

East Kent Medical Services Limited

Spencer Private Hospitals

Quality Report

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2015

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

Ratings

Overall rating for this hospital

Good



Surgery

Good



Outpatients and diagnostic imaging

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Spencer Private Hospitals (Ashford) is a 4 bedded unit that was opened in 2008 within the local NHS trust and is one of two sites run by East Kent Medical Services Ltd.

In December 2012 the local NHS trust re-purchased the shares in Healthex (the holding company of East Kent Medical Services Ltd) that they originally purchased in 2008 and then sold in 2009 because of limits on private purchase income by Monitor.

The Board of East Kent Medical Services Ltd is made up of two executive directors and seven non-executive directors five of whom are local NHS trust directors. The Board is chaired by a retired orthopaedic consultant.

The Care Quality Commission (CQC) carried out a comprehensive inspection on 3rd and 4th February 2015 and undertook an unannounced inspection on 14th February 2015.

We inspected this hospital as part of our second wave independent hospital inspection programme, using the Care Quality Commission's new inspection methodology.

This location has been given a shadow rating. Shadow ratings apply to inspections which are undertaken during the development of our approach and before our final methodology is confirmed and published.

Services for operating theatres, intensive care, high dependency, coronary care, pathology, medical records, estates and maintenance, supplies, x-ray and diagnostic imaging, pharmacy and medical gases are procured by the hospital from the local NHS trust under a service level agreement (SLA).

Referrals are received from self-funding patients, patients with medical insurance, and NHS patients through a contract with the local NHS trust. The majority of the hospital's work is NHS-funded through 'Choose and Book', commissioned by the Clinical Commissioning Group (CCG).

The unit provides for adult elective surgery, a small amount of medical in-patient care and children and young person's services including minor surgery.

For the purpose of the comprehensive inspection we undertook an on-site review of surgery and outpatient services and have included our findings of the small volume of medical care, children and young person's services and end of life care within these core services. The hospital does not provide maternity or termination of pregnancy services.

The on-site element of the inspection involved a team of specialist clinical advisors (experienced healthcare professionals) and CQC inspectors.

Prior to the on-site inspection, the CQC considered a range of quality indicators and we sought the views of a range partners and stakeholders.

The inspection team make an evidence-based judgment to ascertain if services are:

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

Overall the rating for the Spencer Private Hospitals (Ashford) was good.

Summary of findings

Our key findings were as follows:

- CQC have received no complaints, safeguarding concerns or alerts or whistle-blower enquiries in the last 12 months.
- East Kent Medical Services Ltd had a robust process for appointing medical staff to the service under practicing privileges arrangements.
- Robust Clinical Governance processes are in place with no 'Never Events' occurring within the last year.
- Serious incidents including anaesthetics, surgical site infections and all mortality and morbidities were monitored, reported and lessons learnt.
- There was a robust complaint management process that included Duty of Candour. East Kent Medical Services Ltd is a member of the Association of Independent Healthcare Organisations (AIHO) which gives access to the Independent Sector Complaints Adjudication Service (ISCAS) for Non-NHS patients and the provider liaises with the local Clinical Commissioning Group (CCG) for patients whose care is funded by the NHS.
- Patients complete a 'Patient Experience' survey upon discharge and areas requiring improvement are fed back to the appropriate staff at departmental meetings.
- MRSA and C. Difficille are monitored and there have been no hospital-acquired cases in the last 12 months.
- East Kent Medical Services Ltd has an admission policy that sets out safe criteria for people using the service.
- There are systems for the effective management of staff which included an annual appraisal, including medical staff with practising privileges.
- East Kent Medical Services Ltd carry out a number of audits to monitor and improve services including collecting patient reported outcome measures (PROMS) hip and knee replacement surgery and infection control data.
- There is an organisational risk register for all risks including clinical, H&S, and financial risks.
- There is a business continuity plan in place, this includes an agreement for the transfer of patients between the local NHS trust and the hospital in the case of an emergency.
- East Kent Medical Services Ltd is accredited with ISO 14001 Environmental Standard and management systems.
- East Kent Medical Services Ltd is accredited to ISO9001 quality management systems.
- East Kent Medical Services Ltd is accredited as an 'Investor in People'.
- East Kent Medical Services Ltd exceed the national standard for harm free care.

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

The provider should:

- Review the arrangements for delivering safeguarding training to staff against the intercollegiate framework for safeguarding children which recommends face to face training at level 3.
- Ensure that care pathway documentation be reviewed to include references to NICE or Royal College of Surgeons Guidelines.
- Audit DNA CPR forms to ensure these are meeting appropriate standards.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The services at Spencer Private Hospitals (Ashford) were safe. There was a robust governance framework. Incidents were reported and there was evidence that learning from incidents took place. Themes and risks were regularly reviewed and actions taken to make improvements and minimize risks. Staff were familiar with safeguarding issues and knew how to raise any concerns. Adequate staffing levels were maintained.

Good



Are services effective?

Services provided by Spencer Private Hospitals (Ashford) were effective. Patients were assessed and cared for in accordance with professional guidance and standards. There were effective arrangements in place to facilitate good pain management. Patient surgical outcomes were monitored and reviewed through formal national and local audit. Staff caring for patients undertook training relevant to their roles and completed competence assessments to ensure safe and effective patient outcomes. Staff received feedback on their performance and had opportunities to discuss and identify learning and development needs.

Not sufficient evidence to rate



Are services caring?

The services provided at The Spencer Private Hospital (Ashford) were caring. Staff were attentive and caring and made efforts to spend time with patients and treat them with dignity and respect. Reviews indicated that patients had positive experiences of care at Spencer Private Hospitals (Ashford). Staff took a holistic approach to patient care and supported any patient with anxieties or concerns.

Good



Are services responsive?

The services at Spencer Private Hospitals (Ashford) were responsive to the needs of patients. Patients were seen quickly and the booking process was efficient and effective. Services were planned and delivered in a way that met the needs of the people using the service. There was an effective complaints procedure to capture concerns and complaints. These were reviewed; action taken and lessons cascaded to all in the organisation. Lessons learned from complaints were used to improve the service to patients and their families. There were various means of monitoring patient experiences and actions implemented to continually improve this.

Good



Are services well-led?

The services provided at Spencer Private Hospital (Ashford) were well-led. The hospital's management team was highly visible and the vision and mission statements for the service were well known

Good



Summary of findings

and understood by all staff. Staff felt well informed about the current service and about the challenges and plans for the future. Staff felt well supported and actively encouraged to develop and progress within the organisation. There were robust, integrated governance arrangements in place to minimise risks to patients, visitors and staff, and to ensure the quality of the services. There was an open culture and all staff in the organisation felt valued.

Summary of findings

Our judgements about each of the main services

Service Surgery

Rating
Good 

Why have we given this rating?

Surgical services were safe, caring, effective, responsive and well-led. Incidents were reported and dealt with appropriately and themes and outcomes were communicated to staff. Patient areas were clean, tidy and appropriately equipped.

There were sufficient numbers of competent medical and nursing staff on duty to meet the needs of patients. Nursing, medical and other healthcare professionals were caring and patients were extremely positive about their care and experiences.

Patients were assessed, treated and cared for in line with professional guidance. There were effective arrangements in place to facilitate and monitor good pain management.

Patient surgical outcomes were monitored and reviewed through formal national and local audit.

Staff were attentive and caring and spent time with patients treating them with dignity and respect.

There were very few complaints arising from patient experiences in surgical services. Information about the hospital's complaints procedure was available for patients and their relatives and the service reviewed and acted on information about the quality of care that it received from complaints.

Staff were aware of the hospital's vision and there were good arrangements for monitoring the quality of the service provided. There was strong leadership and an open culture where staff felt valued.

Outpatients and diagnostic imaging

Good 

Overall, the care and treatment received by patients using the outpatient department was safe, effective, caring, responsive and well-led. Patients were very positive about the care they received and care and consideration given to them by staff.

Safety processes were in place and monitored. Staff were well trained and worked to protocols and pathways, however not all were linked to national guidance.

Patients were provided with good information throughout their care and treatment. The booking arrangements were efficient and patients knew who to contact.

Patient feedback was encouraged and acted upon.

Summary of findings

Staff feedback was also encouraged and acted upon. Staff felt well qualified and able to develop and progress within the organisation. There was an open culture where staff were able to discuss both concerns and innovations with their manager and senior management who were visible and approachable.

Good 

Spencer Private Hospitals

Detailed findings

Services we looked at

Surgery; Outpatients and diagnostic imaging.

Detailed findings

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Background to Spencer Private Hospitals

Spencer Private Hospitals (Ashford) is a 4 bedded unit within the local NHS trust that is one of two sites run by East Kent Medical Services Ltd.

In December 2012 the local NHS trust re-purchased the shares in Healthex (the holding company of East Kent Medical Services Ltd), they originally held in 2008 and then sold in 2009 because of limits on private purchase income by Monitor.

The board of East Kent Medical Services Ltd is made up of two executive directors and seven non-executive directors five of whom are local NHS trust directors. The board is chaired by a retired orthopaedic consultant.

We inspected this hospital as part of our second wave independent hospital inspection programme, using the Care Quality Commission's new inspection methodology.

The unit has 4 en-suite private bedrooms and one consulting room. East Kent Medical Services Ltd also uses the local trust's adjacent consulting rooms for outpatients under a service level agreement (SLA).

Operating theatres, intensive care, high dependency, coronary care, pathology, medical records, estates and maintenance, x-ray and diagnostic imaging, pharmacy and medical gases are provided by the local NHS trust under a service level agreement (SLA).

Referrals are received from self-funding patients, patients with medical insurance, and NHS patients through a contract with the local NHS trust. The majority of the hospital's work is NHS-funded through 'Choose and Book', commissioned by the Clinical Commissioning Group (CCG).

East Kent Medical Services Ltd provides adult elective surgery, a small amount of medical in-patient care and children and young person's services, including minor surgery.

For the purpose of the comprehensive inspection we undertook an on-site review of surgery and outpatient services and have included our findings of the small volume of medical care, children and young person's services and end of life care within these core services. The hospital does not provide maternity or termination of pregnancy services.

Our inspection team

Our inspection team was led by: Inspection Manager: Elaine Biddle, Care Quality Commission.

Detailed findings

The team included CQC inspectors and a variety of specialists including: a consultant surgeon, diagnostic radiographer, senior manager from another provider and nurses including paediatric nurses.

How we carried out this inspection

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

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

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included: Clinical Commissioning Groups (CCG), NHS England, Local Area Team (LAT), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We carried out the announced inspection visit between 3rd and 4th February 2015. An unannounced visit was carried out on the 14th February 2015 to assess how service was at weekends and the levels and type of staff available and the care provided.

We held focus groups with a range of staff including nurses, doctors, therapists, administrative and clerical staff, We also spoke with staff individually as requested. We talked with patients and staff. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

Facts and data about Spencer Private Hospitals

Spencer Private Hospitals (Ashford) is registered to carry out the regulated activities of:

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

Lynne Jane Orrin is the nominated individual, registered manager and controlled drugs accountable officer.

Spencer Private Hospitals (Ashford) consists of:

- four en-suite private bedrooms
- one consulting room.

Core services carried out by the hospital are:

- Medical care
- Surgery
- Children and young people's services

- Endoscopy
- Outpatients and diagnostic imaging.

The hospital procures the following services from the local NHS trust under an SLA:

- Operating Theatres
- Intensive Care, High Dependency, and Coronary Care
- Pathology
- Medical Records
- Estates and Maintenance
- Supplies
- X-ray and diagnostic imaging
- Pharmacy
- Medical Gases.

Detailed findings

Qualified Nursing Establishment 4.93 whole time equivalent.

The current establishment, supported by bank staff, is achieving five nursing hours for each patient per patient day.

Harm Free Care - in 2014 East Kent Medical Services Ltd exceeded the national standards by achieving 100% Harm Free Care in pressure sores, venous thromboembolism (VTE) and urinary infections and 99.8% in falls. This is better than expected in comparison to similar providers.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Not rated	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Notes

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

Are services safe?

Our findings

The services at Spencer Hospitals (Ashford) were safe. There was a robust governance framework. Incidents were reported and there was evidence that learning from

incidents took place. Themes and risks were regularly reviewed and actions taken to make improvements and minimize risks. Staff were familiar with safeguarding issues and knew how to raise any concerns. Adequate staffing levels were maintained.

Are services effective?

Our findings

Services provided by Spencer Hospitals (Ashford) were effective. Patients were assessed and cared for in accordance with professional guidance and standards. There were effective arrangements in place to facilitate good pain management. Patient surgical outcomes were

monitored and reviewed through formal national and local audits. Staff caring for patients undertook training relevant to their roles and completed competence assessments to ensure safe and effective patient outcomes. Staff received feedback on their performance and had opportunities to discuss and identify learning and development needs.

Are services caring?

Our findings

The services provided at The Spencer Private Hospitals (Ashford) were caring. Staff were attentive and caring and made efforts to spend time with patients and treat them

with dignity and respect. Reviews indicated that patients had positive experiences of care at Spencer Private Hospitals (Ashford). Staff took a holistic approach to patient care and supported any patients with anxieties or concerns.

Are services responsive?

Our findings

The services at Spencer Private Hospitals (Ashford) were responsive to the needs of patients. Patients were seen quickly and the booking process was efficient and effective. Services were planned and delivered in a way that met the needs of the people using the service. There was an

effective complaints procedure to capture concerns and complaints. These were reviewed; action taken and lessons cascaded to all in the organisation. Lessons learned from complaints were used to improve the service to patients and their families. There were various means of monitoring patient experiences and actions implemented to continually improve this.







Are services well-led?

Our findings

The services provided at Spencer Private Hospitals (Ashford) were well-led. The hospital's management team was highly visible and the vision and mission statements for the service were well known and understood by all staff. Staff felt well informed about the current service and about

the challenges and plans for the future. Staff felt well supported and actively encouraged to develop and progress within the organisation. There were robust, integrated governance arrangements in place to minimise risks to patients, visitors and staff, and to ensure the quality of the services. There was an open culture and all staff in the organisation felt valued.

Surgery

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

Information about the service

The hospital has four en-suite private bedrooms in a designated unit within the local NHS trust which are used for surgical inpatients and day patients.

Operating theatres and theatre staff are provided by the local NHS trust under a service level agreement (SLA).

Referrals are received from self-funding patients, patients with medical insurance and NHS patients through a contract with the local NHS trust.

The majority of the hospital's work is adult elective surgery. Cosmetic surgery is also provided. A small number of children are treated in the hospital, mostly for minor surgery.

In the full year ending 31st December 2014 there were 473 patient visits to theatre.

We carried out an on-site inspection of the Spencer Private Hospitals (Ashford). We interviewed and held focus groups with staff including nurses, allied healthcare professionals, consultants, support staff and managers. We reviewed clinical records. Prior to the inspection, we reviewed performance information about the hospital.

Summary of findings

Surgical services were safe, caring, effective, responsive and well-led. Incidents were reported and dealt with appropriately and themes and outcomes were communicated to staff. Patient areas were visibly clean, tidy and appropriately equipped.

There were sufficient numbers of competent medical and nursing staff on duty to meet the needs of patients.

Nursing, medical and other healthcare professionals were caring with patients treating them with dignity and respect and patients were positive about their care and experiences.

Patients were assessed, treated and cared for in line with professional guidance. There were effective arrangements in place to facilitate and monitor good pain management.

Patient surgical outcomes were monitored and reviewed through formal national and local audits.

Information about the hospital complaints procedure was available for patients and their relatives and the service reviewed and acted on information about the quality of care that it received from complaints.

Staff were aware of the hospital's vision and there were good arrangements for monitoring the quality of the service provided. There was strong leadership and an open culture where staff felt valued.

Surgery

Are surgery services safe?

Good



The surgery service provided at The Spencer Private Hospitals (Ashford) was safe.

Systems were in place to manage risk, report incidents and monitor safety. There were robust infection prevention and control procedures in place and the hospital facilities were visibly clean, tidy and appropriately equipped. Robust arrangements were in place to respond to a deteriorating patient or those who needed a higher level of care than planned. There were sufficient numbers of nursing staff on duty to meet the needs of patients and consultant clinicians were accessible. All levels of safeguarding training were provided through electronic learning. This did not meet the requirements of the intercollegiate framework for safeguarding children, specifically at level 3 where face to face training was recommended.

Incidents

Policies and procedures were in place for dealing with untoward incidents and policies were readily available for staff to access on the hospital's intranet. The system depended on staff completing paper records (unplanned occurrence forms) although we were told plans were in place for the introduction of an electronic reporting system in April 2015.

Unplanned occurrence forms were reviewed by the hospital's quality assurance lead nurse who initiated any necessary investigation and produced a quarterly report for the clinical governance team who reported to the East Kent Medical Services Ltd Medical Advisory Committee (MAC). The report was made available for all staff.

The number of incidents was small at both Ashford and Margate. The reports covered both sites. The top three incidents recorded by East Kent Medical Services Ltd were extended length of stay, theatre list delay and transfer to another hospital. The extended length of stays related to day cases converting to overnight stays due to theatre time only being available in the evening, and in the patients' clinical interests, they were not discharged late in the evening. Theatre delays were only 10-15 minutes due to the previous NHS list running over and a second theatre not being provided by the NHS as per the service level

agreement. This is being managed with the trust by the hospital management. Transfers to other hospitals included those transferred to the trust for clinical reasons as per the service level agreement.

We saw evidence of appropriate reporting to the Strategic Executive Information System (STEIS) for patients receiving NHS funded care and the Care Quality Commission (CQC) for privately funded patients.

East Kent Medical Services Ltd recorded 13 clinical incidents between November 2013 and October 2014. East Kent Medical Services Ltd had not reported any 'Never Events' between November 2013 and October 2014. (Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures had been implemented).

In 2013 East Kent Medical Services Ltd joined the Private Healthcare Information Network (PHIN). This is a collaboration involving almost all independent hospital providers, which publish standardised and directly comparable information drawn from records of both private and NHS treatment.

There were no serious incidents.

Safety thermometer

The hospital gathered information as part of the NHS Patient Safety Thermometer initiative. This included falls, pressure sores, catheter and urinary tract infections for all patients treated in the hospital.

At Spencer Private Hospitals (Ashford) 98% patients were assessed for venous thromboembolism (VTE) which is better than the NHS benchmark of 95%.

In 2014 Spencer Private Hospitals (Ashford) reported 100% harm free care in urinary infections, VTE and pressure sores and 99.88% harm free care in falls.

Patient care records included a range of risk assessments to identify patients at risk and identified measures to reduce the incidence of pressure ulcers or falls such as pressure relieving mattresses or bed rails.

Cleanliness, infection control and hygiene

The hospital had policies and procedures in place to manage infection control. This included infection

Surgery

prevention, decontamination and waste disposal. The policies were readily available on the hospital's intranet and the staff we spoke with knew how to access them if needed.

We saw that adequate hand-washing facilities and hand sanitising gel were available. We observed staff washing their hands between seeing each patient and using sanitising gel. The 'bare below the elbows' policy was observed by staff during clinical interventions. We saw evidence of hand hygiene audits.

East Kent Medical Services Ltd reported no MRSA, Staphylococcus Aureus, C. Difficile or post-operative wound infections between October 2013 and September 2014. This indicated that the hospital's policies and procedures for managing infection control were effective.

The hospital's Clinical Governance Committee received the monthly reports of any infection reported through unplanned occurrence (incident) forms.

We observed that staff complied with the hospital's policies for infection prevention and control. This included wearing the correct personal protective equipment, such as gloves and aprons.

We observed that the ward areas including patients' rooms were visibly clean.

During the surgical pre-assessment appointment all patients due to be admitted for surgery were swabbed for potential infections such as MRSA. Patients were not admitted for surgery if an infection was identified. They were treated and operations were re-scheduled once the patient was clear from infection.

The hospital used outsourced sterile supplies services which collected used equipment and delivered sterile sets back to the hospital. We saw that there was an appropriate flow of dirty equipment to the dirty sluice area where the used equipment was packed and taken outside for collection. This reduced the risk of contamination.

All staff were compliant with infection control training.

Environment and equipment

The hospital did not have its own operating theatres but used the theatres and equipment in the adjacent NHS

hospital under a service level agreement. There were arrangements in place to check that the routine checks of theatre equipment had been made prior to starting the hospital's operating lists.

The environment in which surgical patients received investigations, treatment and care were suitably safe.

Resuscitation equipment was available on the ward so that patients of all ages could be immediately resuscitated. Equipment was visibly clean, regularly checked and ready for use.

Staff confirmed there was suitable and sufficient equipment available in the NHS theatres to support the type of surgery undertaken.

Medicines

The pharmacy service was provided under a service level agreement with the adjacent NHS hospital, and included, daily audit of medication charts, weekly audit of stock control and three monthly meetings reviewing consultant notes, unlicensed drug use, cost and drug usage and incidents.

All staff had completed training in the oral administration of medicines and management of syringe drivers in the last 12 months.

In 2014 there were no reported red, amber or green rated controlled drug incidents.

Medicines were securely stored at appropriate temperatures in the four bedded unit.

Records

The hospital used a paper-based records system for recording patients' care pathways. These were documents that covered the patient's journey from admission through surgery to discharge. There were different care pathways available for the different types of surgery undertaken at the hospital, for example gynaecology, hip and knee replacement.

NHS records were available for patients whose treatment was funded by the NHS.

We looked at the pre-assessment information and saw that any tests and investigations undertaken were clearly documented and the patients' medical and social history was recorded prior to them being admitted for surgery.

Surgery

Risk assessments were available and completed during pre-assessment and then followed up on the ward.

We noted theatre records were fully completed and included completed World Health Organization (WHO) surgical safety checklists.

The records gave an easily accessible record of the patients' journey through the hospital including the procedures and the interventions undertaken. The records we examined at Spencer Private Hospitals (Ashford) were stored securely and clearly showed the input of the various specialisms including the anaesthetists and physiotherapists.

Safeguarding

The hospital had safeguarding policies and procedures readily available for staff on the intranet.

Staff we spoke with were aware of their responsibilities to protect vulnerable adults and children. They understood safeguarding procedures and how to report concerns.

The hospital liaised with the safeguarding leads for adults and children with neighbouring NHS trusts.

All staff undertook mandatory training for safeguarding adults and children.

All levels of safeguarding training were provided through electronic learning. This did not meet the requirements of the intercollegiate framework for safeguarding children, specifically at level 3 where face to face training was recommended.

Mandatory training

We saw training records that demonstrated 100% compliance with mandatory training.

There were systems in place to enable staff to maintain and develop skills relevant to their area of work.

Assessing and responding to patient risk

Patients were assessed in a nurse-led pre-assessment clinic prior to their surgery.

We were told that the criteria for surgery excluded patients with high anaesthetic risks and were limited to patients meeting the American Society of Anesthesiologists (ASA) classification of Physical Health 1 and 2; healthy patients or those with mild systemic disease.

Children under the age of 3 years are not admitted. Children's surgery was predominantly ENT.

Risk assessments were undertaken and recorded for risks related to mobility and falls, moving and handling, pressure areas, venous thromboembolism and nutrition.

The World Health Organisation 'five steps to safer surgery' checklist was in use.

Early warning scoring tools for adults and children (EWS/PEWS) were in use to assist staff to identify any deterioration in patients.

There was a formal agreement in place for patients to be transferred to the adjacent NHS hospital if they required high dependency or critical care (level 1-3). The rate of unplanned transfers of inpatients in Spencer Private Hospitals to another hospital between October 2013 and September 2014 was 0.3 per 100 inpatient discharges.

All nursing staff had completed basic life support training and paediatric nurses had paediatric intermediate life support (PILS) training.

Formal arrangements were in place with the adjacent NHS hospital to respond to emergency call such as cardiac arrest using the '2222' emergency telephone call system.

The hospital carried out around 60 cases of paediatric day surgery annually. East Kent Medical Services Ltd employed two paediatric nurses to care for children receiving surgery. Paediatric nurses had completed Paediatric intermediate life support (PILS) training. Formal arrangements were in place for the transfer of children to the adjacent NHS hospital in the event that they required overnight care.

Nursing staffing

East Kent Medical Services Ltd used a staffing tool based on analysis of patient dependency and nursing activity for the different kinds of surgery undertaken. The tool was reviewed in 2013 and has been updated to reflect NICE and National Quality Board recommendations. Safer staffing guidance recommends that there should be no more than eight patients to every nurse. Although this is only required for the NHS, Spencer Private Hospitals (Ashford) had set a goal of a 1:5 nursing ratio. They were on average providing a 1:3 ratio. The NHS standard for skill mix is 65/35 qualified to non-qualified staff. This was being achieved at the hospital 100% of the time.

Surgery

The Spencer Private Hospitals (Ashford) employed 4.93 whole time equivalent (WTE) qualified nurses.

The hospital undertakes elective surgery only which means the number of nursing and care staff hours needed on any particular day can be calculated and booked in advance. Employed staff worked their contracted hours flexibly to cover the rota and any gaps are filled by bank or agency nursing staff or overtime.

Nurse agency usage across East Kent Medical Services Ltd (inpatients) averaged 2% a month in the 12 months up to November 2014.

NHS theatre staff were provided through the SLA with the neighbouring NHS trust.

There was a 14% vacancy rate for nursing staff at Spencer Private Hospitals (Ashford) (November 2014).

From June 2014 staffing data has been published internally on patient information boards in ward areas. The published data shows levels of contracted staff, flexi bank staff, agency usage and skill mix and the number of nursing hours per patient per day.

A named paediatric sister co-ordinated all paediatric admissions and paediatric nurses were on duty at all times when children were being cared for.

Surgical staffing

The service at Spencer Private Hospitals (Ashford) was consultant led. The hospital's practising privilege agreement documented that consultants review their patients a minimum of once daily and be available 24 hours a day, 7 days a week for any advice or urgent review if required.

The SLA with the neighbouring NHS trust included urgent or emergency care that may be required 24 hours a day, 7 days a week; for example the resuscitation team, the critical care outreach team and clinicians on the paediatric rota.

East Kent Medical Services Ltd had a Medical Advisory Committee (MAC) whose role included ensuring that any new consultant was only granted practicing privileges if deemed competent and safe to do so.

The role of the MAC included periodically reviewing existing practicing privileges and advising the hospital on their continuation. They gave examples where practicing

privileges had been suspended or withdrawn as a result of concerns raised. This demonstrated that the MAC was an effective body for monitoring the competence of the consultants working at the hospital.

There is no East Kent Medical Services Ltd resident medical officer at this unit but medical cover is provided by the admitting consultant. The monitoring of the effectiveness of this arrangement is through the liaison group that includes representation from both the trust and East Kent Medical Services Ltd. There had been no issues with this arrangement to date.

Major incident awareness and training

The hospital had a service continuity plan that informed staff of the actions they should take in the event of emergencies such as fire or power failure.

Are surgery services effective?

Not sufficient evidence to rate

Patients were assessed, treated and cared for in line with professional guidance. There were effective arrangements in place to facilitate good pain management and the monitoring of this.

The nutritional needs of patients were assessed and patients were supported to eat and drink according to their needs.

Patient surgical outcomes were monitored and reviewed through formal national and local audit.

Staff caring for patients undertook training relevant to their roles and completed competence assessments to ensure safe and effective patient outcomes. Staff received feedback on their performance and had opportunities to discuss and identify learning and development needs.

There were arrangements in place to support the delivery of treatment and care through the multi-disciplinary team and specialists.

Evidence-based care and treatment

We found that the hospital conducted documentation audits to provide assurance that staff and clinicians worked according to the evidence-based guidance.

Surgery

Policies we looked at were current and referenced. Policies were accessible on the hospital intranet and where relevant, made reference to professional body guidance and published research papers; for example, the safer staffing policy.

We saw that the hospital had systems in place to provide care and treatment in line with best practice guidelines NICE guidance CG50: Acutely ill patients in hospital: Recognition of and response to acute illness in adults in hospital. For example: an early warning score system was used to alert staff should a patient's condition start to deteriorate.

Surgical specialties managed the treatment and care of patients in accordance with a range of guidance from the National Institute for Health and Care Excellence (NICE) and the Royal College of Surgeons. However, the care pathway documentation we looked at, which included total knee replacement, generic gynaecology and total hip replacement did not include references to NICE or Royal College of Surgeons Guidelines.

The service was unable to demonstrate that cosmetic surgery was carried out in line with the professional Standards of Cosmetic Practice, Royal College of Surgeons (RCS Professional Standards). We were told there was an identified lead consultant for cosmetic surgery and a cosmetic group met quarterly. There was no care pathway documentation available for patients having cosmetic surgery. Staff told us that the number of cosmetic surgery procedures was low and they relied on the instructions of individual consultants.

Pain relief

East Kent Medical Services Ltd had a comprehensive pain management protocol.

The surgical pathway documentation prompted staff to assess and record if the pain was being managed effectively. This was commenced in the pre-assessment clinic where actions to deal with pain management were specified on pain charts.

Patient controlled analgesia (PCA) systems were available on the ward.

Records confirmed that nursing staff had received syringe driver training to enable them to provide continuous intravenous pain relief if required.

Patients we spoke with told us their pain relief was well managed.

Nutrition and hydration

Staff completed an assessment of patient nutritional status and their needs as part of their initial assessment and updated this during the duration of their stay.

A nutritional risk screening tool was in use and had been completed in records we looked at.

Nausea and vomiting were formally assessed using a scoring system and recorded.

Pre-operative fasting guidelines for adults were aligned with the recommendations of the Royal College of Anaesthetists.

We observed that intravenous fluids were prescribed and recorded, as appropriate.

The hospital provided an appropriate menu for inpatients. The menu included a choice of food with any special dietary requirements catered for. The hospital did not directly employ dieticians, but could access advice when required through a service level agreement with the neighbouring NHS trust. Catering staff told us a dietician had reviewed and approved the menus for nutritional content.

Patient outcomes

Unplanned re-admission rates were 0.1 per 100 inpatient discharges between October 2013 and September 2014.

Separate morbidity and mortality meetings were not held, a review of these was included in Clinical Governance Committee meetings. However, there were no deaths in the last year.

The hospital participated in National Audits including National Joint Registry (NJR), Patient Reported Outcome Measures (PROMS) and Commissioning for Quality and Innovation (CQUIN) audits such as WHO Safer Surgery Checklist and Harm Free Care to benchmark their practice nationally. Audits showed 100% compliance.

Competent staff

The hospital provided staff induction, learning development and appraisal. Appraisal rates for all staff were 100%. Staff told us they were well supported through formal supervision and peer support.

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Nursing staff were required to complete competencies in various aspects of their roles, for example, medicine administration. We spoke with staff both individually and in groups and they told us they were supported with their learning needs.

The hospital used electronic learning to provide much of their mandatory training. This was supplemented with face to face learning especially where practical skills were indicated such as resuscitation training and manual handling.

There was a human resource (HR) process in place for checking General Medical Council and Nursing and Midwifery Council registration, as well as other professional registrations.

The role of the MAC included ensuring that consultants were skilled, competent and experienced to perform the treatments undertaken.

The MAC was responsible for undertaking routine reviews of each clinician's practicing privileges which included reviewing the clinicians whole practice appraisal, incidents, general activity and complaint data. We heard examples of where clinicians practicing privileges had been revoked and saw incidents where practicing privileges were deferred pending further information. The chair of the MAC told us that concerns of poor practice would be reported to the GMC and the relevant NHS trust where the consultant was employed. This demonstrated that clinicians' skills, competence and experience were monitored by the hospital.

Information on comparative outcomes by clinician for orthopaedic specialities was reviewed on the National Joint Registry (NJR) website (available through the NHS Choices website). We saw named consultants with practising privileges at East Kent Medical Services Ltd with indications of their outcomes as being within the expected range.

Multidisciplinary working

Medical and nursing staff reported good working arrangements and relationships with the adjacent NHS hospital, from which several services, including operating theatre use, were procured through service level agreements (SLA).

We observed effective team working among management, administrative, clinical, nursing and ancillary staff during our inspection.

Discharge letters were sent to the patient's General Practitioner (GP) with details of the procedure, follow up arrangements and any medication prescribed.

Seven-day services

The hospital undertook elective surgery only, with lists planned in advance. The theatres utilised were in the adjacent NHS hospital and theatre lists were planned for the evenings and weekends when there was greater availability.

Consultant surgeons were on call 24 hours a day for the patients in their care.

Pharmacy and imaging services were provided by the adjacent NHS hospital seven days a week.

Access to information

There were systems in place to ensure that information was available to enable staff to deliver effective care. For example, staff had access to NHS notes for patients receiving treatment commissioned by the NHS and staff had electronic access to pathology results. This meant that when the patient was admitted for surgery, the patient's full NHS history was available. We observed that all the necessary tests and results had been undertaken and the clinicians had the information and results to hand to ensure appropriate and continuous care.

We saw information for patients on the services offered by the hospital. This included patient guides in the bedrooms and health promotion literature in the waiting areas.

Patients told us they were given comprehensive written information about the surgical procedure undertaken.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke with were clear about their responsibilities in relation to gaining consent from people, including those people who lacked capacity to consent to their care and treatment.

East Kent Medical Services Ltd consent forms complied with current Department of Health guidance. Consent forms identified the procedure to be undertaken, its associated risks and there were documented records of the

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health care professional responsible for consulting the patient and also recorded signatures from patients indicating that they were providing consent to undergo any proposed procedure.

We looked at the recording of consent for those patients undergoing surgery at the time of our inspection and found they were fully completed. Patients spoken with told us they were given a copy of the completed form.

All staff received training in the requirements of the Mental Capacity Act (2005) as part of their mandatory training.

There were no Deprivation of Liberty Safeguards applications made by the Spencer Private Hospital (Ashford) in 2013/14 or the year to date.

The hospital had provision for caring for people at the end of their lives and there was a 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNA CPR) policy in place. The hospital followed the adjacent NHS hospital trust's resuscitation policy which included guidelines on DNA CPR orders. Staff showed us the red bordered DNA CPR forms they used, but there were none for us to review in patients' records as there were no patients receiving end of life care on the ward during our inspection. Staff told us patients at the end of their life were often admitted with the forms already completed. DNA CPR forms were not currently audited due to the low number of patients receiving end of life care.

Are surgery services caring?

Good



The surgery service provided at The Spencer Private Hospital (Ashford) was caring.

Staff were attentive and caring and made efforts to spend time with patients and treat them with dignity and respect. Patients we spoke with told us that they felt cared for and were well informed about their treatment. Reviews indicated that patients had positive experiences of care at Spencer Private Hospitals (Ashford).

Compassionate care

Children were encouraged to bring toys, games and personal items from home to make them feel comfortable.

The hospital's 'Patient Experience' surveys in 2013/14 found that 94.25% of patients would recommend Spencer Hospitals (Ashford) to friends and family and 65.75% rated their experience as excellent.

Staff told us that they felt they had enough time to spend with patients and their relatives. This was supported by the views of consultants we spoke with.

Understanding and involvement of patients and those close to them

Patients' care was personally led by their named consultant.

We saw that a range of information about the conditions treated and procedures offered at the hospital was available to patients. Patients were well informed about their treatment and involved in their care.

Patients who were responsible, either in full or in part, for settling their own charges received an estimate of these charges prior to their admission, and were kept up to date with any changes that occurred during their admission.

We spoke with patients who had visited the hospital before. They told us they were very happy to return having had a positive experience previously.

Emotional support

Staff told us that they felt they had time to spend with patients and their relatives to provide whatever emotional support they needed.

The paediatric nursing sister (who covers both the provider's locations), was able to demonstrate her commitment to the service and a focus on family-centred care. The pre-assessment for children was robust and admission was managed to ensure the child is cared for by the same nurse throughout their episode of care. The feedback from parents about the children's care was very positive.

Pre-admission assessments were thorough and included consideration of patients' emotional well-being.

The Clinical Nurse Specialist supported patients with cancer. She ensured that they had full information about their condition and treatment, contact numbers for the hospital and contact numbers for other external support.

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Are surgery services responsive?

Good



The surgery service provided at The Spencer Private Hospitals (Ashford) was responsive.

Services were planned and delivered in a way that met the needs of the people using the service. There was an effective complaints procedure that staff were aware of and that was made available to patients. We saw that the service used lessons learned from complaints received to improve the service to patients and their families. There were various means of monitoring patient experiences and actions implemented to continually improve this.

Service planning and delivery to meet the needs of local people

East Kent Medical Services Ltd planned and developed services to meet the needs of the local population of private and NHS patients. This was reflected in its 'Any Qualified Provider' (AQP) status.

East Kent Medical Services Limited provides independent services and is also commissioned to provide care for NHS patients. The CCG commissioners confirmed that the service provided met the commissioning needs and were satisfied with the quality of care.

We saw where equipment had been updated or replaced, such as syringe drivers.

There was adequate parking and public transport for patients attending the hospital and hospital signage was clear.

In accordance with the hospital policy vulnerable people receive a full nursing assessment that explored the implications of their treatment on their home life and ability to maintain independence and carers were involved to ensure a partnership approach to the patient's care.

Translation services were available if required.

Access and flow

The frequency and timing of theatre lists for Spencer Hospitals (Ashford) patients were limited by the amount of time made available to Spencer Hospitals (Ashford) in the NHS theatres.

The Spencer Hospital's (Ashford) theatre lists were carried out in the main and day case theatres in the neighbouring NHS trust. This meant that theatre lists tended to be carried out in the evenings and at weekends when the NHS theatres were less busy.

This meant that the hospital could not necessarily be flexible and offer choice to patients regarding the day or time of their treatment. However, the hospital management informed us that there had been no complaints from patients regarding the timing of their treatment.

When procedures had to be cancelled or were delayed, this was recorded as an incident. There had been no cancellation and 3 postponements of surgery during 2014 for clinical reasons and these were rescheduled and undertaken. We saw evidence that explanations had been given to patients.

Patients were taken to theatre for their operations and brought back to Spencer Hospitals (Ashford) following their surgery carried out by NHS trust theatre staff and Spencer Hospitals (Ashford) flexi bank staff.

Staff began planning for patients' discharge when they carried out the pre-admission assessment, gaining an understanding of their home circumstances and likely care needs. This was documented in patients' records.

Meeting people's individual needs

The criteria for surgery excluded patients with high anaesthetic risks and were limited to patients meeting the American Society of Anaesthesiologists (ASA) classification of Physical Health 1 and 2; healthy patients or those with mild systemic disease.

Patients who did not speak English had access to interpreters. Staff arranged face to face interpreters for discussions about procedures and consent, or via the telephone for other matters.

All areas of the hospital were accessible to patients or relatives who used wheelchairs.

The service was able to deal with patients whose needs changed.

When children were treated, the patient bedrooms were set up with suitable children's bed linen and children were given a teddy bear to keep.

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Parents of children were able to stay with their child either in the same or an adjacent room if space allowed.

The paediatric sister was able to describe the how the service provided care for children with learning disabilities. Where children had difficulty in communication through traditional means, measures were implemented that provided the child with every opportunity to communicate independently. Parents were involved in the child's care, recognising the important role they played.

There was a vulnerable adult's policy in place to ensure that people suffering from dementia or who had any disability were treated in respect of their cognitive skills. This included assessment and care that took account of their needs whilst promoting their independence and respecting them as individuals.

Care was provided taking into consideration; Department of Health – The Vetting & Barring Scheme Guidance (2009), 'No Secrets' (2000), Human Rights Act (1998), and The Mental Capacity Act (2005), Deprivation of Liberties Legislation (2009). East Kent Medical Services Ltd Privacy and Dignity Policy, and Kent and Medway Safeguarding Vulnerable Adults Policy (October 2010).

Learning from complaints and concerns

There was a complaints policy in place that detailed the different types of complaints and the process for managing these, including escalation of a complaint and appeals. The staff we spoke with were aware of the complaints policy and their roles in relation to complaints.

The patient guide was in all patient rooms, as well as the 'Statement of Purpose' that contained information on how to make a complaint. This information was also available on the hospital's website.

Complaints were reviewed at Management Review Meetings and at Quarterly Clinical Governance Meetings. These were reported to the East Kent Medical Services Limited Board of Directors along with Medical Association Committee (MAC) reports which included practising privileges, clinical governance reports, information governance reports and specialist updates.

The hospital received two complaints in 2014. This related to 0.7% of patient admissions.

We saw that appropriate actions had been taken as a result of complaints received to minimise the likelihood of a recurrence.

Are surgery services well-led?

Good



The surgery service provided at Spencer Private Hospitals (Ashford) was well-led.

The hospital's management team was highly visible and the vision and mission statements for the service were well known and understood by all staff. There were robust, integrated governance arrangements in place to minimise risks to patients, visitors and staff, and to ensure the quality of the service. There was an open culture and all staff in the organisation felt valued.

Vision and strategy for this service

The Vision and Mission Statements for the service were displayed prominently in the ward area. Staff were aware of these and understood the vision and strategy for the service.

Governance, risk management and quality measurement

There was strong leadership from ward to board with robust governance by which East Kent Medical Services Limited provided patients with quality care, and that there were measures in place to facilitate this.

Clinical Governance covered; unplanned occurrence reports, accident and incident reports, patient complaints, patient experience surveys, clinical audit, risk management, continuous professional development, health and safety, evidenced based practice and clinical supervision.

All clinical departments reported to the hospital manager through the quality assurance lead nurse to the hospital manager, CEO and then to the board.

There were monthly head of department meetings with the Senior Management Team and minutes showed discussion and monitoring of finance, business development, human resources, clinical reports, health and safety and infection control. These were reported to the East Kent Medical

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Services Limited Board of Directors along with Medical Association Committee (MAC) reports which included practising privileges, clinical governance reports, information governance reports and specialist updates.

Clinical audit and quality also reported directly to the Clinical Governance Committee a subcommittee of the MAC. The designated consultant for clinical governance monitored this and advised on clinical strategy.

The Medical Advisory Committee (MAC) carried out checks prior to granting new consultants admitting privileges, including checks on their NHS practice. They also requested that consultants produce evidence annually of their registration, insurance, mandatory training and continuous professional development.

Those consultants without an NHS practice had annual appraisals by the MAC chair and MAC surgeon representative who were trained assessors.

Consultants told us they were able to raise any concerns they had with the representative of their specialty on the MAC to be discussed at MAC meetings.

There was a cosmetic surgery group which met on a quarterly basis to discuss cosmetic surgery cases. Information from this group was fed into the clinical governance process. The hospital management participated in industry networks for cosmetic surgery and integrated their standards into the service provided.

The hospital participated in a number of national audits including: the National Joint Registry, Patient Reported Outcome Measures (PROMS), Friends and Family test and Harm Free Care. Reports from these audits were made readily available to staff and patients.

The hospital also undertook a number of its own audits. For example, we saw recent audits of medication charts, consent, controlled drugs, theatre checklists and risk assessments.

Review meetings were held to address issues that were reported as a result of audits. All of the documentation we saw relating to audits was up to date, clear and signed by the relevant staff.

Leadership of service

Patients' medical care was personally provided by their consultant.

The consultants we spoke with told us that the MAC was effective.

The lead nurse for quality was known to all staff and engaged regularly with them.

The human resources manager was available to meet with staff at a weekly 'clinic' where staff could address any relevant issues.

Culture within the service

Staff told us that they felt well supported by management and that there was a "no blame culture" allowing them to learn from any incidents that occurred.

Staff felt valued by the service and seemed to enjoy their work.

Staff also told us that, where they made suggestions for improvements to the service, these were listened to by management and action taken.

Public and staff engagement






All patients were asked to complete a satisfaction survey at the end of their stay.

Results of this survey for 2013 to December 2014 showed that 94% of respondents would recommend Spencer Hospital (Ashford) to friends or family and 83 % of all East Kent Medical Services Limited patients rated their overall experience as excellent.

Innovation, improvement and sustainability

Information from incidents was used to improve practice in a way that supported staff.

Outpatients and diagnostic imaging

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

Information about the service

The Spencer Private Hospitals (Ashford) is located within the local NHS Hospital. Patients use the NHS hospital car park and follow signage in the hospital. There is one room purely for consultations; no treatments are carried out in the unit itself. One of the NHS hospital's surgical units is adjacent to the Spencer Private Hospital. Ophthalmology and ENT patients are all seen and treated there under a service level agreement adjacent to the four bedded unit.

The overwhelming majority of outpatient appointments are ophthalmology, specifically follow up appointments. These are carried out in the NHS hospital outpatient department out of NHS hours but staffed by Spencer Private Hospitals staff. The majority of these are NHS 'Choose and Book' patients. From April 2013 to March 2014 the hospital outpatient department saw a total of 5322 patients of which 4618 were for ophthalmology appointments, with 4347 of those follow up appointments. There were 168 nurse led pre-operative assessments and 106 other NHS 'Choose and Book' patients. We were shown the patient numbers from April 2014 to December 2014 and these showed a similar breakdown. However they did demonstrate an increase in numbers of patients overall at 4716 against 3376 for the same period in 2013.

During the inspection we visited the four bedded hospital area with the consulting room and saw the NHS facilities that the Spencer Private Hospitals (Ashford) uses through service level agreements but these areas do not form part of this inspection.

We spoke with two patients, three nurses, administrative staff and external radiographer. We observed the outpatient environment, checked equipment and looked at patient information. We also reviewed five patient medical records as well as performance information from the hospital.

Outpatients and diagnostic imaging

Summary of findings

Overall, the care and treatment received by patients using the outpatient department was safe, effective, caring, responsive and well-led. Patients were very positive about the care they received and the care and consideration given to them by staff. Safety processes were in place and monitored.

Imaging and Radiology are provided through the service level agreement with the local trust and so were not inspected.

Staff were well trained and worked to protocols and pathways, however not all were linked to national guidance. Patients were provided with good information throughout their care and treatment. The booking arrangements were efficient and patients knew who to contact.

Patient feedback was encouraged and acted upon. Staff feedback was also encouraged and acted upon. Staff felt well qualified and able to develop and progress within the organisation. There was an open culture where staff were able to discuss both concerns and innovations with their manager and senior management who were visible and approachable.

Are outpatients and diagnostic imaging services safe?

Good



Care and treatment delivered by the outpatient department was safe. Incidents were reported, investigated and lessons learned. Cleanliness and hygiene were of a high standard and there was sufficient and well maintained equipment for patient care and treatment. Patients were protected from unsafe care because medical records were available for outpatient clinics.

Staff were aware of the policies and procedures to protect children and vulnerable adults. Training had been provided however the paediatric nurses had completed level 3 e-learning but did not have face-to-face level 3 training in line with intercollegiate guidance. There were sufficient numbers of well trained and competent nursing and medical staff within the department.

Incidents

There was a paper-based incident reporting system in place with plans to move shortly to electronic reporting. All staff we spoke with demonstrated knowledge of the reporting system. Completed incident forms were sent to the Quality Assurance Lead Nurse.

There were none reported for outpatients in 2013/2014.

Policies and procedures were in place and staff were aware how to follow them.

Evidence was provided that demonstrated that incidents that had occurred in either hospital or national safety alerts had been discussed at appropriate joint site meetings, such as the heads of departments meetings. The minutes showed the outcome of investigation, action taken and lessons learned. One example was the implementation of the safer staffing record to monitor compliance to safer staffing guidelines of the National Quality Board. This had been put in place as the hospital had noted some correlation between the number of incidents and the skill and number of staff.

The department manager told us that any incidents would be discussed at the department meetings. However there had been no reported incidents in respect of outpatients.

Outpatients and diagnostic imaging

Radiology services were provided by the NHS trust under a service level agreement.

Mandatory training

Staff we spoke with said that the hospital provided mandatory training that was monitored by their managers and discussed at their 1:1 meetings.

We looked at two sets of staff records and these provided evidence of completed mandatory training such as health and safety, manual handling, fire and equality, diversity and human rights.

Staff completed basic life support and paediatric life support training.

Documentation provided showed all out patient staff had completed mandatory training by 31st December 2014.

Safeguarding

Policies and procedures were in place for both children and vulnerable adults.

Staff we spoke with were able to describe the process for raising a safeguarding alert, including where to go for advice.

Children were seen in the consulting room as a consultant led specialist service. The NHS hospital's paediatric unit was adjacent to the Spencer Private Hospitals (Ashford). We observed that relevant telephone numbers were available for staff should assistance be required. Staff told us that there was always a paediatric nurse present for consultations involving children.

We were provided with evidence that staff completed safeguarding training at all levels via e-learning. We saw evidence that this had been completed. However, e-learning does not meet the requirements of the intercollegiate framework for safeguarding children, specifically at level 3 where face to face training is recommended.

There were mechanisms to raise any concerns. Advice and assistance was available from the local NHS trust safeguarding team, social services and Police Public Protection Unit contacts.

Care was provided taking into consideration; Department of Health – The Vetting & Barring Scheme Guidance (2009), 'No Secrets' (2000), Human Rights Act (1998), The Mental

Capacity Act (2005), Deprivation of Liberties Legislation (2009). East Kent Medical Services Ltd Privacy and Dignity Policy, and Kent and Medway Safeguarding Vulnerable Adults Policy (October 2010).

Cleanliness, infection control and hygiene

Clinical and non-clinical areas at the hospital were observed to be visibly clean and tidy. The areas were clutter free. The single consulting room was carpeted and staff assured us that no treatments were carried out there.

There were no patients present at our visit but we observed that protective aprons and gloves were available.

Patients we spoke with after the visit said that they found the hospital very clean.

Hand washing signs were displayed with sufficient soaps, towels and hand gel in place. Monthly hand washing audits were undertaken as part of the hospital's contractual agreements for quality assurance. There had been no incidents of C. Difficile, Staphylococcus Aureus, MRSA or E-Coli.

There was a joint site (Margate and Ashford) link nurse for infection control. Their role included working with the NHS trust infection control leads to ensure continued and on-going up to date processes.

We saw evidence that the ward/outpatients manager attended the hospital's infection control meetings as well as the heads of department meetings. The meetings covered both East Kent Medical Services Limited sites.

We were provided with evidence of staff completing infection prevention and control training.

The hospital had a service level agreement with the NHS trust for cleaning the whole department. The ward manager told us that this worked well and she was able to contact housekeeping if there was any additional cleaning required.

The registered nurse running the eye clinic in the NHS trust rooms on the evening of our visit described her role. This included cleaning the rooms and wiping down the trolleys at the end of each clinic to ensure that everything was properly ready for the NHS trust to use the next day.

Any medications for the clinics were stored and used from the Spencer Hospitals (Ashford) unit directly adjacent to the NHS consulting rooms.

Outpatients and diagnostic imaging

Environment and equipment

The outpatients area at the Spencer Private Hospitals (Ashford) is small. Patients waiting to be seen in the single consulting room wait in the corridor where the four bedrooms are. We were told that there was seldom more than one patient waiting at a time.

The NHS trust clinic treatment rooms and waiting areas used under the SLA for the majority of the Spencer Private Hospitals (Ashford) outpatients were highly thought of by patients but do not form part of this inspection.

We observed that consumables for clinics such as eye packs were stored properly with the nurses running the clinics responsible for date checking and ordering.

Portable appliance testing for the Ashford unit was in place.

The hospital shared the resuscitation trolley with the adjacent NHS surgical ward. Spencer Private Hospitals (Ashford) staff were responsible for doing three daily checks each week. The NHS staff checked the equipment on the remaining days and we were provided with evidence that these were completed.

Medicines

Spencer Private Hospitals (Ashford) had a service level agreement with the neighbouring NHS hospital pharmacy. Staff said that medicine orders were filled by pharmacy on the day of request.

The hospital stored a minimal stock of drugs. We observed that these were stored securely and disposed of appropriately, in line with the hospital's policy and best practice.

Staff demonstrated awareness of the policy, how to report incidents and how to escalate concerns.

We were shown the daily temperature checks for the medicines refrigerator with guidance on what to do should the temperature be out of range.

Medicines required for clinics carried out in the adjacent NHS clinic rooms were stored securely within the Spencer Hospitals (Ashford) unit.

Records

Staff told us that records were available for clinics and could not remember an example where this was not so.

The Spencer Private Hospitals (Ashford) holds private patient records and these were stored in the same NHS hospital room in a different area. We observed that these were stored securely in a locked room away from patient areas.

For NHS patients the NHS hospital records were requested prior to the clinic to ensure that up to date information was recorded in one set of records.

We looked at five sets of patient records and found them to be well ordered and fully completed to a high standard. This included risk assessments and properly completed consent forms. We checked these records against the clinic list for the evening.

We were provided with the results for the November/December 2014 notes audit which demonstrated a high standard of record keeping.

Staff told us that prior to archiving the private patient records these were scanned onto the hospital's computer system and the paper records shredded.

Assessing and responding to patient risk

There was a process in place for managing patients who became unwell in the outpatient department. This included involving the patient's consultant and transporting the patient to the NHS hospital's A&E department nearby.

There were call bells in all rooms.

There was a fully equipped resuscitation trolley. The NHS hospital resuscitation team responded to all calls.

Nursing staffing

Registered nurses ran the outpatient clinics, including preparation of clinics, assisting with treatments and cleaning at the end.

There was no formal acuity tool used. However, there was flexibility in the system to ensure that outpatient clinics were sufficiently staffed.

A paediatric nurse was present when children were seen in the single consulting room on the unit.

Two registered nurses ran the pre-assessment clinics.

There were no vacancies for nursing staff at the time of the visit.

Outpatients and diagnostic imaging

Medical staffing

The Spencer Private Hospitals (Ashford) activity data showed just over 30 consultants from local NHS hospitals with practicing privileges to run clinics provide treatment and carry out procedures at the Ashford unit.

The consultants were fully responsible for their patients while under the care of the hospital and this was included in their practicing privileges.

We saw evidence of how the booking staff worked with each individual consultant's availability for outpatient clinics.

Major incident awareness and training

There was a policy on the hospital's intranet and staff demonstrated awareness of the policy.

Major incident awareness formed part of the staff induction programme.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

Services provided by the outpatient department were effective. Care and treatment was evidence based. However, there was variable practice between consultants with on-going work on post-operative protocols being undertaken by the physiotherapy department at Margate.

Staff were competent and there was a great deal of evidence of multi-disciplinary working both internally and with the NHS trust in relation to the service level agreements. The service did not operate a full seven day service; the outpatient department was flexible in appointments with radiology accessible 24 hours a day seven days a week. Staff understood the importance of informed and valid consent.

Evidence-based care and treatment

We saw the protocols followed for eye treatments included in the pre-assessment documentation. The World Health Organisation (WHO) checklist was in place for all patients.

Staff had access to local policies and procedures on the hospital systems and understood how these impacted on patient care.

Both hospitals at Ashford and Margate shared protocols. We saw examples such as the NICE guidelines for shoulder procedures.

We were made aware of varied practice in some orthopaedic post-operative care amongst the different consultants. There was on-going work by the physiotherapy manager towards standardising these.

Pain relief

There were no patients present at the visit. We subsequently spoke to two patients who stated that their pain had been very well managed during their inpatient stay. One patient was on various medications, including pain relief, prior to admission. The other patient had not required pain relief.

There were processes in place to prescribe pain relief in outpatients if required.

Patient outcomes

From April 2013 to March 2014 the hospital outpatient department saw a total of 5322 patients of which 4618 were for ophthalmology appointments, with 4347 of those follow up appointments. There were 168 nurse led pre-operative assessments and 106 other NHS Choose and Book patients. We were shown the patient numbers from April 2014 to December 2014 and these showed a similar breakdown. However they did demonstrate an increase in numbers of patients overall at 4716 against 3376 for the same period in 2013.

Competent staff

There was a comprehensive induction programme for new staff.

Agency staff were not deployed as permanent and bank staff covered any absences between the Ashford and Margate units.

Registered nurses ran the pre-assessment clinics. Whilst there was no formal training there was comprehensive guidance and staff told us that they learnt under supervision.

We were provided with evidence that all annual appraisals had been carried out and staff confirmed this.

Whilst there was no formal supervision, the small nursing team worked closely together and there were regular 1:1 meetings between staff and their manager.

Outpatients and diagnostic imaging

Staff told us that they were encouraged to participate in additional training. We saw evidence of training completed such as microdermabrasion and immunisation and vaccination introduction.

Administration staff we spoke with told us they had all been on customer service training which they said had been helpful and improved practice. Some had also attended a disability awareness day.

Multidisciplinary working

We observed examples of good multidisciplinary working between the Spencer Private Hospitals (Ashford) staff and the NHS trust staff. Each accommodated the other so that patients' appointments could be facilitated.

We spoke with one member of the trust's radiology staff. They told us that they were provided with good information in advance, including the dates. They said that the relationship with Spencer Private Hospitals (Ashford) "Works very smoothly."

We observed the close working between administration and clinical staff for the benefit of the patient.

Administration staff were very aware of each consultant's availability and worked closely with them to ensure that patients received their outpatient appointment promptly.

Staff worked closely with GPs in respect of the NHS 'Choose and Book' patients.

Seven-day services

The ophthalmology clinics took place on Tuesday, Wednesday and Thursday evenings regularly.

The other clinics were more ad hoc, some occurring weekly and some monthly.

There was a Sunday scanning clinic.

There was seven day access to the NHS trust radiology/imaging service.

Access to information

Staff had access to all policies and protocols on the hospital electronic systems. Hospital committee meeting minutes were also available on the systems.

Patient records were available for outpatient clinics with up to date information prior to any treatments or minor procedures.

Staff had access to patient information such as x-ray and pathology results through the NHS hospital systems.

Staff accessed e-learning through the hospital intranet.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff demonstrated awareness and understanding of the importance of obtaining a patient's consent before carrying out any care or treatment. This could be implied or verbal consent for interventions such as taking a blood sample in clinic.

Written consent was obtained for procedures such eye injections. We saw examples of properly completed consent forms in the patient notes we looked at. These demonstrated that risks and benefits had been discussed and that information had been provided.

Patients we spoke with told us that they had received full information in outpatients and again at their pre-assessment clinic. They then signed the consent form on admission for the procedure.

Staff had awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. They spoke of the need to do an assessment where someone lacked capacity. However, they had not had experience of this.

We saw evidence of Mental Capacity Act training.

Are outpatients and diagnostic imaging services caring?

Good



During the inspection all patients spoke highly of the compassionate care they received at all times from staff. Patients' privacy and dignity were protected. Patients told us that they were well informed and able to ask questions. Staff took a holistic approach to patient care and supported any patient with anxieties or concerns.

Compassionate care

Patients spoke very highly of the care and treatment they received in the department. There were no negative comments about compassionate care.

Outpatients and diagnostic imaging

There was a chaperone policy and patients had the opportunity for a chaperone for examinations should they wish to.

Comments made in the 2014 consultant satisfaction survey included that there was, “Good, attentive care from all staff.”

Patients we spoke with on the telephone after the visit told us that the nursing staff could not be more kind, courteous and caring. One said, “I feel comfortable, in good hands.”

Understanding and involvement of patients and those close to them

All patients we spoke with told us that their care, treatment and procedures were explained. They said they had opportunities to ask questions and were fully informed.

We were provided with a variety of examples of patient information that the service provided. These included condition specific information from national bodies such as Arthritis Research UK.

The self-funding private patients we spoke with had all received clear information regarding the various costs.

Emotional support

Staff described their holistic approach to patient care and that they ensured that patients had time to discuss any concerns.

The Clinical Nurse Specialist supported patients with cancer. She ensured that they had full information about their condition and treatment, contact numbers for the hospital and contact numbers for other external support.

Patients told us that they would recommend the hospital to their friends and families.

Are outpatients and diagnostic imaging services responsive?

Good 

Outpatient services were responsive to the needs of patients. Patients were seen quickly and the booking process was efficient and effective. There were processes in place to meet the individual needs of patients.

Systems were in place to capture concerns and complaints raised within the department. These were reviewed; action taken and lessons cascaded to all in the organisation.

Service planning and delivery to meet the needs of local people

East Kent Medical Services Limited provides services for private patients and is also commissioned to provide care for NHS patients. The CCG commissioners confirmed that the service provided met the commissioning needs and they were satisfied with the quality of care.

Staff told us and hospital data demonstrated that the department was getting busier year on year. Staffing had been increased in line with the increased activity.

We saw where equipment had been updated or replaced, such as syringe drivers.

Administration staff had also increased in line with the increased work. Patients received adequate information including contact details, directions, consultant name and information about any tests, samples or fasting required.

There was adequate parking and public transport for patients attending the hospital and hospital signage was clear.

In accordance with the hospital policy vulnerable people received a full nursing assessment that explored the implications of their treatment on their home life and ability to maintain independence and carers were involved to ensure a partnership approach to the patient's care.

Translation services were available if required.

Access and flow

All referrals to the outpatient clinics came via GPs with the exception of cosmetic treatment such as microdermabrasion where patients could self-refer.

All referrals were input onto the electronic booking system managed by the hospital's booking staff and medical secretaries. Staff were aware of consultant availability and worked closely with them to ensure appointments were provided promptly. For NHS 'Choose and Book' patients the appropriate waiting times were met.

Patients were sent a registration form to complete and return. This helped in planning clinics and ensuring that all available clinic appointments were filled.

Outpatients and diagnostic imaging

Staff told us that clinic numbers were checked several times a day to manage slotting in short notice patients if required.

Private patients that we spoke with after the visit confirmed that the process between referral, outpatient clinic and admission was quick and efficient.

Patients told us that the hospital was very flexible with appointments and always tried to book the most convenient one for each individual.

When children were booked into a clinic there was always a paediatric nurse in attendance.

Patients had access to radiology procedures such as CT, MRI and ultrasound under a service level agreement with the NHS hospital radiology department.

Meeting people's individual needs

There was a pre-assessment policy in place. The nurse led clinics included tests specified by each consultant. A risk assessment was undertaken and any anomalies were discussed with the anaesthetist prior to admission.

Children under the age of 3 years are not admitted.

Staff were aware of any specific additional needs for patients prior to their appointment and there were processes in place to facilitate and support these.

Learning from complaints and concerns

There was a complaints policy in place and an annual report on complaints produced by the hospital.

The annual report showed numbers of complaints over the last five years and that there were two formal complaints made in 2014 across the whole hospital. This was in line with the previous years. There were also 62 thank you's received in the same period.

The actions and learning were described in the report, such as amended patient lists for clinics to show medication prescribed.

The patient guides contain information for patients on how to make complaints and all patients were offered the opportunity to complete a patient experience form on discharge from the hospital.

Staff told us that they worked hard to ensure that patients received a high quality service and they provided them with good information about their care and treatment at all times.

Are outpatients and diagnostic imaging services well-led?

Good



The outpatient department was well-led.

Spencer Private Hospitals (Ashford) was situated within the NHS trust hospital building. There was one consulting room in the 4 bedded unit that is used for pre-assessment and consulting only. No procedures are carried out in this room. Spencer Private Hospitals (Ashford) uses the local trust consulting rooms that are adjacent to the unit for outpatients under a service level agreement (SLA). Pathology, medical records, estates and maintenance, x-ray and diagnostic imaging and pharmacy services are provided by the NHS trust under a service level agreement (SLA).

The organisational vision was well understood by staff at all levels. Staff felt well informed about the current service and about the challenges and plans for the future. Staff felt well supported and actively encouraged to develop and progress within the organisation. Staff talked about an open culture where they were able to both raise concerns and put forward ideas for improvement and innovation.

Staff stated that all managers were visible, approachable and provided clear leadership. Staff felt able to speak to managers at all levels, they felt valued.

Vision and strategy for this service

There was a clear vision for the whole organisation and all staff we spoke with were able to express it.

Staff were also aware of the challenges with regard to marketing and business growth.

Staff told us that they were well informed about the strategy for the future.

Staff told us that their department was expanding and improving. They spoke with pride about the service they provided.

Outpatients and diagnostic imaging

Governance, risk management and quality measurement

The 4 bedded unit followed the East Kent Medical Services Limited governance processes and all information was provided to the East Kent Medical Services Limited governance and risk management and quality leads. They were included in the risk, quality and governance reports for East Kent Medical Services Limited providing information by hospital.

We were provided with evidence of the hospital's annual departmental risk assessments undertaken every October. A whole day was allocated for this so that staff could also receive update training on the risk assessment process. We saw the guidance and risk ratings provided for staff. The Hospital Manager was responsible for ensuring that actions and recommendations were implemented. One example was an increased display of information if evacuating the building due to a fire.

We saw the identified risks reflected on the risk register.

Consultants we spoke with told us that feedback on the service was sought from both patients and staff.

Nursing and administration staff we spoke with understood the governance process and how information was cascaded throughout the hospitals. Committee minutes were available for all staff on the hospital intranet, such as health and safety and infection control.

A meeting to see and discuss the results of the staff survey was arranged and open to all staff. Staff views were listened to and there was a 'thank you' staff function.

If there are any issues with the services provided under the SLA with the local trust, these were addressed directly with the appropriate NHS head of department. Any escalation went directly to the NHS senior management team. There was also a liaison group that managed any SLA concerns.

Leadership of service

There were clear lines of management responsibility and accountability in the outpatient department.

As the unit was small and was only open when required, a number of the staff had joint responsibilities in both the Ashford and Margate locations.

Staff told us that senior management were supportive and made staff feel valued. They were visible and provided clear leadership.

We were told that senior managers kept staff informed about future plans and challenges for the hospitals.

Joint training for staff from both the East Kent Medical Services Limited locations was encouraged. Opportunities for staff to progress were provided and encouraged. Staff felt able to approach their own and senior managers if they required information or support.

A variety of events for all staff were arranged each year such as social evenings and a Christmas party.

Culture within the service

All staff we spoke with were very positive about the open culture within the organisation, the flow of information both up and down and the availability of the managers, consultants and nursing staff.

Staff felt able to raise concerns with management and felt listened to.

All staff we spoke with described strong team working and support for each other at all levels.

Public and staff engagement

The service carried out annual patient experience surveys. 2013-2014 results showed that 94% of patients would recommend the hospital to friends and family and 66% found that their overall experience was excellent. Both the East Kent Medical Services Limited locations carry out an annual consultant satisfaction survey. We were provided with the 2014 report which showed that they were generally positive about the outpatient facilities.

Annual staff surveys were carried out. Staff told us that they enjoyed working for the Spencer Private Hospitals (Ashford) and felt involved and engaged in the current service and future plans.

Innovation, improvement and sustainability

The hospital's process review group encouraged staff to make improvements to the service or processes. A new spread sheet had been developed that simplified logging the tasks administration staff undertook for consultants and enabled quicker and more accurate cost calculations each month.

Outpatients and diagnostic imaging

The hospital is shortly to implement an electronic incident reporting system.

The hospital is working towards unifying evidence based protocols and pathways in the physiotherapy department for post-operative orthopaedic patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- Review the arrangements for delivering safeguarding training to staff against the intercollegiate framework for safeguarding children which recommends face to face training at level 3.
- Ensure that care pathway documentation be reviewed to include references to NICE or Royal College of Surgeon Guidelines.
- Audit DNA CPR forms to ensure these are meeting appropriate standards.