Spire Clare Park Hospital

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Spire Clare Park Hospital is operated by Spire Healthcare Limited. The hospital provides surgery, medical care, out patients and diagnostic imaging services for adults, children and young people. Following national guidance, inpatient surgical services and outpatient physiotherapy services were only offered to children age three and above.

We carried out the inspection on 30 May 2018.This was a focussed (follow up) inspection to assess whether the service had made required improvements to the children and young people's service, following our previous inspection of the service in August 2016.

We gave the hospital seven days' notice of the inspection, to ensure staff representatives from the children and young people's service were available on the day of inspection.

Summary of findings

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

Throughout the inspection, we took account of what people told us.

Services we rate

We rated children and young people's services as good. This was an improvement from the previous rating of requires improvement.

There were systems and processes in place and followed by staff to keep children and young people safe and safeguarded from abuse. There were sufficient numbers of staff with relevant skills and experience and up to date mandatory training in safety systems, processes and practices to deliver safe care to children and young people. Risks to children and young people were assessed and staff acted to reduce identified risks. There was a good track record on safety and staff under stood their responsibilities to raise concerns and incidents.

Children and young people's care and treatment was delivered in line with current evidence based guidance and standards. The service monitored the effectiveness of care and treatment and used the findings to benchmark against other similar services and improve services. Consent to care and treatment was obtained in line with national guidance

Staff cared for children, young people and their families with compassion. Feedback from patients and their parents was positive about the way staff treated them. The emotional needs of children, young people and their parents were fully considered. There was effective use of distraction activities to reduce anxieties in children and young people. Staff involved children, young people and their parents in decisions about their care and treatment.

The service was planned around meeting the needs of the local population, with appointments and admissions offered to meet the individual circumstances of each patient.

There was clear leadership of the children and young people's service. A lead nurse had responsibility and accountability for all the children and young people's services in the hospital. There was identified medical leadership. Governance and risk management processes supported improvements to the service. There was an inclusive culture, with staff of all professions across the hospital working together to deliver quality care to children and young people. There were processes for children, young people and their parents to feedback about their experience of care and treatment at the hospital. Staff acted on this feedback to make improvements to the service.

However, we found that although the quality of inpatient and some outpatient records were monitored, there was no process to audit the quality and content of outpatient records held solely by consultants and not shared with the hospital.

Staff took account of the distress carrying out observations may have on children. However, when they did not carry out formal observations to reduce children's distress, they did not always record this reason. Staff did not record the informal visual observations that they carried out to determine the child's condition was stable and the child was not at risk of deterioration.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

We rated children and young people's services as good. This was an improvement from the previous rating of requires improvement.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Services for children and young people	Good 	Children and young people's services were a small proportion of hospital activity. We rated this service as good because it was safe, effective, caring, responsive and well led.

Summary of findings

Contents

Good

Spire Clare Park Hospital

Services we looked at

Services for children and young people

Summary of this inspection

Background to Spire Clare Park Hospital

Spire Clare Park Hospital is operated by Spire Healthcare Limited. The hospital opened in 1984. It is a private hospital near Farnham, Hampshire. The hospital primarily serves the communities of Farnham and the surrounding areas. It also accepts patient referrals from outside this area.

We previously inspected surgery, services for children and young people and outpatients and diagnostic imaging services Spire Clare Park Hospital on 30 - 31 August 2016. At that time, we rated surgery and outpatients and diagnostic imaging services as good and the children and young people's service as requires improvement. Following that inspection, we gave the hospital three requirement notices. These required the hospital to make improvements about safe care and treatment, appropriate premises and equipment and good governance in the children and young people's service. At this current inspection we found the hospital had met these requirement notices.

The hospital had a registered manager, Louise Holbert, who has been registered since 22 December 2016.

Our inspection team

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

Information about Spire Clare Park Hospital

The children and young people's in-patient service has a two-bedded ward and a single side room. The hospital is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Management of supply of blood and blood derived products
- Services in slimming clinics
- Surgical procedures
- Treatment of disease, disorder or injury

During the inspection, we visited the children's ward, the adult ward, theatres and recovery, the outpatient's department, physiotherapy department and the X-ray department. We spoke with 18 members of staff including; registered children nurses, registered general nurses, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with three patients and three parents. During our inspection, we reviewed eight sets of patient records. Following our inspection, we had telephone conversations with parents of three children who had attended the hospital in the previous 12 months.

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

Activity (April 2017 to March 2018)

- In the reporting period 1 May 2017 to 31 March 2018, there were 70 inpatient and day case episodes of care for children and young people recorded at the hospital. All patients accessing services for children and young people were privately funded.
- There were 310 outpatient total attendances for children and young people between 1 January 2018 and 31 March 2018. The hospital had not previously monitored outpatient attendance figures for children and young people.

Summary of this inspection

The accountable officer for controlled drugs (CDs) was the registered manager.

In the 12 months prior to this inspection there had been no never events and no serious injuries in the children and young people's service. There had been three clinical incidents resulting in no harm and no other clinical incidents reported in the twelve months prior to this inspection.

There had been no incidents of hospital acquired infection reported for the children and young peoples' service in the twelve months prior to this inspection.

There had been no formal complaints received by the hospital about the children and young people's service in the twelve months prior to our inspection.

Services accredited by a national body:

- Joint Advisory Group on GI endoscopy (JAGS) accreditation

Services provided at the hospital under service level agreement:

- Ground Maintenance
- Resident medical officer (RMO) provision
- Pathology and histology
- Laser protection service
- Critical care transfer of adults, children and young people
- Critical care transfer for bariatric patients
- NHS blood products
- Occupational health
- SGS (for sterile services)
- InHealth
- Paediatrician

Good

Services for children and young people

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

Are services for children and young people safe?

Good

We rated safe as **good.**

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Spire Healthcare Limited set a target that the staff group at the hospital must be 95% complaint with all elements of mandatory training. The standard modules for mandatory training at Spire Clare Park hospital included fire safety, health and safety, infection control, safeguarding children, safeguarding adults, manual handling, compassion in practice, equality and diversity and anti-bribery. Training was monitored from January to December each year. Information provided by the hospital, showed that at the time of the inspection, for the year January to December 2018 the percentage of staff who were 100% compliant with all their mandatory training was 26%. Compliance against all mandatory training topics at 30 May 2018, ranged from 32% to 96%, and the hospital felt they were making satisfactory progress against the target of 95% to be met at the end of December 2018.
- Staff we spoke with expressed there were no barriers to accessing mandatory training.

Safeguarding

- The staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The Spire Healthcare Limited procedure for safeguarding children and young people in Spire Healthcare, issued June 2017, review date 2020, provided staff with guidance about safeguarding children and young people. The procedure followed relevant national legislation and guidance, for example the Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children published in 2018 It also included relevant and current information about female genital mutilation (FGM), child abduction, child sexual exploitation (CSE) and human slavery and trafficking. The policy also included guidance about the national PREVENT strategy. PREVENT is part of the government's counter terrorism strategy and aims to stop people becoming terrorists or support terrorism.
- All consultants at Spire Clare Park Hospital, including anaesthetists, who wished to have practicing privileges to deliver care and treatment to children and young people were required by the hospital to complete level 3 safeguarding children and young people training. All registered children's nurses (including bank and agency registered children's nurses) were required by the hospital to have completed level 3 safeguarding children's and young people's training. The resident medical officer (RMO) was required by the hospital to have completed level 3 safeguarding children and young people's training. This was exceeding the minimum requirements of national guidance.
- Records provided by the hospital showed that all registered children's nurses who worked at the hospital including bank and agency registered children's nurses, and all other registered clinical staff had completed

level 3 safeguarding training. All other staff completed level 2 children's and young people's safeguarding training. This was exceeding the minimum requirements of the national guidance.

- We saw records that evidenced the RMO had completed level 3 safeguarding children and young people training.
- A list of all medical staff with practicing privileges for the hospital and who had completed level 3 safeguarding children and young people's training was displayed in the theatre office and the booking office. The list was updated every week and provided an extra assurance process that surgeons and anaesthetists treating children had the appropriate safeguarding training and the relevant practicing privileges to provide that care and treatment to children.
- All staff we spoke with demonstrated an understanding about safeguarding children and young people processes. The children safeguarding lead for the hospital was the Children and Young People's (CYP) lead nurse, who had completed level 4 safeguarding children and young people's training. All staff we spoke with knew who the children's safeguarding lead for the hospital was and knew who to contact if this person was not available.
- Safeguarding flow charts were displayed in all clinical areas. This gave all staff access to easy to follow guidance about the actions they must take in the event of a safeguarding concerns. The flow chart included day and night contact details for the local authority's child and adult safeguarding teams.
- Admission processes included completion of a safeguarding children's admission checklist, which included identifying if there were any active safeguarding concerns about the child or identification of any risk factors that could indicate safeguarding concerns. The service's ongoing document audits identified that not all staff completed safeguarding assessments for children aged 16 to 18. An action plan had been developed and was being followed and monitored to bring about improvements with the completion of these assessments. The service had not had to make any safeguarding referrals in the 12 months preceding this inspection.

Cleanliness, infection control and hygiene

- The service controlled infection risk well.
- At the previous inspection of the children and young people service in August 2016 staff did not fully mitigate the risk of transmission of infections from children's toys.
- At this current inspection we found processes were in place and staff followed them to ensure toys were cleaned after use. The hospital had toys for children to play with in all areas of the hospital (outpatients, X-ray, physiotherapy and the ward). Toys we looked at were visibly clean. We saw staff signed daily checks lists to evidence they had cleaned the toys. This gave the hospital assurance that all children's toys were clean which reduced risk of cross infection.
- Weekly checks of emergency equipment, including emergency suction equipment and the defibrillator, included cleaning of the equipment. Records evidenced staff checked and cleaned the equipment weekly.
- Staff carried out infection control risk assessments on all children and young people as part of their pre-admission assessment process. This included detail about any recent illnesses, exposure to visits or childhood illnesses, and whether childhood immunisations were up to date. Any infection risks were highlighted at the earliest time in the patients care pathway, to ensure correct infection prevention and control practices were instigated.
- Staff we spoke with knew about the hospital policy on infection control. We saw there were sufficient handwashing facilities and protective personal equipment, such as disposable gloves and aprons, available in all areas. Hand sanitisers were provided throughout the hospital. We observed across the hospital, staff adhered to the bare below elbows policy which supported thorough hand washing to reduce the spread of infection between staff and patients.
- The service carried out hand hygiene audits to monitor staff compliance with the hand hygiene policy. The hospital provided the most recent hand hygiene audit, which showed overall 100% compliance across the hospital with following the hand hygiene policy.
- Spire Healthcare Limited had developed new infection and prevention audit tools specifically for children and young people services. At the time of inspection this was still in draft waiting for final approval before being implemented into clinical areas. This audit tool included assessing hand hygiene facilities, the general

environment, the patient's immediate environment and bed space, isolation processes, dirty utility, waste disposal, sharps safety, storage areas, clean utility and treatment room, equipment and clinical practices.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- At the previous inspection of the children and young people service in August 2016 the hospital had not identified or sufficiently mitigated some of the risks the environment posed to children and young people. At that time there was no dedicated children's inpatient area. Children were accommodated in side rooms on the adult ward and assessments did not identify all risk posed to children.
- Since that inspection the hospital had made changes to the environment children and young people were cared and treated in. A separate secure two bedded ward and an individual side room at the end of the adult ward were designated children and young people's accommodation. The hospital had mitigated against risks identified during the last inspection. For example, ligature risks associated with call bell cords were lessened with the use of quick releasing cords that came apart if any force was put on them and exits close to the children's accommodation were secured with key coded door locks. Both areas were of a sufficient size that could accommodate any parents who wished to remain in the hospital overnight with their child.
- Staff carried out risk assessments of all environments where children were cared for, including outpatients and physiotherapy departments. We viewed copies of these risk assessments which showed where staff identified risks, action was taken to lessen the risk, and this was reviewed during ongoing risk assessments and through governance processes.
- The theatre recovery area, did not have separate children's recovery area. To lessen risks of children being exposed to distressing sights and having to pass by adult patients, an area of the recovery room was screened off with colourful screening to make a dedicated children's area. There were occasions when children were in the recovery area at the same time as adult patients. The use of screening ensured children were not exposed to adults in the recovery area.
- There was dedicated children's emergency and resuscitation equipment on the ward and in the outpatient department. The hospital used a nationally recognised paediatric emergency system, that provided a fast and accurate method of equipment selection and medicine dosages in an emergency. Two members of staff checked the contents weekly. Daily checks by staff gave the service assurance the tamper proof seals were intact. There was clear guidance about what action to take if the seals were not intact. We viewed records which evidenced staff completed the weekly and daily checks.
- There was separate paediatric emergency equipment in the theatre suite and recovery area. Records showed staff checked this equipment weekly and before and after children underwent treatment in the theatre suite. We saw all equipment was in date and there was age appropriate equipment, for example different sized airways. The equipment and storage of the equipment matched the equipment and storage of the equipment used on the local acute NHS trust. Most surgeons and anaesthetists worked in that NHS trust, and the matching of equipment and storage of equipment, supported quick access to emergency equipment.

Assessing and responding to patient risk

- The service considered and took actions to lessen risks to children and young people.
- The procedure for the care of children and young people in Spire Healthcare (issue date April 2018, next review April 2021), set out the safe and agreed criteria for the admission of children to the hospital, which included ensuring only minor procedures were carried out at the hospital. The procedure took account of national guidance form the Royal Colleges and NICE.
- At the previous inspection of children and young people's services in 2016, it was usual practice for children and young people to have a preadmission assessment carried out in a telephone conversation, rather than face to face.
- With the development of the children's and young people service, the hospital now offered and encouraged parents to bring their child to the hospital for a preadmission assessment. The assessment was always completed by a registered children nurse and gave the opportunity for a visual assessment of the patient as well as discussing their forthcoming treatment and obtaining relevant past medical history.

Parents we had telephone conversations with after the inspection, confirmed their child was offered the opportunity to attend the hospital for a face to face pre-admission assessment.

- The service acknowledged that it was not always possible for patients to attend the hospital prior to their admission date. In these circumstances, the registered children's nurse carried out a telephone preadmission assessment.
- The preadmission assessment document was very comprehensive supporting staff to identify and mitigate against any issues, health, social or emotional, that had the potential to increase the risks factors to the child during their admission.
- There was always a registered children's nurse on duty when there was a child under the age of 16 admitted to the hospital. If there was more than one child admitted, there were two registered children's nurses on duty. This meant that if a child was nursed in the side room, there was always a registered children's nurse available to supervise the child if their parents or guardians were not in the room. Staff rotas confirmed this happened.
- The children and young people's (CYP) service provided a 24-hour telephone line that children and their parents could contact post discharge if they had any concerns about the recovery of their child.
- Children and young people's health and wellbeing was monitored using the nationally recognised paediatric early warning system (PEWS). This identified if a child or young person was at risk of deteriorating and identified when a child or young person's condition needed to be escalated to a medical practitioner. There were different scoring charts for children of differing ages, to support early detection of a deterioration in their condition.
- Our review of PEWS charts for eight patients showed that although patient observations were mostly completed according to the guidance detailed on the PEWS observation chart, this did not always happen. This included observations for children who were in the postoperative stage of their treatment and blood pressure recordings. We raised this as a concern with the lead CYP lead nurse, who explained staff sometimes omitted observations if they assessed the act of completing observations was going to cause too much additional distress to the child and visual assessment indicated no concerns with the patient's condition. However, staff did not document the reason for not completing formal patient observations or record the visual assessments on the PEWS observation chart or the patient's records. This meant the hospital did not have full record of all observations and assessments (both formal and observational) carried out on children.
- Staff used Spire Healthcare Limited policy for the management of sepsis issued March 2018, next review March 2021, for guidance in the event of suspected sepsis. This included guidance about the identification and management of sepsis in children and young people. The children's service used the nationally recognised paediatric sepsis six pathway for children aged 5 and under and for children aged 5 – 11 years to support the management and treatment to children with suspected sepsis. For children over the age of 11 the adult's sepsis six pathway was used. There had been no incidents of sepsis in children in the 12 months preceding the inspection of the service.
- The hospital had a local policy for the urgent and non-urgent transfer of a child or young person, issued May 2018 review date May 2021. This gave guidance about when and what to do if a child or young person required transfer to an acute NHS hospital. The hospital had an agreement with the local acute NHS trust for non-urgent transfers of care. This included situations such as if the registered children's nurse became unwell during their duty and safe staffing levels could not be achieved and when children and young people were assessed as acutely unwell and needed medical intervention which was unrelated to the planned admission or outpatient attendance.
- In the event of a child's condition deteriorating and requiring critical care facilities, children and young people were transferred to NHS paediatric critical care facilities using the local paediatric critical care retrieval service.
- The resuscitation lead facilitated one emergency scenario each month, which also included children and young people's emergencies. This also included the management of any transfers to acute NHS hospitals.
- The Procedure for the Care of Children and Young People in Spire Healthcare included requirements for resuscitation training. The policy included the training requirements for different staff groups employed at the hospital. All registered children nurses, recovery staff and the resident medical officer (RMO) were required to have successfully completed either the European Paediatric Advanced Life Support (EPALS) or the Advanced Paediatric Life Support (APLS) course. Other

clinical staff were required to have successfully completed the Paediatric Intermediate Life Support (PILS) course. Records provided by the hospital showed across the hospital all staff had met their individual life support training target.

- The RMO met daily with the ward manager and CYP lead to update on the conditions of patients and any emerging risks, this included updates on any children due to be admitted.
- The hospital used the National Patient Safety Agency (NPSA) adapted five safer steps to surgery. This is a check list used before, during and after surgery to reduce the risk of mistakes occurring during surgery. Our review of eight patient records showed this safety check was included and completed in the patient pathway records.

Nurse staffing

- The service had enough nursing staff with the right qualifications, skills, training and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment.
- At the previous inspection of the children and young people service in August 2016, the CYP lead nurse employed at that time did not work full time at Spire Clare Park hospital. This meant there was not always a registered children's nurse identified and available with responsibility and accountability for the whole of the child's pathway.
- Following that inspection, the hospital reviewed their provision of children and young people's services. They employed a full-time CYP lead nurse who had accountability for all the children's services, including outpatient services and radiology services. The hospital now met the Royal College of Nursing guidance on defining staffing levels for children and young people's services. This stated there must be a registered children's nurse identified and available with responsibility and accountability for the whole of the child's pathway, including their pathway through outpatient departments.
- The service had taken further action to ensure the Royal College of Nursing guidelines for staff were met across their children and young people's service. Revised booking processes ensured that a registered children nurse was on duty for the full admission of a child under the age of 16. There was a risk based approach to nurse staffing for young people aged 16 to 18. Preadmission assessment identified whether the young person was appropriate to follow the adult pathway. This meant they would be cared for by adult nurses who had completed relevant competency assessments or registered children's nurses. This process included considering the wishes of the young person.
- The Royal College of Nursing guidance details that "at all times there should be a minimum of one registered children's nurse in the recovery area" and when children were being recovered from general, epidural or spinal anaesthesia there should be two registered children's nurses on duty. The hospital employed a registered childrens nurse, who was also adult trained, to work in the recovery area one day a week. At all other times, recovery staff who had completed relevant paediatric competency assessments were supported by the registered children nurse on duty to care for the child in the recovery area. If there was more than one child admitted to the hospital at a time, two registered children's nurses were rostered. This ensured a children's registered nurse was always present in the recovery area to support the recovery staff caring for the child immediately postoperatively
- To achieve staffing levels that met the national guidance and supported safe care and treatment, the service employed two bank registered children nurses on a regular basis, and when required employed two regular agency registered children's nurses. The service had identified, with the ongoing development of the children and young people's service, the CYP lead nurse needed additional nursing support to deliver a safe service. A business case had been submitted for recruitment of a permanent part time registered children's nurse, to support the running and delivery of the service.
- Staff said they had access to a child play therapist employed by Spire Healthcare Limited, who would support children assessed as being highly anxious about their hospital admission during the preadmission assessment process.

Medical staffing

- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Each child was admitted to the hospital under the care of a named consultant with paediatric experience. The

hospital required consultants to be available to attend to the child within 30 minutes of being called, which met the recommendations set out by the Association of Independent Healthcare Organisations (AIHO). Staff told us consultants and anaesthetists always made themselves available to provide advice over the telephone or attend the hospital within 30 minutes when needed.

- There were 34 clinicians with paediatric practicing privileges. This included surgeons, physicians, anaesthetists and radiologists.
- Consultants were required to complete annual paediatric basic life support training and safeguarding children level 3 training. If these were not completed, the consultant was suspended from carrying out treatment on children until they evidenced they had completed the training.
- All consultant surgeons, paediatricians and anaesthetists had to complete an application for paediatric admitting rights. This considered their experience in carrying out named procedures for children of a specific age range. This information was used by the hospital management team to determine whether the person had the required skills and experience to carry out paediatric treatments at the hospital. Medical staff who could not demonstrate they had the relevant skills were not granted practicing privileges. We saw records that this occurred.
- A suitably qualified resident medical officer (RMO) was available 24 hours a day. The RMO was required to provide evidence of four to six months paediatric experience and evidence of annual updates of EPLS. The service had access to a named paediatrician for advice and support.

Records

- Staff kept detailed records of patient's care and treatment.
- The hospital kept patient records in paper format and stored them securely in the ward office while patients were on the ward.
- In patient records (care pathways) we reviewed showed that staff completed the relevant assessments and child's details on every page. The entries were legible, and signed and dated by the member of staff who completed the entry. However, duplication of the Five Safer Steps to Surgery checks throughout the care pathways documents, increased the risk that staff might not complete these important safety checks. This risk had been identified by the service. New care pathway documentation had been developed and was due to be implemented in the month after our inspection. We saw a copy of this document and saw duplication of these assessments had been eradicated.
- Staff confirmed patient records were always available. Children and young people seen solely in the outpatient department and not admitted to hospital had a set of notes held by the relevant clinician and a duplicate set of notes held by the hospital. This meant the hospital maintained accurate, complete and contemporaneous records for each child or young person who attended the hospital.
- As part of the granting of practicing privileges, clinicians had to sign that they agreed to abide by the General Data Protection Regulation (GDPR). This included maintaining security of patient records when transporting them to and from their medical secretaries, who may be located at hospitals, other than Spire Care Park hospital.
- The hospital had an audit programme to assess the quality of completion of patient records which included inpatient and outpatient records. Results of this audit were reported through Spire Healthcare's national CYP scorecard, so that these could be benchmarked against other hospitals. However, there was no process to audit the quality and content of outpatient records held solely by consultants and not shared with the hospital.
- At the previous inspection in 2016, we found the service did not encourage parents to bring their child's Personal Child Health Record (PCHR) book (referred to as red books) to hospital appointments. At this current inspection we found the service actively encouraged, by detail in appointment letters, parents to bring these books to hospital appointments and made entries in these books. This facilitated sharing of child health records with other health care professionals.
- The picture archiving and communications system (PACS) is a nationally recognised system used to report and store patient images. This system was available and used across the hospital.

Medicines

- The service followed best practice when prescribing, administering and recording medicines.

Good

Services for children and young people

- At the previous inspection of the children and young people's service in August 2016 nurses administered anaesthetic cream to patients without it being prescribed by a medical practitioner.
- Review of children and young people's records showed that nursing staff had still been administering local anaesthetic cream to patients without it being prescribed. However, on the day of our inspection of the service, (30 May 2018) a patient group directive was authorised to allow nursing staff to administer this cream without a medical prescription. Following our previous inspection, the service had tried to ensure medical staff prescribed the cream, but the patient pathway meant that often the child needed the cream applied prior to being seen by the RMO. In response the patient group directive had been developed and signed off on the day of our inspection, to ensure safe administration of this medicine.
- Staff recorded children and young people's weights and allergies in their records and on their medicine prescription chart.
- Medicines prescribed on the prescription charts were dated and signed by the prescriber. Prescriptions detailed the dose and the time the medicine needed to be administered. Nurses signed to demonstrate they had administered the medicine to the child or young person.
- However, medicine charts were pre-printed prior to patients being admitted. Staff had identified risks associated with this practice, and following a reported incident, where a child received over the recommended dosage of paracetamol, new medicine charts were introduced that did not have pre-printed prescriptions on them. These were printed and put into practice on the day of our inspection.

Incidents

- The service managed safety incidents well.
- The service had a good track record regarding incidents. There had been three clinical incidents reported for children and young people's services in the year preceding the inspection. These all resulted in no harm for the children or young people the incident related to.
- Conversations with all staff who cared for children and young people evidenced they had a clear understanding about incident reporting. They knew how to report incidents and the types of incident that needed to be reported. Staff said they received feedback for reported incidents, both those relating to their immediate area of work and those that had been reported elsewhere in the hospital. This meant they shared learning from incidents throughout the hospital.
- At the previous inspection there was no oversight of incidents affecting children and young peoples' services. Incidents that occurred outside the inpatient setting for example in outpatients and in the booking system, were not reported as CYP incidents. At this inspection we found all incidents affecting children and young people were reported under the CYP services. Review of incident reports evidence learning was identified and changes in practices were made.

Safety Thermometer (or equivalent)

- The Children and Young People's Services Safety Thermometer is a national tool that has been designed to measure commonly occurring harms in people that engage with children and young people's services. The tool focusses on: deterioration, extravasation, pain and skin integrity. Although some Spire hospitals were starting to use this tool, at the time of the inspection Spire Clare Park hospital did not use it. However, the paediatric score card recorded results of the monitoring of safety issues such as pain management, temperature recording, compliance with PEWS recording (management of deteriorating patient) and unplanned returns to theatre.
- The CYP lead nurse had identified patients and relatives looked, with interest, at notice boards displaying safety performance details in the hospital. As a result, the CYP lead nurse had ordered notice boards to display children and young people's safety outcomes and associated plans of action in public areas of the hospital.

Are services for children and young people effective?

Good

We rated effective as **good.**

Evidence-based care and treatment

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

Good

Services for children and young people

- Children and young people's care and treatment took account of national guidance. We saw that policies and procedures referenced national guidance. For example, the resuscitation policy referenced Resuscitation Guidelines 2010, Resuscitation Council (UK) October 2010. The procedure for the care of Children and Young People in Spire Healthcare policy included references to the United Nations Convention on the Rights of the Child 1989, the Royal College of Nursing: Caring for children and young people(2014), the Royal College of Nursing: Healthcare Service standards in caring for neonates, children and young people (2013) and the Royal College of Nursing London and Royal College of Paediatrics and Child Health Safeguarding children and young people: roles and competencies for health care staff. Intercollegiate Document (2014). Staffing of the children's and young people services followed the guidelines set out in the Royal College of Nursing: Defining staffing levels for children and young people's service (2013), to ensure all staff that cared for children and young people had the necessary skills and competencies.
- The service used a paediatric clinical scorecard to monitor compliance with policies and procedures. This included monitoring of the use of the paediatric early warning score (PEWS), fasting times, consent, temperature control, management of pain, pre-admission assessment, risk assessments, incidents, staff training and consultants practicing privileges.
- At the previous inspection the service did not have an identified audit plan in place specifically for paediatric care at the time of our inspection, which meant that learning from formal clinical audits, benchmarking or tracking clinical outcomes did not take place. At this current inspection, we found there was a planned audit programme, the results of which fed into the paediatric clinical score card. The audit programme included audits of documentation, health and safety, infection control and safeguarding and included repeated audits to identify and monitor improvements in the delivery of the service. The paediatric clinical score card, compared Spire Clare Park hospital's performance against those of other Spire Healthcare hospitals that delivered children's services. The use of the clinical score card meant the service was now able to learn from formal clinical audits and benchmarking to improve the service and ensure the service was delivered in line with national guidance.
- Areas identified by clinical score card as requiring improvement included full completion of consent forms, monitoring of patient temperatures during procedures, during their recovery phase after surgery and monitoring of patient's pain. In the period 1 January 2018 to 31 March 2018, the service was 68% compliant with staff recording patient temperatures, which was below the target of 90%. The service was 93% compliant with staff fully completing consent forms, which was below the target of 95%. The service was 94% complaint with staff recording patient's pain scores with every set of observations, this was below the service target of 95%. There were appropriate action plans, with completion dates and the member of staff responsible for the action.

Nutrition and hydration

- Children and young people had access to a choice of refreshments when required and there were child appropriate menus available.
- Children, young people and their parents or guardians were advised about pre-surgery fasting (that is omitting food and fluids except water before an operation) times during the preadmission assessment process. The service followed the Royal College of Anaesthetists guidance about preoperative fasting to ensure children and young people fasted for the safest minimal time possible. The hospital sent written information about pre-surgery fasting times.
- The care of children in Spire Clare Park hospital local policy detailed it was highly recommended that children were operated on first on the operating lists to ensure minimal fasting times and maximum recovery time whilst the consultant was on site. Discussion with the admission coordinator, children's lead nurse, theatre staff and ward staff evidenced children were placed first on operating lists.
- If required, dietetic support for patients was provided through the Spire Healthcare dietetic service.

Pain relief

- Staff assessed and monitored children's and young people to see if they were in pain.
- Care pathways included an assessment of the child's pain on admission and during their admission.
- Children's policies and discussion with staff indicated management of pain after the procedure was discussed with the child and parent at the time of admission.

- Review of children's records showed pain was measured using a nationally recognised age appropriate tool. However, the service could not be fully assured children pain was well managed, as their internal audits identified staff did not always record pain scores. The CYP lead nurse had implemented appropriate action plans to promote improvements with recording of pain scores.
- Review of patient records and discussion with parents of patients, evidenced medical staff prescribed pain relieving medicines and nurses administered these to reduce children and young people's level of pain. If required, staff could access specialist pain relief for children and young people from the anaesthetic team.

Patient outcomes

- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- At the previous inspection in 2016, the hospital did not measure children and young peoples' outcomes separately, which meant they could not demonstrate how effective the children's and young people's service was at the hospital.
- Following that inspection, measurement of outcomes for children and young people was introduced with the use of a planned audit programme and the paediatric clinical score card and reported on through quarterly matron's governance reports. This include monitoring surgical site infections, unplanned returns to theatres readmissions, unplanned transfers to other hospitals and avoidable cancellation on the day of surgery.
- Data provided by the hospital showed that there had been no known surgical site infections, no unplanned returns to theatres, no unplanned readmissions and no unplanned transfers to other hospitals in the period May 2017 to December 2017.
- The service was now recording outpatient activity, so they could identify how many children attended the outpatient department and the reason for their attendance.
- The service did not take part in any national audits.

Competent staff

- The service made sure staff were competent for their roles.
- At the previous inspection in 2016 only registered general nurses (nurses qualified to care for adult patients) who worked on the ward completed paediatric competencies. Registered general nurses who worked in the outpatient's department, theatres or recovery area did not complete relevant competencies about care and treatment of children and young people. This did not meet Royal College of Nursing defining staffing Levels for Children and Young People's Services Guidance (2013).
- We found at this current inspection, the service had acted to meet these guidelines. All staff, including radiology staff, physiotherapists, outpatient staff, recovery staff and registered general nurses working on the adult wards, completed paediatric competencies relevant to their area of work. Nurses on the adult wards completed these competency assessments, so they had the skills to assist the registered children's nurses in urgent and unplanned for situations. We viewed a sample of competency documents from all the different staff groups. They showed staff knowledge about care of children was assessed through discussion and observation. The CYP lead nurse carried out the assessments.
- The hospital provided information about the training of all registered children's nurses (permanent, bank and agency staff) who cared for inpatient children and young people. This showed the hospital was assured all these staff had a current children's nurse registration with the Nursing and Midwifery Council and had completed relevant training to equip them with the skills to care for children and young people at Spire Clare Park hospital.
- The service was introducing further training specific, for bank and permanent staff, about meeting the needs of children and young people. This included identifying the sick child and managing children's pain. Bank nurses were included in the competency assessments and training provision.
- All consultant staff were required to provide evidence of their accreditation, validation and appraisal before the hospital granted them practising privileges. All the consultants with practising privileges were also employed by local NHS trusts to perform surgical procedures on children and young people. The medical advisory committee (MAC) and hospital director were responsible for granting and reviewing consultants practising privileges biannually to ensure the

consultants were competent in their roles. The hospital also ensured that consultants had appropriate professional insurance in place and received regular appraisals.
- The resident medical officer (RMO) on duty when children were admitted was trained in advanced paediatric life support.
- There was a corporate policy for staff appraisal, in which staff had two appraisals per year. The children's lead nurse carried out appraisals for any registered children's nurses, which also included bank nurses and supported the appraisals process for adult nurses and allied health professionals by feeding back about their care of children and young people. The CYP lead nurse had their appraisal carried out by the hospital director.
- All new staff completed an induction to the hospital and the organisation which also included the care of children and young people in Spire Clare Park hospital. The CYP lead nurse had developed a new children and young people's induction package which was going to be delivered monthly from July 2018. These monthly sessions were open to staff who already worked at the hospital as well as new staff, so they could refresh their knowledge and skills about caring for children and young people.

Multidisciplinary working

- Staff across the hospital worked together as a team to benefit the patients.
- The children's nurses took full responsibility for communicating the needs of all inpatient children under their care with the general nursing staff, medical staff and other healthcare professionals as appropriate.
- Staff told us there was effective working between all staff groups. When children were admitted, the children's nurse met with ward and recovery staff to discuss the needs of the specific child. All staff we spoke with told us staff in the hospital worked as a team to support children and young people in hospital.
- Service level agreements were in place for children under the age of three to have phlebotomy service in the local acute NHS trust.
- There was a service level agreement with the local acute NHS hospital to transfer children to their children's wards in the event of a child's condition deteriorating, but not so they needed critical care services.
- In the event of a child deteriorating and requiring critical care facilities, children were transferred to NHS paediatric critical care facilities using the local paediatric critical care retrieval service.
- The anaesthetist stayed on site during children's recovery period and we were told that they were supportive of nursing staff.

Seven-day services

- Records showed that inpatient children were seen by their consultant daily.
- The RMO was on site and available at night and at weekends.
- The diagnostic imaging department was available for routine x-rays and ultrasound scans between 8am and 9.30pm weekdays. During the weekend and overnight, radiographers provided an on-call service, though they told us they were very rarely called out of hours.
- The hospital pharmacy service was available between 9am and 3pm Monday to Friday. An agreement was in place between the hospital and the local acute NHS trust for an emergency out of hour's service.

Health promotion

- Information about how to manage children's health needs was discussed during outpatient appointments, for example one parent told us the paediatrician always gave them information and choices about how to manage their small child's health needs and allergies.
- Although, there was no formal health promotion programme for children and young people admitted as inpatients, staff told us they took opportunity to discuss healthy lifestyles where appropriate with children, young people and their parents.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Consent was obtained from children and young people.
- At the previous inspection, guidance about obtaining informed consent of parent or guardian and a child in the various policy documents was confusing and conflicting. Since that inspection, the Spire Healthcare lead children's nurse had reviewed and revised the guidance to provide clear guidance that took account of the relevant legislation.
- Patient records we viewed showed consent for procedures was obtained, and where appropriate

children were given the opportunity to consent to their own treatment. A telephone conversation with one child's parent indicated that the child, as well as the parent, had signed the consent form for surgery.
- Staff gained consent from parents for their child to use the hospital's tablets computers to entertain themselves and to be accommodated on either the two bedded children's bay or the single children's room.

Are services for children and young people caring?

Good

We rated caring as **good.**

Compassionate care

- Staff cared for children, young people and their families with compassion.
- Due to the low numbers of children being treated at the hospital, we were only able to speak to three patients with their parents, attending outpatient appointments during our inspection. Following the inspection, we had telephone conversations with parents of three children of varying ages who had undergone surgery or had attended outpatient appointments at the hospital.
- Feedback from the three children attending outpatient appointments at the time of the inspection, showed they thought staff were very kind and they were fully informed about their care and treatment.
- Parents we spoke with at the time of the inspection commented that all staff, including medical, nursing and allied health care professionals were polite and respectful of their children and themselves.
- Children were always chaperoned when seen by staff, this was usually a parent or someone known and trusted by the child.
- Discussion with staff indicated they were mindful of maintaining the privacy and dignity of children. Examples included in the outpatient department, always weighing children in the privacy of the consulting room.

Emotional support

- Staff provided emotional support to children, young people and their families to minimise their distress.
- The preadmission assessment process was used to help relieve children, young people and their parents of anxieties about coming into hospital. Children, young people and their parents were told what to expect during their admission to hospital. Children, young people and their parents had the opportunity to visit the hospital, view the premises and meet staff who would be looking after them during their admission to help relieve anxieties.
- The service could access a play therapist to support children assessed as highly anxious about their hospital admission.
- Theatre recovery staff met children on the ward before surgery to explain what to expect when in the recovery area and so the child knew who would be looking after them in the recovery area.
- Parents accompanied their child to the anaesthetic room staying with them until they were anaesthetised and were taken into the recovery area when their child woke up. This practice was confirmed as occurring in conversations with staff and parents. Parents said it helped to relieve their child's and their own anxieties.
- Parents spoke about how their child's fears and anxieties about having surgery were reduced by the action of staff and the facilities available to children. Children and young people wore their own night wear to theatres. Young children could 'drive' to surgery in a motorised toy car; this made going to surgery an adventure. Children were distracted when being 'put to sleep' for surgery, they were encouraged to draw pictures on the service's 'tablet'. One parent explained how their child fell asleep in the middle of drawing a picture, and demonstrated no concerns or anxieties.
- The parent of one child who had undergone surgery at the hospital said the manner of nursing staff relieved their child of anxieties and made them feel safe during their stay in hospital.
- Parents said the explanations given by staff and the positive behaviours of staff in normalising admission and attendance to hospital, helped to relieve their anxieties about their child undergoing surgery.
- Following discharge parents were given the telephone number of the hospital they could contact at any time of day or night for advice and support.
- Children returned to the hospital, where they knew the staff, for any post discharge care, such as removal of sutures. Staff felt this practice helped relieve anxieties for children about having their sutures removed.

Good

Services for children and young people

Understanding and involvement of patients and those close to them

- Staff involved children and their parents or guardians in discussions about their care and treatment.
- Staff told us they always explained what was happening to children in a manner they could understand. This was confirmed in the conversations we had with children and parents. A child in outpatients told us they understood what the doctor was explaining to them. A second child was very positive about the way the consultant spoke to them, they felt invited and able to put their point of view across. This child's parent explained they were very happy in the way staff had included their child in discussions and decision making. A third child said the doctor listened and considered their views and wishes and that discussion meant they knew and understood their ongoing investigation and treatment plan.
- Parents of children who had surgery at the hospital said that their children were included in all discussions and decisions about their care and treatment. Descriptions of care and treatment were explained to children in an age appropriate manner, to help them understand what was happening to them.

Are services for children and young people responsive?

Good

We rated responsive as **good.**

Service delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of children and their families.
- Children and young people attended the hospital for planned surgical procedures, outpatient appointments, x-ray services and physiotherapy. Following national guidance, inpatient surgical services and outpatient physiotherapy services were only offered to children age three and above.
- At the previous inspection, there were no dedicated children's areas of the hospital. This meant children were seen and treated in areas that adults were seen and treated in. Following that inspection, the hospital had reviewed its children's services and had identified areas of improvement required in the environment for children and young people. There was now a secure two bedded children's ward and a separate dedicated single room designed specifically to meet the needs of children and young people. This gave children and their families choice of accommodation.
- If parents wanted to stay with their child, a bed was made up for them next to the child's bed space. There were separate showering and toilet facilities for parents and their children to use. There was sufficient room in both the single room and the two-bedded ward for parents to stay.
- There was no canteen facilities at the hospital and the service informed parents about this prior to their child's admission. However, parents could order food from the patient's menu.
- There was no separate children's outpatients' area. However, the service had identified and developed a dedicated waiting space for children in each waiting area. This space included toys suitable for different age groups and genders.

Meeting people's individual needs

- The service planned and provided a service that met the individual needs of children and young people.
- At the previous inspection there were no child appropriate decorations or artwork in any of the clinical areas children attended. Since that inspection, work had been completed to make areas of the hospital that children attended child friendly. Physical and emotional needs of children had been considered in the design of the two bedded children's ward and the children's single side room. The décor was bright and cheerful. A variety of toys, that also encouraged child development and supported distraction therapy, were available for children to play with.
- In the X-ray department dinosaur foot prints on the floor guided children to where they need to be to have their X-rays taken. X-ray staff said to reduce anxiety and fear of children they often x-rayed the child's teddy bear and showed them the x-ray picture, before x-raying the child.
- Staff told us outpatients department and admission dates were planned to meet the needs of children. A parent told us they had waited two weeks for an outpatient appointment, but this was their request so the appointment could be during the school holidays.
- Staff said generally they did not admit children who had complex needs, but sometimes they did admit children

who had a learning disability, including those on the autistic spectrum. However, the hospital did not have facilities to support the care of children with high complex needs. The child's individual needs were discussed during the preadmission assessment process and if required the child's needs were discussed with any specialist health providers involved in the care of the child. The information was used by staff to provide care and treatment in a way that would not distress the child or parent. If, during the preadmission assessment processes, staff identified the service could not meet the child or young person needs, staff referred the child to alternative health care providers who could support the chid and their parent.

- The service did not admit children who had known mental health diagnosis. However, there was clear guidance for staff about how to contact the local children and adolescent mental health services (CAMHS) if they had any concerns about a child or young person's mental health. the CYP lead had liaised with the local CAMHS service to ensure they had the correct details to contact appropriate professionals during the day and night.
- Staff told us, if needed, interpreting facilities were available to support children and parents whose first language was not English. The children's lead nurse said admission dates for surgery would not be confirmed until she was assured appropriate interpreting facilities would be available on the day of admission and surgery. However, there had been no recent need for interpreting facilities, so we were unable to test whether this practice occurred.
- At the previous inspection, there were no leaflets or information in the outpatient's departments available in formats suitable for children to understand. At this current inspection we found there were leaflets suitable for children to understand. This included what children needed to do to support good infection prevention practices, information about coming into hospital and having an anaesthetic. These were available for both younger children and older children.

Access and flow

- Children and young people could access the service when they needed it.
- Children and young people attended Spire Clare Park hospital as privately funded or insured patients and procedures were planned.
- Children's procedures were booked at the beginning of theatre lists, which usually meant children and young people could recover and return home the same day. A registered children's nurses was always on duty when a child was admitted as in inpatient, this included when children and young people had an overnight stay. There were processes to ensure a registered children's nurse was on duty if a child had to stay, unexpectedly, overnight in the hospital. Discussion with a parent of one child who was planned as a day case, but at their own choice stayed overnight at the hospital, evidenced a registered children's nurse attended to the child overnight as well as during the day time.
- There was no monitoring of referral to treatment times for children's services. The consultant paediatrician told us they saw children within two weeks of referral or sooner if the child's condition was urgent or the parents were worried. However, as referral to treatment waits were not formally monitored the hospital could not be assured that children and their families/carers were not waiting unduly long to be seen, even if they had been referred urgently. One patient and their parent we spoke with, said they had been able to request an appointment for two weeks later to meet their needs.
- There was no monitoring about how long children had to wait for their operations. However, the service had not received any complaints that related to the length of time children waited for surgery.

Learning from complaints and concerns

- The service had received no formal complaints. However, staff provided examples where they had made changes to practices in response to comments made by parents of children and young people. This included, in the outpatient's department, keeping parents informed about any delays in appointment times.

Are services for children and young people well-led?

Good

We rated well-led as **good.**

Leadership

Good

Services for children and young people

- Leaders of the children and young people's service had the right skills and abilities to run a service providing high quality sustainable care.
- At the previous inspection of the children and young people service in August 2016 there was no overall leadership of the children and young people's services provided across the whole of the hospital. The children and young people's (CYP) lead nurse at that time only led the children and young people's inpatient services and had no leadership responsibility for children and young people's outpatient services.
- Following the last inspection, the hospital appointed a full-time CYP lead nurse who had responsibility and accountability for the all the children and young people's services in the hospital. At the inspection in 2016, many staff who worked in areas other than the inpatient areas, did not know who managed the children and young people's service. We found at this current inspection, all staff we spoke with knew who the children and young person's lead nurse was and spoke very positively of the support provided by her.
- There was a lead paediatrician consultant who represented the children's and young people's services on the Medical Advisory Committee (MAC).
- There was a lead paediatric anaesthetist who coordinated anaesthetist's availability for children's theatre lists, including checking the anaesthetists had current practicing privileges with Spire Clare Park hospital.
- The resident medical officer (RMO) said they received support from all consultants. However, they could only report on the support they had received from consultants looking after adult patients. The RMO had only been working at the hospital for two months and during that time children's admissions had not occurred whilst they were on duty. However, they said the other RMO had reported support from the consultants and nurses when children were admitted to the hospital.
- The service had support from the children and young person's lead nurse for Spire Healthcare. It was noted that some of the improvements made to the service were initiated by the Spire Healthcare lead children and young person's nurse, whilst the hospital recruited a permanent CYP lead nurse for the hospital.
- Spire Healthcare had developed a hub and spoke approach to their delivery of children's and young people's services, where hospitals that had well established children and young people's services (hubs) supported those hospitals that had smaller and less well-established children's and young people's services (spokes). Some Spire hospitals had identified they wanted to be standalone CYP services and not be part of a hub and spoke system. Spire Clare Park hospital had decided to be a standalone CYP service, but still received support and guidance from Spire Healthcare's national head of CYP services, who was based at the nearby Spire Southampton Hospital.

Vision and strategy

- The children and young people's service had a vision for what it wanted to achieve with workable plans to fulfil the vision.
- At the previous inspection of the service, there was a recently introduced strategy for the Children and Young People's service that described the plan to "continue to extend the range of services offered to children and young people and grow the number of patients seen. This requires provision of specific facilities that are accessible for caring for children, some increase in appropriate staffing and a clear commitment to meet the relevant standards." At that time there was no clear plan about how the hospital was going to achieve this.
- At this current inspection, there was an action plan, reviewed weekly to support the delivery of the strategy. Staff, we spoke with, understood the general aims to develop and increase the number of children and young people seen at the hospital.

Culture

- Leadership of the children and young people's service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was a positive culture across all staff in the delivery of children and young people's service. All staff, medical, nursing, allied health professionals and bank staff, spoke highly of the support they received from the Children and Young Person's lead nurses, both the Spire Clare Park hospital CYP lead nurse and the Spire Healthcare lead CYP nurse.
- The lead paediatrician said they now had confidence in the leadership of the CYP service. They felt all staff, including medical staff that did not deliver paediatric

services, were now embracing children and young people's services at the hospital. The lead paediatrician believed the time was right to expand and develop the children and young people's service.

- Staff at Spire Clare Park hospital said that senior leaders at corporate level were engaged with the delivery of the children and young people's service. They said that senior leaders, including the chief executive for the organisation were planning to attend the Spire Healthcare Children and Young People's conference planned for October 2018.

Governance

- The service used a systemic approach to continually improve the quality of its services.
- At the previous inspection of the children and young people service in August 2016 there was no representation from the children's and young people's services in the hospital governance processes. Governance processes, at that time, did not support quality monitoring of the children and young people's service.
- At this current inspection we found governance of the children's and young people's service was embedded into the governance's processes for the whole hospital. The lead CYP nurse was fully involved in the planning and development of the children and young people's services at the hospital. They were deemed by the hospital as an appropriate, qualified and experienced registered children's nurse to carry out this role.
- There was a lead CYP anaesthetist who coordinated and oversaw the anaesthetic services for children at the hospital, this meeting the Guidance on the provision of paediatric anaesthesia service 2015 published by the Royal College of Anaesthetists.
- The lead paediatrician represented the CYP service in the Medical Advisory Committee (MAC) meetings. The MAC had role in reviewing consultant contracts, maintaining safe practicing standards among consultants and clinicians and granting practicing privileges. Each consultant, who treated children and young people had to carry out an annual review with the senior management team, where data on their clinical performance was reviewed. There was also representation from the MAC during this process and sign off. Practicing privileges for consultants who treated children and young people were reviewed annually, and where required practicing privileges were suspended until the clinician demonstrated their ability to deliver that specific service and had completed the required training. This also included obtaining assurance that the clinician held appropriate indemnity insurance that that met the Healthcare and Associated professions (Indemnity Arrangements) order 2014. Review of records of the MAC meetings showed this occurred.
- Review of the MAC meeting records, showed there was a dedicated agenda item for the CYP services, which included review of consultants practicing privileges, staffing, new policies and procedures and review of any incidents.
- The CYP lead nurse compiled quarterly governance reports (known as matron's reports), that ensured effective reporting back to the hospital's governance processes. The governance report included an overview of the service which included inpatient and outpatient activity, identified risks, audits and associated action plans and complaints. This meant the senior management of the hospital had a good understanding of resulting learning and action from incidents and audits and complaints in the CYP services. This in turn, fed into the corporate governance reporting systems.
- CYP steering group meetings were held six monthly and attended by the CYP lead, the hospital director, matron and representative from theatres, outpatients, radiology, physiotherapy, recovery and the bookings team. We reviewed the record for two of these meetings. These included review of the bi-annual clinical governance report, quarterly CYP service report, review of incidents, review of complaints and concerns, and reviewed of patient outcomes as demonstrated by the paediatric score card.

Managing risks, issues and performance

- The service had effective systems for identifying risks and planning to eliminate or reduce risks.
- At the previous inspection in August 2016 the CYP services did not own or manage all risks, issues and performance relating to children and young people using the hospital. At this current inspection we found the management of the risks, issues and performance relating to children and young people was owned by the CYP service and managed by the CYP lead nurse. The CYP lead nurse had full oversight of the service including all risks to the service and all incidents that occurred. The CYP service held its own risk register. Review of the

risk register showed there were 19 risks identified across the CYP service. The register detailed who was responsible for the management of the risk, when the risk was identified and when the next review date was.

- Items on the service risk register matched the risks staff spoke about. Some included risks associated with the environment for example risks to children from cord pulls and plant tubs in the outpatient areas, and others related to the running of the service, such as staffing and caring for a child or young person in a single side room.

Engagement

- The service engaged with patients, staff, public and other health care providers to help plan and develop its services.
- At the previous inspection in November 2016, there were limited processes to engage with and gather feedback from children of all ages who attended the hospital. At this current inspection we found 'how was your visit to hospital' survey forms were given to all children who attended the hospital, whether for an outpatient appointment, day case or overnight admission. There were different forms for children of different ages. The service also used the pants and tops system for children to give feedback about their admission to hospital. Children and young people wrote or drew what was 'pants' (bad) and what was 'tops' (good) about their experience on blank paper pants and tops. These were pegged onto a pants and tops washing line in the children's ward. Records from quarterly governance matron reports and the CYP steering group meetings showed staff acted on the results of these services and made changes to practice where possible. This included educating staff about the importance of management of pain, as one of the most frequent 'pants' comments were about the pain experienced by children.
- All staff we spoke with across the hospital felt fully engaged with the CYP service. The CYP lead had contributed to a national intranet page that included child related documents including all the key policy documents and other useful information. Contact details for the CYP lead, the organisation CYP lead and other relevant staff were displayed in all clinical areas. Staff said they could contact them at any time for support and advice.
- The service engaged with local stakeholders. For example, in February 2018 the CYP lead nurse held a presentation for the local GPs to inform them about the CYP services at the hospital and to seek their views about any service they thought the hospital could provide.

Learning, continuous improvement and innovation

- The service was committed to improving services by learning from when things went well and when they went wrong and by promoting training and innovation.
- The service was forward planning and looking at how they could grow the children and young people's services at the hospital. Marketing strategies were being developed to ensure the local community knew children and young people's services were delivered at the hospital.
- The service was looking to develop other children's services, including urology and travel clinic services.
- The service was liaising with the local NHS acute services, to identify areas they could support the NHS service with.
- There was a joined-up approach to developing the children and young people's service across the Spire Healthcare hospitals. This was evident in the overarching hub and spoke approach to delivering CYP services.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure staff record any reasons for not completing formal observations on children and young people and ensure staff record any visual observations carried out as an alternative to formal observations.
- The provider should consider carrying out audits of the quality of medical outpatient records completed by consultants and not held at Spire Clare Park hospital.