course that was run by Bath Clinic and in conjunction with a university. Surgical First Assistants are registered healthcare professionals who provide dedicated assistance under the direct supervision of the operating surgeon throughout the procedure.

Arrangements for granting and reviewing practising privileges had been developed. If the application for practicing privileges was accepted by the executive director, they then referred new practicing privileges to the hospital medical advisory committee (MAC). The MAC reviewed applications and formulated recommendations to the executive director.

Managers identified poor staff performance promptly and supported staff to improve.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients.

For patients undergoing cancer surgery their care and treatment was discussed at the multi-disciplinary meeting at the local NHS trust first to make sure this was the correct course of action. Details of the meetings were shared with the Bath Clinic, and we saw copies of these.

## Seven-day services

**Key services were available seven days a week to support timely patient care.**

Consultants visited their patients on the wards daily, including weekends if required. Patients were reviewed by consultants depending on the care pathway. A resident medical officer (RMO) was available to provide medical advice and treatment 24 hours a day.

Staff could call for support from the RMO who could arrange some diagnostic tests, 24 hours a day, seven days a week. There was also support from pharmacists, physiotherapists and out of hours theatre and recovery staff.

## Health promotion

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

# Surgery

The service was able to signpost patients to relevant information promoting healthy lifestyles.

Staff at the preadmission clinic assessed each patient's health during their clinic appointment and provided advice to live a healthier lifestyle to improve their recovery post-surgery. We observed a pre-admission clinic for a patient who was undergoing orthopaedic surgery. Staff asked questions about their lifestyle to include if they smoked, how many units of alcohol they drank each week and about physical activity. Advice was given about reducing or stopping either or both as required.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure patients consented to treatment based on all the information available. Patients were given information at their pre assessment clinic appointment or over the telephone about their surgery and recovery post surgery.

Staff clearly recorded consent in the patients' records. We observed signed consent forms in patients records we examined.

Staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their safeguarding adults training. Staff understood how and when to assess whether a patient had the mental capacity to make decisions about their care.

Senior staff said they did not have any patients subject to the Mental Health Act.

Bath Clinic had no patients subject to a Deprivation of Liberty Safeguard at the time of the inspection.

## Are Surgery caring?



Our rating of caring improved. We rated it as outstanding.

## Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. One patient told us 'the nursing staff are very kind, caring and thorough with their care and treatment, better than other hospitals I have been in'.

# Surgery

Patients said staff treated them well and with kindness. All the feedback we received during the inspection was very positive about the conduct of staff and their kindness to the patients. In the patient feedback report from the provider for Bath Clinic dated January 2022, 100% of patients felt they were treated with dignity and respect.

Staff followed policy to keep patient care and treatment confidential. We observed staff discussing patients care and treatment in offices to maintain confidentiality.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

## 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. Staff took time with patients and didn't hurry them when patients had questions about their care and treatment. We observed this during a pre-admission clinic. One patient told us 'the staff do not hurry you, they are so kind and I have been here before and they supported me so well through my treatment'.

Staff supported patients who became distressed and helped them maintain their privacy and dignity. Staff told us they were aware that some patients had different care needs depending on their culture and religion and they took these into account when caring for them.

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. During the inspection, patients' families/friends were not able to visit due to COVID-19 restrictions. Some patients found that hard to manage especially when feeling unwell. Patients told us they kept in touch via mobile telephone or via their computer tablets. However, patients told us the staff were very good and offered them emotional support.

## Understanding and involvement of patients and those close to them

**Staff supported 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. The feedback we received from patients during the inspection was all very positive.

Staff talked with patients, families and carers in a way they could understand. Patients were also given a discharge pack when they were able to leave hospital, and this had important information and advice, for example, when to contact the ward if they had any concerns.

Patients and their families could give feedback on the service and their treatment.

Staff supported patients to make informed decisions about their care. The Friends and Family test results from January 2021 to December 2021 showed 99% to 100% of patients who gave feedback rated the overall experience of the service as good or very good.

# Surgery

There was a system to ensure patients using the service who were self-paying for their treatment were provided with a statement. This included terms and conditions of the services being provided to them and the amount and method of payment of fees. There was also a breakdown of costs for each individual service. We saw evidence of this in patients' records. At the Bath Clinic a member of staff was available to speak to patients about the costs and we saw information displayed about how to contact this member of staff this on the ward noticeboards.

## Are Surgery 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 and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services, so they met the needs of the local population.

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for patients in need of additional support for example a dementia lead to support staff caring for patients living with dementia.

### 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.**

Staff made sure patients living with dementia, received the necessary care to meet all their needs. A box had been devised to hold equipment to help patients living with dementia, for example adapted cutlery.

Staff supported patients living with dementia by using 'This is me' documents. Senior staff told us this would be completed at the pre-admission clinic and then shared with the ward and theatre staff.

All rooms were single occupancy to reduce the risks of cross infection and each had en-suite facility of a toilet and shower. Height adjustable beds and other equipment were provided to meet the needs of patients. Patients could reach call bells and staff responded quickly when called.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients could get help from interpreters or signers when needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

Staff had access to communication aids to help patients become partners in their care and treatment.



# Surgery

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. As NHS funded care was provided, the service complied with Accessible Information Standard by meeting the information and communication needs of patients with a disability or sensory loss. We were told Bath Clinic had copies of information leaflets in different languages, in large print and they were able to obtain in braille if required.

## Access and flow

**People could access the service when they needed it and received the right care. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.**

Managers monitored waiting times and made sure patients could access services when needed.

The Bath Clinic had worked with the local NHS trust during the pandemic to help maintain surgery services. This meant they had to delay some of their elective surgery to facilitate those NHS patients with a greater clinical need. The requirement for social distancing and additional cleaning had also reduced their surgical capacity. Bath Clinic had offered treatment to two patients from the local NHS who had been waiting nearly 100 weeks. Medical staff had reviewed the patients once referred to Bath Clinic and both patients were offered dates for surgery.

Managers worked to keep the number of cancelled operations by the service to a minimum. A total of 675 operations were cancelled in the whole of 2021. Reasons for their cancellation were documented. A large number of these were not re-booked due to several reasons, for example, patients unfit for surgery, funding issues and treatment no longer suitable.

When patients had their operations cancelled, managers made sure they were rearranged as soon as possible, and some were where required within national targets and guidance. There were seven operations that met the requirements for national targets. Of these four were not able to be re-booked with in the national timescale of 28 days. There were reasons why these were not re-booked, for example, three patients were on an NHS contract where they were to be treated by a specific NHS consultant based on their availability which was not in the control of The Bath Clinic. Managers and staff worked to make sure that they started discharge planning as early as possible. This was started at the pre-admission clinic where patients were given information about their post operation recovery and when they would be able to mobilise. This was part of their enhanced recovery pathway.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. Patients who had received NHS funded care were able to complain via the local NHS trust or Clinical Commissioning Group.

Senior staff told us about the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service. We saw evidence of learning from complaints.

Complaints numbers were monitored, for example, the ward and theatres had received 11 complaints from February 2021 to January 2022.

# Surgery

The provider was a member of the Independent Sector Complaints Adjudication Service (ISCAS) which provides independent adjudication on complaints for ISCAS subscribers. ISCAS is a voluntary subscriber scheme for the vast majority of independent healthcare providers.

## Are Surgery well-led?

Good 

Our rating of well-led improved. We rated it as good.

### Leadership

**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. They supported staff to develop their skills and take on more senior roles.**

Leaders had the skills, knowledge and experience to run the service. There had been recent changes to the senior management team with a new manager. The registered manager had been in post for four weeks and was registered with Care Quality Commission (CQC) just after the inspection. Previously they were the registered manager at another independent hospital (same provider) for eight years. There was an interim director of clinical services. Previously they had been a clinical services manager for four years. The clinical chair had been in post for a year. The post was created to add consultant input to the management team.

Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them.

Leaders were visible and approachable. Staff told us they thought highly of the management team.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

There was a clear vision and a set of values. The providers main purpose was to “provide the high quality, safe and compassionate care our patients need and expect”. There were four key principles and eight values based on their purpose. The values included compassion, collaboration, commitment, selflessness, agility, bravery, tenacity and creativity.

There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. The service was undergoing an estates improvement programme.

There was a strategy aligned to local plans in the wider health and social care economy, and services had been planned to meet the needs of the relevant population. During the pandemic, the service had provided NHS support treating approximately 2,633 admitted patients, outpatients and diagnostic imaging. Senior leaders told us that collaborative working would continue.

# Surgery

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

All staff we spoke with told us they were proud to work at the Bath Clinic. We were told managers were approachable, staff were supportive and they felt valued. Staff had been promoted to more senior roles, the provider encouraged each location to 'grow their own' to aid retention and increase morale.

The culture centred on the needs and experience of patients who used services. In March 2021, the provider had introduced the Circle Operating System (COS). COS is an established methodology to empower staff to work together to be safe and effective and recognise that everyone has a responsibility to contribute towards this goal. It focused on six key areas to help achieve this. One example of COS is a swarm. (Swarming is used to problem solve at the time and place of an issue by the people who are affected). We saw evidence of a swarm that had been held on the day of our inspection with regard to the potential unavailability of a device for theatres. A simple, clear process was followed to investigate and test solutions until the issue had been resolved.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and action was taken because of concerns raised. The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents. Staff were encouraged to report all incidents as they were a learning opportunity. Staff confirmed they could raise any issues with their line manager, other senior staff or the freedom to speak up guardian on site. The provider also had a corporate freedom to speak up member of staff.

Managers had access to policies, procedures and support to address behaviour and performance that was inconsistent with the vision and values, regardless of seniority.

Circle Health Group had signed up to become one of the 500 companies helping to promote and celebrate the value of the 1.3 billion people living with disabilities worldwide.

## 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. Not all information required for safe recruitment of new staff had been obtained.**

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed and improvements made as required. We saw evidence of the audits and minutes of monthly or quarterly meetings where staff discussed these and other topics. The majority of audits demonstrated high compliance.

In May 2021 the provider had introduced a governance assurance framework to demonstrate transparency from locations to board. This showed how each of the committees or steering groups at locations fed into regional teams and then into the provider and board as required and how information was fed back to locations.

# Surgery

All levels of governance and management functioned effectively and interacted with each other. We reviewed minutes of several meetings, for example, clinical governance meetings, senior leadership meetings and the medical advisory committee (MAC). The MAC minutes included discussion around actions from previous meetings, complaints, infection prevention and control, venous thromboembolism (VTE) rates, staffing and practising privileges.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

The provider ensured surgeons had an appropriate level of valid professional indemnity insurance. As part of the review of surgeons and consultants practising privileges, they had to provide evidence of their insurance cover. The provider had set up a format for each location to follow, which included information required under national guidance on appraisals for doctors. We reviewed this for 10 consultants and saw the required evidence had been obtained. This information had to be provided so they could continue to provide treatment. As part of monitoring each consultant who worked under practising privileges had to have an interview every two years with the registered manager. These meetings included scope of practice, review of activity and meeting the requirements of practising privileges.

We reviewed eight staff recruitment records and saw that Disclosure and Barring Service checks (DBS) were completed. However, we found not all pre employment checks were complete. Two of the eight staff had gaps in their employment history which had not been followed up with a written explanation. One of these two staff members had two gaps in their employment history. One gap dated between 2008-2018 and this gap had been thoroughly explained. However, there was another gap between 1995-2005 which had not been accounted for. The other member of staff had an employment gap of 5 months. Since the inspection we have seen evidence to demonstrate these gaps had been investigated and documented. However, all other recruitment checks as required by the Regulations had been completed. We reported our findings to the registered manager during the inspection who immediately spoke with one of the members of staff and clarified what they had been doing during this time period. Since the inspection the service have introduced a new interview pack to support the recruitment process. This included a new interview form with a section to detail discussions around gaps in candidates' employment histories.

## Management of risk, issues and performance

**Leaders did not have sufficient oversight of processes. However, 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.**

There were seven risks on the locations risk register. Between April 2021 and November 2021 the documentation audit results were 'amber' which states 'required actions to be implemented'. There was an action plan which had an ongoing completion deadline. However, during our inspection we found patient records in the outpatient department were not up-to-date or always legible.

We found an out of date item on the resuscitation trolley. There were supply chain issues in obtaining a replacement. This had been recognised by staff and a risk assessment undertaken for it to remain on the trolley in case of emergency. This had not been escalated to senior leadership level. However, since the inspection the service had completed a prompt shared learning event with staff which was cascaded to the clinical teams and discussed at clinical governance.

We found the hospital to be clean except for the patient toilet in outpatients. There was no oversight of the cleaning schedule to include all patient areas.

# Surgery

The organisation had assurance systems and performance issues were escalated through clear structures and processes. A communication cell meeting was held every day with a representative from each department in attendance. This offered the opportunity for all departments to raise concerns and share information. There were processes to manage current and future performance, which were reviewed and improved through a programme of clinical and internal audit. We were sent minutes of three hospital governance meetings where we saw incidents, learning and actions discussed.

We saw there were processes to manage current and future performance and these were regularly reviewed. The senior management team told us about their plans to refurbish their theatre department and improve the wireless technology (wi-fi) connectivity.

The provider was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) Central Alerting System (CAS) so they received alerts that may be relevant to the services they provided. These were cascaded down from the providers head office to each location and then passed to staff for any action.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was a good incident reporting culture. There had been 32 patient events reported in January 2022 with lessons learned and shared. There were seven risks on the locations risk register.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Information was used to measure performance and improvement, not just assurance. Quality and sustainability both received coverage in relevant meetings at all levels.

Staff had sufficient access to information and challenged it when necessary. There were clear service performance measures, which were reported and monitored with effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate. When issues were identified, information technology systems were used effectively to monitor and improve the quality of care.

There were arrangements to ensure data or notifications were submitted to external bodies as required. For example, we saw evidence of data sent to UK Health Security Agency for the monitoring of surgical site infections.

The provider had arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, were in line with data security standards. We did not ask to see their policy on data management to confirm the arrangements met the providers standards.

Data systems were secured and monitored. Staff told us they had a secure log in for each computer and these timed out if they were not used in a set time. Staff told us they logged out or locked the computer when they need to leave the desks.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

# Surgery

People's views and experiences were gathered and acted on to shape and improve the services and culture. This included people in a range of equality groups, people who used services, and those close to them. We observed in ward and day case unit on display "you said, we did". This was patient feedback and how the service had used it to make changes. For example, patients had raised about the three day COVID-19 isolation period before coming to the Bath Clinic. They have now adopted an 'amber pathway' for non-surgical patients. In January 2022 the quarterly quality and innovation report showed that 98.9% of patients said they would be 'likely' or 'extremely likely' to recommend the location. One hundred percent of patients answered 'yes definitely' when asked if they were involved in decision making. The service had introduced a patient focus group and patient hour committee to review the patient pathway from end to end.

Prior to the pandemic a patient forum had been set up. Senior staff told us they were looking for suitable location to re-start this.

Staff were actively engaged and their views reflected in the planning and delivery of services and in shaping the culture. There was an annual staff survey and employee voice. There was a staff reward and recognition scheme and the service recognised individual endeavours outside of work such as charitable work. There was a system whereby staff could send formal recognition to celebrate a colleague. Staff could also win 'employee of the month' which gifted lunch with either the registered manager or a work colleague. Senior managers visited all areas of the hospital and met with staff. Staff were kept up to date with important information from senior staff. For example, we saw on the ward 'weekly news', this bulletin contained information to keep staff up to date with changes etc. For example, it mentioned about keeping patients drinking up to two hours prior to surgery to reduce dehydration and its effects. There was a 'thoughts and ideas' book for staff to add in any ideas to improve patient care, for example patients had been requesting a certain brand of spread and we saw this had been obtained by the catering staff.

There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs.

## **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.**

Leaders and staff aspired to continuous learning, improvement and innovation. This included participation in appropriate research projects and recognised accreditation schemes across all specialities. For example, Bath Clinic was recognised with a National Joint Registry (NJR) Quality Data Provider award. The NJR Quality Data Provider award scheme has been developed to offer hospitals a blueprint for reaching standards relating to patient safety through NJR compliance and to reward those who have met targets in this area. This location had received a 2020/2021 award for reaching and maintaining these standards.

There were systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work.

The employee voice had resulted in a change within the organisation. It was recognised that more could be done to give back to the community, so a pilot project had commenced for staff to complete work within the voluntary sector for one day each year.






## Surgery

The service had recently installed a pioneering robotic arm system. This technology comprised of a planning and navigation system to assist orthopaedic surgeons perform partial and full hip and knee replacements. This approach could give patients improved function, less pain and improved recovery times however as this was in its infancy these outcomes had not been measured. This procedure was first undertaken in September 2021 at Bath Clinic.

Patients were able to book appointments online and choose their consultant.

Surgeons in Bath Clinic had used cow tissue to repair shoulder tendon injuries. The patch is made from the protein collagen derived from a cow. The patch encourages the tendon's natural healing response, to facilitate new tissue growth to repair it. This operation was first undertaken at Bath Clinic in September 2021. A recent national study demonstrated significant improvement in shoulder function after two and six weeks with the patch. They also reported significant improvements in pain, function and quality of life after a year. This operation was available to NHS and private patients.

# Outpatients

Safe	Requires Improvement 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are Outpatients safe?

Requires Improvement 

Our rating of safe went down. We rated it as requires improvement.

### Mandatory training

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

All staff received and kept up-to-date with their mandatory training, 100 percent of staff had completed all mandatory training courses. The mandatory training was comprehensive and met the needs of patients and staff. Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us they were given protected time to complete mandatory training.

### Safeguarding

**Staff understood how to protect patients 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.**

Nursing staff received training specific for their role on how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Two safeguarding referrals were made by the department in 2021. Records showed all staff had received level 2 or level 3 adult safeguarding training appropriate to their role and child protection training at level 2. The safeguarding lead was trained to level 4.



# Outpatients

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment clean, and most of the premises were visibly clean.**

Patient-Led Assessments of the Care Environment (PLACE) Lite results showed the service performed well for cleanliness.

Cleaning records were up-to-date and demonstrated that most areas were cleaned regularly. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore face masks, used aprons and gloves when carrying out medical procedures, washed their hands often and used alcohol hand gel.

Handwash gels were available at sinks along with signage for correct handwashing procedures. The handwashing audit showed 100% compliance. There were supplies of PPE and alcohol gel in every room. Staff wiped down and changed the disposable couch tissue in between each patient. The privacy curtains were disposable and were last changed on 6 November 2021.

The provider had a very high level of cleanliness and clinical areas were mostly clean and had suitable furnishings which were clean and well-maintained. However, we found cobwebs behind the blinds in two consulting rooms and on the window frame in the treatment room. In the female patients toilet, we found thick dust on the surface next to the wash basin. Cleaning of these areas was carried out as soon as we reported our concerns.

## 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.**

Staff carried out daily safety checks of specialist equipment and recorded their findings. The service had enough suitable equipment to help them to safely care for patients.

The service had suitable facilities to meet the needs of patients' families. The waiting area had enough seats for chaperones to sit with patients and to remain socially distanced from others.

Staff disposed of clinical waste safely. The domestic and clinical waste bins were clearly identified and emptied regularly. The sharps bins were stored safely.

## 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 responded promptly to any sudden deterioration in a patient's health.

Nursing staff received training in identifying deteriorating patients, sepsis and deep vein thrombosis. They used recognised tools to assess these conditions and escalate them to medical staff, for example they used the situation,

# Outpatients

background, assessment and recommendation (SBAR) and the National Early Warning Score (NEWS2). They knew who to call and what to do if there was a medical emergency, they would use the alarm to call the resuscitation team (medical team with special equipment able to be mobilised quickly to treat cardiac arrest) and telephone external emergency services.

Patients attended follow up appointments in the nurse led clinics after minor surgery. Staff dealt with any specific risk issues relating to their surgery and knew how to escalate their concerns to the resident medical officer in the absence of the patient's consultant.

Staff knew how to access specialist mental health support. Staff told us about a recent incident when they helped a patient access emergency psychiatric support.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe.

## Nurse staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, staff a full induction.**

The service had enough nursing and support staff to keep patients safe. We were told they did not use a formal acuity tool and senior managers adjusted staffing levels daily according to the needs of patients. The number of nurses and healthcare assistants matched the planned numbers. Managers limited their use of contingent workforce staff to a small group of bank workers who were familiar with the service, they did not use agency staff.

The service had low sickness and turnover rates. However, they reported recruiting to vacant positions was difficult due to a national shortage of nursing staff.

Managers made sure all bank staff had a full induction.

## Records

**Staff kept records of patients' care and treatment, but these did not always contain up to date or legible information. Records were stored securely.**

Nursing staff kept comprehensive patient notes and all staff could access them easily. However, there was no consistent approach by doctors to ensure a record of their consultation was retained by the hospital and some doctors did not follow hospital policy on record keeping.

Patients records were audited, we were told from August 2021 to November 2021, 93 percent of patient files were compliant. We looked at 10 patient files, seven files did not contain a contemporaneous record of the outpatient appointments. Of the three copies of doctors notes we saw, two were not legible. This meant staff did not always have up to date information about their patients and the hospital did not always have an accurate record of patient care and treatment. We observed two doctors clinics. In one clinic the doctor made written notes in line with the hospital's record keeping policy. In the other the doctor did not make written notes and did not know the hospital had a record keeping policy.

# Outpatients

Senior managers told us plans were in place for the hospital to transition from paper to electronic patient record keeping in October 2022. One of the anticipated outcomes of this was improved compliance with record keeping policy.

Patient records were stored securely in a locked cabinet in a locked room with a keypad to prevent unauthorised access. The service used an electronic system to locate files. Each file had an individual bar code and could be scanned in or out of a department. This meant staff could find patient records quickly and easily. This system was audited, the outcome showed this was an effective system for tracking records.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed all medicines and prescribing documents safely.

Medicines were stored in a locked cupboard behind a locked door to prevent unauthorised access. The cupboard was clean and tidy, and the medicines were in date. The medicines fridge was locked, and the temperature recording audit showed checks were being completed daily and showed temperatures were in acceptable range. There was a clear system for staff to follow if the fridge went outside the acceptable range. Medicines disposal was facilitated through the onsite pharmacy.

Staff learned from safety alerts and incidents to improve practice.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. The service had reported no never events.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. Staff gave us examples of when something had changed as a result of incidents and complaints.

Information from patient safety alerts were disseminated to staff verbally and by email as soon as they were received.

Managers debriefed and supported staff after incidents. The service used a problem-solving approach called swarming to look at and learn from incidents.

## Are Outpatients effective?

# Outpatients

Inspected but not rated 

**We do not rate effective.**

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Staff said they did not have training specifically in relation to the Mental Health Act 1983 but said this was covered in their safeguarding adults training. Staff said they did not recall any patients subject to the Mental Health Act, but they gave examples of how they had raised concerns about patients' ability to consent to treatment.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health.**

Staff made sure patients had enough to eat and drink. A self-service drinks station providing hot and cold drinks was situated in the waiting area so patients could help themselves. Patients who had to wait in the department for an extended period of time could purchase food from the hospital's canteen snack menu.

## Pain relief

**If patients said they were in pain staff gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools to assess and ease pain.**

Patients told us they received pain relief soon after requesting it. We saw tools designed to support people with communication needs to show staff how they were feeling and if they were in pain.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

We were told that patients were normally on a pathway associated with a different department and their treatment outcomes were monitored in the other areas, most often by surgery. Please refer to the surgery report for more information.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

# Outpatients

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. The clinical educators supported the learning and development needs of staff.

Managers made sure staff attended team meetings or had access to full meeting minutes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients.

## Seven-day services

**Key services were available seven days a week to support timely patient care.**

Staff could call for support from doctors and other disciplines within the hospital. The service operated five days a week from 8am to 8pm and on Saturdays from 8am to 1pm. If patients needed to be seen by a nurse or doctor at the weekend, they could be seen by a nurse from a ward or by the resident medical officer.

## Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Nursing staff told us about the importance of taking a holistic approach to patient health. We saw staff give patients support and advice to lead healthier lives. For example, we saw staff advising patients of practical ways they could improve their health and manage their conditions through diet, exercise and other lifestyle changes.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained verbal and written consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure patients consented to treatment based on all the information available. We saw staff clearly recorded consent in the patients' records.

# Outpatients

Staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their safeguarding adults training. Staff understood how and when to assess whether a patient had the mental capacity to make decisions about their care. Staff gave us examples about when they had raised concerns about a patient's ability to give consent, who they had involved, and the outcomes.

## Are Outpatients 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.**

Staff were discreet and responsive when caring for patients. We saw staff take time to interact with patients in a respectful and considerate way.

Patients said nursing staff treated them well and with kindness. Most patients said medical staff treated them with kindness.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

### 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. They told us about other members of staff from the wider hospital who they could involve to give patients additional emotional support.

Staff gave us examples of when they had supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff undertook training and received peer supervision on breaking bad news. Staff told us how they demonstrated empathy when having difficult conversations.

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.

### Understanding and involvement of patients and those close to them

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

# Outpatients

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand. We saw communication aids that could be used when necessary to support people with additional needs.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback from patients for 2021 was between 98.9 and 100 percent for the provider being very good or good.

Staff supported patients to make informed decisions about their care.

Patients gave positive feedback about the service. We spoke to seven patients they said they felt 'really well looked after' and that staff 'spend time to make sure you know what's going on with your health'. However, we heard from a patient that the medical staff did not always demonstrate kindness in the same way as the nursing team. The provider had a policy to manage performance when behaviour fell short of expected standards.

## Are Outpatients 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 and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services so they met the changing needs of the local population. Managers created accessible parking, accessible toilets and used a lift to transport patients from the ground floor to the first floor and second floors. The hospital had a contract that ensured lift engineers would be on site within an hour of a problem with the lift being reported.

The service had systems to help care for patients in need of additional support by providing chaperones for appointments.

The service worked with the local commissioners and trust to support the needs of the local population.

### 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.**

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff told us they would provide additional time for patients who required this.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. We saw information about the accessible information standards displayed in the hospital. Staff had access to communication aids to help patients become partners in their care and treatment.

# Outpatients

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

However, two of the seven patients we spoke with said they thought there could have been clearer signs in the waiting areas to direct them to their doctor's waiting area. We saw evidence, following the inspection, that this issue had now been rectified

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.**

In the last 12 months 37671 patients had attended appointments, 4168 patients had cancelled their appointments and 6277 patients had their appointment cancelled. We were told most cancelled appointments had been as a result of COVID-19, specifically because of guidelines around self-isolation in the earlier stages of the pandemic.

Managers and staff worked to make sure patients did not stay longer than they needed to.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. Patients and their families could give feedback on the service and their treatment. Feedback forms were on display at the reception desk. We were told each patient was given a 'Have your say' form at the end of their consultation. However, we did not see any 'Have your say' forms being given to patients.

Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Out of 80,146 outpatient appointments between March 2021 and February 2022, there were 13 complaints. Senior managers identified a theme around billing and charges, in response they completed a shared learning review and identified areas for improvement. These were shared with staff and embedded into practice.

## Are Outpatients well-led?

Our rating of well-led improved. We rated it as good.



# Outpatients

## Leadership

**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. They supported staff to develop their skills and take on more senior roles.**

Leaders had the skills, knowledge, experience and integrity to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and a leadership strategy and development programme, which included succession planning.

Staff told us the senior management team were visible and approachable. The nursing staff told us their line manager was a good and supportive leader.

For our main findings please refer to the surgery report.

## Vision

**The service had a vision for what it wanted to achieve. The vision was focused on sustainability of services through excellent patient care.**

Staff said the vision for the service centred around providing the highest possible standards of patient care and putting the patient first. Staff told us they were committed to this vision and gave us examples of the high standard of patient care they provided.

For our main findings please refer to the surgery report.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff felt supported, respected, valued and were positive and proud to work in the organisation. Teams and staff worked collaboratively and shared responsibility. The culture was centred on the needs and experience of people who used services.

Staff told us they enjoyed working for the service, and they felt supported by their colleagues across the hospital and by the department lead and the senior management team.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. There was a strong emphasis on the safety and well-being of staff. Equality and diversity were promoted within and beyond the organisation.

The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents. The service had a freedom to speak up guardian to encourage staff to raise concerns without fear of reprisals. All staff were able to tell us who the freedom to speak guardian was. We saw posters about whistle blowing and how the provider would have supported colleagues who wanted to speak out.

For our main findings please refer to the surgery report.

# Outpatients

## 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.**

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Managers held regular team meetings and made sure minutes were shared with staff who could not attend. The minutes clearly showed evidence of learning from incidents, audits and complaints, review of risks, information about training and changes to policy.

For our main findings please refer to the surgery report.

## Management of risk, 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.**

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was 'on their worry list'. The service did not have its own risk register as all risks were logged on the hospital's risk register.

Senior Managers received regular alerts from the Central Alerting System (CAS) (a national cascading system for issuing patient safety alerts, important public health messages and other safety updates) and cascaded information to staff on the day it was received. We were told this information was cascaded to staff verbally and by email.

There were no examples of where financial pressures had compromised care.

For our main findings please refer to the surgery report.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Information was used to measure improvement, not just assurance. Quality and sustainability both received coverage in relevant meetings at all levels.

When issues were identified, information technology systems were used effectively to monitor and improve the quality of care.

For our main findings please refer to the surgery report.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, and local health care professionals to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

# Outpatients

Patients and their families could give feedback on the service and their treatment. Patient feedback forms were on display at the reception desk. Staff were invited to take part in satisfaction surveys.

The service lead coordinated a learning forum for registered nurses in Bath, this included nurses from the wider community. The forum was developed to consider how health initiatives could be designed and implemented at a local level, for example to improve end of life care and to raise awareness of and improve women's health.

For our main findings please refer to the surgery report.

## Learning, continuous improvement and innovation






**All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.**

Leaders and staff aspired to continuous learning, improvement and innovation. This included staff being given the opportunity to shadow activities across the hospital to gain an understanding of the patient experience and subsequently the skills and knowledge to work holistically with patients.

A senior nurse was providing learning and development opportunities for staff across the hospital in venous thrombosis assessment and tools for assessing deteriorating patients. Staff had redesigned the nursing treatment record to allow for easier recording of patients' treatment pathway information.

For our main findings please refer to the surgery report.

# Medical care (Including older people's care)

Safe	Good 
Effective	Good 
Caring	Outstanding 
Responsive	Good 
Well-led	Good 

## Are Medical care (Including older people's care) 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.**

Please also see the surgery report.

Nursing and medical staff received and kept up-to-date with their mandatory training. Staff accessed mandatory training online and face-to-face.

The mandatory training compliance was 100% across all training modules at the time of our inspection. Staff were encouraged to complete all mandatory training (100%) in order to be considered for pay review.

The mandatory training met the needs of patients and staff. Mandatory training included life support, consent, fire safety, infection prevention and control, information governance and medicines management.

Managers monitored mandatory training and alerted staff when they needed to update their training.

### Safeguarding

**Staff understood how to protect patients 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.**

Please also see the surgery report.

Staff received training in adult and child safeguarding at the level required of their role. Records showed staff had received level 2 or level 3 adult safeguarding training as required for their role. Compliance was 100% at the time of our inspection.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

## Medical care (Including older people's care)

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

There were no safeguarding referrals between February 2021 and January 2022.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

Please also see the surgery report.

Ward areas were visibly clean and had suitable furnishings which were clean and well-maintained.

The service performed well for cleanliness. From July 2021 to December 2021, the oncology and endoscopy wards had 100% compliance with hand hygiene and environment audits.

Staff followed infection control principles including the use of personal protective equipment. All rooms had signs which stated how many people could safely be in the room to ensure compliance with social distancing recommendations. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

There was a weekly oncology cleaning schedule for clinical staff which included equipment and sluice. These had been completed for all of December 2021 and January 2022.

Endoscopy patients were screened prior to admission for MRSA, *Clostridium difficile* (*C.Diff*), hepatitis, Creutzfeldt–Jakob disease (CJD), *Tuberculosis* (*TB*) and human immunodeficiency viruses (HIV). This reduced the risk of these illnesses / diseases entering the department and spreading to immunosuppressed patients.

Patients attending for chemotherapy were advised to follow specific instructions, which included lateral flow test COVID-19 testing at home three days before their chemotherapy appointment. If this was positive, patients were advised to have a further polymerase chain reaction (PCR) test. If patients tested positive, they were advised not to attend for their appointment and staff liaised with the relevant consultant. We saw a patient had received a triage assessment and COVID-19 screening after they had displayed symptoms of a cold.

### 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.**

Please also see the surgery report.

The design of the environment followed national guidance. There was an Endoscopy suite which had received Joint Advisory Group accreditation in July 2021. Rooms were bright and well-maintained with built-in televisions for patients to watch if desired.

Staff disposed of clinical waste safely. Waste was segregated into clinical and non-clinical waste. Sharps were disposed of safely in designated labelled sharps bins.

# Medical care (Including older people's care)

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff used tools to identify and act upon patients at risk of deterioration.**

The service assessed and screened patients attending for ambulatory (day admission) appointments to ensure they were fit and able to receive treatment.

Patients receiving chemotherapy had observations (these included blood pressure, pulse and temperature) completed on arrival into the department to provide a baseline. Observations were repeated after any medicines had been administered and blood tests taken. A rise in temperature or change in blood results resulted in a medical review. Staff explained clearly how to escalate concerns about a deteriorating patient (clinically unwell) or if there were signs of sepsis or neutropenic sepsis. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. We reviewed six patient records and they all had National Early Warning Scores calculated. If patients were required to be admitted, they were transferred to the local NHS trust. Patient transfer packs were available in the office and completed so the patient had the relevant documentation during transportation and admission.

Patients were able to call a 24-hour help line if they were concerned after their treatment. Nurses working in the oncology service were rostered to take home the designated telephone for any such enquiries. Nurses felt confident to approach consultants for clinical advice if required.

Staff completed risk assessments for each patient on arrival using a recognised tool. We reviewed three records for patients receiving chemotherapy and they had venous thromboembolism (VTE), pressure ulcer, nutritional and falls risk assessments completed.

Staff were not required to complete additional VTE prevention training. However, some oncology staff had completed local training and endoscopy staff had taken part in a shared learning discussion with the theatre team. The VTE audit was 96% for September to November 2021.

## Nurse Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

See also the surgical report for staffing relation to endoscopy services, which was carried out by staff working in the operating theatres.

The oncology service had enough nursing staff to keep patients safe. There were two full time equivalent posts in the oncology service. These were made up by one full time nurse, one part time nurse, one part time agency nurse and one healthcare assistant (HCA). There was a full-time equivalent vacancy, which was out for recruitment. The agency nurse was blocked booked in advance. The three nurses worked; 7.30am – 6.00pm five days a week, 8.00am – 5.00pm four days a week and 08.30am – 4.30pm three days a week. The HCA worked 07.30am – 6.00pm three days a week. Chemotherapy treatment was administered on Tuesdays, Wednesdays and Thursdays. Mondays and Fridays were for pre-assessments and preliminary tests. There were always two trained nurses to administer infusions and a third person for certain chemotherapy treatments.

# Medical care (Including older people's care)

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

Please see the surgery report for information about medical staffing.

## Records

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

Patient notes were paper based, comprehensive and all staff could access them easily. We reviewed six patient records; three for patients in the oncology ward and three endoscopy patients. All records contained diagnosis and management plans, risk assessments, nursing assessments, care plans, consent and observations. The oncology nursing assessments also detailed a cannula choice. (A cannula is a thin tube inserted into a patient's vein to administer medicine). Consent was documented twice, once in the nursing notes and also consent forms were completed specific to anti-cancer therapy and invasive procedures.

Records were stored securely in a locked cabinet.

A documentation audit was completed between the months of April 2021 to November 2021. This covered all areas. The audits were rated as 'amber', meaning they had not met the 95% target for green, they were just under this score. An action plan had been devised to address the areas identified as not meeting the target score. For example, a copy of the GP referral should be in the patients' medical notes. Areas of good practice were also highlighted for example, clinical documentation.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Patients' chemotherapy was prescribed electronically by the consultant. There was a pharmacy on site which ordered the required chemotherapy through an independent pharmaceutical contract. The pharmacy and oncology team met weekly to review the patients that were booked in the following week. The pharmacy would sometimes place the order with the contracted company either the day before or the morning of the patients' appointment. Once the medicine arrived it was dispensed by the pharmacist. Other chemotherapy was ordered a week in advance and dispensed ready for the patient's appointment. The hospital had a back up supplier in the event the primary contract could not deliver the chemotherapy. The oncology ward kept the pharmacy up to date with patient care plans that may affect their treatment, so they could order the correct medicine.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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.**

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. Staff confirmed they received feedback when they reported an incident.

## Medical care (Including older people's care)

Every morning a representative from departments across the hospital attended the communication cell. This meeting was a forum for staff to discuss and share incidents, safeguarding concerns, complaints and compliments from all departments. A swarm meeting would be initiated from this if required. (Swarming is used to problem solve at the time and place of an issue by the people who are affected).

Incidents were investigated thoroughly. We heard examples where hypersensitivity reactions to chemotherapy were recorded as incidents and investigated. These patients had been clinically managed well.

The service had no never events on any wards. Managers shared learning with their staff about never events that happened elsewhere.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

### Are Medical care (Including older people's care) effective?

Good 

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

#### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice.**

Staff had access to up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were reviewed regularly, version controlled and referenced to ensure they represented most recent evidence-based guidance.

#### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.**

Staff offered food and drink to patients and their relatives, including those with specialist nutrition needs. There were also drinks machines available free of charge to patients in the waiting area.

Patients attending the oncology ward for chemotherapy were offered meals when they attended for long appointments, particularly when these occurred during mealtimes.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Staff assessed risks of malnutrition for all patients attending the oncology services. Risk assessments were carried out when patients first started their chemotherapy. Staff recorded weights for patients each time they attended for treatment.

#### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain.**



## Medical care (Including older people's care)

Staff in the oncology services raised any concerns about patients who were in pain with the resident medical officer who would review patients' medicine prescriptions as required.

### Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The oncology service had obtained the Macmillan Quality Environment Mark. The endoscopy service had achieved Joint Advisory Group accreditation for endoscopy services.**

The service collected information in line with relevant national clinical audits. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

Staff in endoscopy services collected information about endoscopy procedures. Patient comfort scores were assessed for patients receiving endoscopy procedures. These scores were reviewed and discussed in the endoscopy user group (a forum for clinical staff involved in the delivery and care of endoscopy procedures) in line with national guidance to monitor endoscopy procedures.

Outcomes for patients were monitored. Information about 30-day mortality (patients who died within 30 days of having received an endoscopy procedure) and readmissions within eight days of endoscopy procedures were discussed in the endoscopy user group as a standard agenda item. We looked at minutes of endoscopy user group meeting dated December 2021. This showed there had been no incidents of 30-day mortality or readmissions with eight days of endoscopy reported between July 2021 to December 2021.

The oncology service had obtained Macmillan Quality Environment Mark accreditation. Accreditation was awarded to cancer services that had gone above and beyond to create welcoming and friendly spaces for patients. The service collated information to prepare for the next accreditation process in four main areas: design and use of space, user's journey, service experience and user's voice.

The endoscopy service had obtained the Joint Advisory Group accreditation for endoscopy services.

### Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. There were three registered nurses working in oncology services who had completed specialist training to administer chemotherapy. There was one healthcare assistant (HCA) role which was a developmental post. The HCA role was being developed into a nursing associate role and managers supported this development through clinical supervision of their work.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. We reviewed this for five members of staff. One member of staff was undergoing induction, but the remaining four were in date for their appraisal during the time of our inspection. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Staff completed competency assessment logbooks. We reviewed these for three members of staff and found they had achieved a satisfactory level of capability for all assessed competencies.

## Medical care (Including older people's care)

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

### Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff told us they had good working relationships with consultants and the resident medical officer (RMO) and felt they were able to call them if they required advice or had any queries. We were also told there were good links with the diagnostic imaging department, which meant there was a wider understanding of the chemotherapy unit.

The oncology department worked with the National Cancer Lead to share development, updates and policies. There was access to the UK Oncology Nursing Society (UKON) and there were working relationships with the local NHS Trust.

Patients had their care pathway reviewed by relevant consultants. Staff held monthly multidisciplinary meetings to discuss patients and improve their care.

### Health promotion

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

The service had relevant information promoting healthy lifestyles and support on wards/units.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

Staff were required to complete safeguarding vulnerable adults at level 2. The course was designed to encompass awareness of Mental Capacity Act and Deprivation of Liberty Safeguards. Staff received dementia awareness training as part of their mandatory training.

Staff gained consent from patients for their care and treatment in line with legislation. Staff obtained written consent from patients attending for endoscopy service or to receive chemotherapy. We reviewed six patient notes and consent had been documented clearly in the medical notes and also included separate consent documentation in the nursing notes.

There was specific consent form used for patients receiving systemic anti-cancer therapy in line with national guidance. Consent was obtained by the consultant and confirmed with patients at the point of administration of chemotherapy.

Consultants discussed treatment and endoscopy procedures at the pre-assessment stage, including benefits and risks of the proposed treatment or procedure. Consent was re-affirmed on the day of the endoscopy procedure.

# Medical care (Including older people's care)

## Are Medical care (Including older people's care) caring?

Outstanding



Our rating of caring improved. We rated it as outstanding.

### Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Relationships between the staff, patients and their relatives were caring and supportive. We spoke with five patients during our inspection. All patients and their relatives we spoke with said staff treated them well, with kindness and went the extra mile. One patient said, “the staff were reassuring at a scary time” and “nothing is too much trouble”. Patients told us visiting the unit was like visiting family.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. There was a strong person-centred culture. Patients told us of times where meditation had been facilitated for them. One patient told us they had said it would be nice to meditate outside. When the patient arrived at their next appointment, the staff had arranged a blanket outside for the patient to meditate. Staff told us they planned ahead to facilitate room layout specific for each patient. For example, a patient could request a bed or a chair for their treatment. The staff would ensure this was then positioned in a way to make access to the bathroom easier. This was dependent on which side of the patient the portable intravenous stand would be on. Another patient told us “I ordered a cold meal but I hadn’t realised the effect the chemotherapy would have on my throat and instantly regretted my decision. Without hesitation the nurse swapped the food for a warm meal”.

The oncology service was accredited by the Macmillan Quality Environment Mark. The award champions cancer environments that go above and beyond to create welcoming and friendly spaces for patients. To obtain the accreditation, assessment was made against ‘service experience’ and ‘user journey and voice’.

Staff followed policy to keep patient care and treatment confidential.

### 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. People’s emotional and social needs were seen as being as important as their physical needs. We were told by a patient “the same oncology nurse accompanied me to all of my oncology appointments at the beginning of my treatment to offer support. I looked forward to visiting the ward and cried on my last day of chemotherapy as I was sad to be leaving. I feel they transcended my experience and certainly increased my healing”.

The oncology service had a 24-hour, 7-days-a-week telephone advice line. Nursing staff were rostered to cover this helpline out of hours and over the weekends. We heard from a patient that they contacted the out of hours telephone line and received immediate advice.

## Medical care (Including older people's care)

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. All patients we spoke with described a positive experience where nothing was too much trouble. One patient said that "staff are always willing to listen, I am receiving chemotherapy but my other half had a brain tumour two years ago and staff are sympathetic to our situation and are caring of both of us". We spoke with a family member who described the oncology nurse that had been treating their partner as "amazing, she is always there and bends over backwards to support us. She is like an angel".

### Understanding and involvement of patients and those close to them

#### Staff supported 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. Staff talked with patients, families and carers in a way they could understand. Patients and their families told us "the experience was normalised, the staff made the visits less intimidating and formal and just like being in a home away from home".

Staff supported patients to make informed decisions about their care. One patient explained that they were given a pump to go home with and shown how to clean and dress their line. This was requested by the patient to avoid an extra visit to the hospital. Patients told us they received a face to face meeting with a member of the oncology team prior to treatment. This enabled them and their families to ask questions and understand the process. One patient explained that they were able to speak with a patient on the ward that was undergoing chemotherapy, which eased their anxieties.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There were separate feedback forms for endoscopy and oncology patients to use. All patients and families we spoke with gave extremely positive feedback about the service, they felt cared for and that they really mattered. The combined friends and family results for endoscopy and oncology were 98.8% good or very good for December 2021 and 100% for November 2021.

### Are Medical care (Including older people's care) responsive?

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

### Service planning and delivery to meet the needs of the local people

#### The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services so they met the changing needs of the local population. There was a weekly planning meeting attended by oncology, pharmacy and housekeeping staff to plan for the patients due to attend in the following week. During the COVID-19 pandemic the service continued to provide chemotherapy services to patients.

Facilities and premises were appropriate for the services being delivered. There was easy parking for patients attending the services at the hospital. Patients reported to the main reception desk and were signposted by staff about where to go for their appointment. There was a lift for patients with reduced mobility to access the services, which were located on the first floor of the building.

## Medical care (Including older people's care)

### 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.**

Staff provided access to specialist equipment for patients who attended the oncology service. For example, staff supported patients to use 'cold caps' (specially designed cold caps which reduced blood flow to the scalp and helped to prevent hair loss). Staff provided patients with their preferred choice of furniture for treatment, for example a bed or chair. Wheelchairs were available for patients.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Communication needs were assessed, and staff were aware of how to access interpreters if this was required but these had to be booked in advance. There was also access to a 'loop system' for people with hearing aids to help with effective communication.

Patients were given a choice of food and drink to meet their cultural and religious preferences. The menus were available in several different languages.

### Access and flow

**People could access the service when they needed it and received the right care promptly.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Managers and staff worked to make sure patients did not stay longer than they needed to.

There were effective processes to support patients when they attended for their treatment procedures. Staff worked with patients to make arrangements for them to be collected if this was required. When patients were discharged, they were given information about what to do if they had any concerns when they were at home.

### Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.**

Patients, relatives and carers knew how to complain or raise concerns. Managers investigated complaints and identified themes and shared feedback from complaints with staff and learning was used to improve the service.

There had been 15 complaints about medical care between February 2021 and January 2022. We reviewed one of the complaints dated May 2021 which related to endoscopy. The admission information lacked clear direction to the fasting information leaflet. This meant the patient had not fasted and the procedure had been cancelled. This complaint had been investigated and changes made to clearly communicate this to patients as a result.

## Are Medical care (Including older people's care) well-led?

Our rating of well-led improved. We rated it as good.

# Medical care (Including older people's care)

For vision and strategy, culture, governance, information management, engagement and learning, continuous improvement and innovation please see the Surgery section.

## Leadership

**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. They supported staff to develop their skills and take on more senior roles.**

Leaders had the skills, knowledge and experience to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and a leadership strategy and development programme, which included succession planning.

Staff told us the senior management team were visible, supportive and approachable. The nursing staff told us their line manager was a good and supportive leader.

## Management of risk, 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.**

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. The service did not have its own risk register as all risks were logged on the hospital's risk register.

Senior Managers received regular alerts from the Central Alerting System (a national cascading system for issuing patient safety alerts, important public health messages and other safety updates) and cascaded information to staff on the day it was received. We were told this information was cascaded to staff verbally and by email.

There were no examples of where financial pressures had compromised care.

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
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The service must ensure that patient records are up to date and legible. (Regulation 17 (2) (c)).