One Stop Doctors Ltd T/A OSD Healthcare

One Stop Doctors Ltd T/A OSD Healthcare

Inspection report

One Medical House
Boundary Way
Hemel Hempstead
HP2 7YU
Tel:

Date of inspection visit: 13 September and 4 November 2021
Date of publication: 13/12/2021

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated this location as good because:

- People were protected by an effective safety system, and a focus on openness, transparency and learning when things went wrong.
- Staff took a proactive approach to anticipating and managing risks to people who used services. This was embedded and was recognised as the responsibility of all staff.
- Staff could discuss risk effectively with people using the service.
- Compliance with medicines policy and procedure was routinely checked and action plans were always implemented promptly.
- There was a genuinely open culture in which all safety concerns raised by staff and people who used the service were highly valued as being integral to learning and improvement.
- All staff were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting showed the levels of harm, which ensured a robust picture of quality.
- Learning was based on a thorough analysis and investigation of things that went wrong. All staff were encouraged to take part in learning to improve safety as much as possible. Where relevant, staff participated in local and national safety programmes. Opportunities to learn from external safety events were identified.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- People were respected and valued as individuals and empowered as partners in their care, and emotionally.
- Feedback from people who used the service, those who were close to them was continually positive about the way staff treated people. People thought that staff went the extra mile, and their care and support exceeded their expectations.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive.
- People accessed services and appointments in a way and at a time that suited them. Technology was used innovatively to ensure people had timely access to treatment, support, and care.
- The leadership, governance and positive safety culture were used to drive and improve the delivery of high-quality person-centred care.
- There was compassionate, inclusive, and effective leadership at all levels. Leaders showed high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning.
- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges, and priorities in their service.
- The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.
- There was a systematic and integrated approach to monitoring, reviewing, and providing evidence of progress against the strategy and plans. Plans were consistently implemented and had a positive impact on quality and sustainability of services.

However:

Summary of findings

- Patients did not have pressure ulcer risk scores or Malnutrition Universal Screening Tool scores. The tool was approved to be used and was with the printers.
- Medication administration records did not include the age or weight of patients. Patient's age and weight were recorded in the patient records and nationally recognised medication charts were approved to be used and the document was with the printers.
- Staff were not given consistent or documented one to one supervision across the entire service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This is the first time we have rated this service. We rated it as good overall. We rated this service as good because it was safe, caring, responsive, and well led. We do not currently rate effective for Outpatient services.
Services for children & young people	Good 	Children and young people were a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section. We rated this service as good because it was safe, effective, caring and responsive, and well-led.
Outpatients	Good 	Outpatients is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the main report.
Diagnostic imaging	Good 	Diagnostic imaging was the most established service which accounted for a large proportion of the hospital activity. Where arrangements were the same, we have reported findings in the surgery section. We rated this service as good because it was safe, effective, caring and responsive, and well-led.

Summary of findings

Contents

Summary of this inspection

Page

Background to One Stop Doctors Ltd T/A OSD Healthcare 6

Information about One Stop Doctors Ltd T/A OSD Healthcare 7

Our findings from this inspection

Overview of ratings 8

Our findings by main service 9

Summary of this inspection

Background to One Stop Doctors Ltd T/A OSD Healthcare

OSD Healthcare is a private hospital located in Hemel Hempstead, established in August 2016. One Stop Doctors Ltd is trading as OSD Healthcare. OSD regulated activities include:

1. Family planning services
2. Treatment of disease, disorder, or injury
3. Surgical procedures
4. Diagnostic and screening procedures

Nominated Individual: Ray Guirguis, Chief Executive Officer

Registered Manager: Ray Guirguis, Chief Executive Officer

The hospital has 12 consultation and treatment rooms, a purpose-built gym for physiotherapy and rehabilitation, four dental suites and specialist diagnostic imaging department.

The following services are provided to patients:

1. GP (General Practitioner) service
2. Diagnostic imaging: including CT (Computed Tomography), MRI (Magnetic Resonance Imaging), X-ray, US, and Mammography
3. Dental service: including CBCT and 3D implant diagnostics
4. Outpatient minor procedures and phlebotomy
5. Outpatient consultations with Consultants across a wide range of specialties
6. Physiotherapy

The hospital design met the needs of different patient groups with disabled access, lifts, a reflection room onsite, hearing loops and language line for translation services.

The Day Case Unit comprised of:

Two integrated theatres with laminar flow

Four recovery bays

Nine bed day case ward all of which are en-suite individual rooms

They are supported by an onsite pharmacy.

Key surgical specialties include:

- Urology/Gynaecology
- Breast Care
- Pain Management

Summary of this inspection

- Orthopaedics
- ENT/ Maxillofacial
- General Surgery/ Endoscopy

The main service provided by this hospital was surgery. We also inspected diagnostic imaging, outpatient and children and young people's services. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery core service report.

What people who use the service say

People who used the service regularly left feedback directly after their appointment using an electronic feedback system, verbally or electronic communication. We looked at the reviews which were overwhelmingly positive. For example, "an amazing GP, highly professional, friendly and reassuring," and "OSD provides a wonderful service… recommend to friends and family." Other patients emailed asking to pass on thanks to the doctor they saw for "excellent care" and "compassion."

How we carried out this inspection

The team that inspected the service comprised of five CQC (Care Quality Commission) inspectors. The inspection team was overseen by an inspection manager and head of hospital inspection. During our inspection, we visited all areas within the hospital.

We spoke with members of staff, including nurses, doctors, consultants, physiotherapists, operating department practitioners, administration staff and senior managers. We saw the environment and care provided to patients and spoke with 11 patients. We reviewed 21 sets of patient records and 10 medication administration charts. We also looked at a range of performance data and documents including policies, meeting minutes, audits, and action plans.

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

This was the location's first inspection since registration with CQC.

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

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Diagnostic imaging	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

Are Surgery 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.

Staff received and kept up-to-date with their mandatory training. Records we reviewed as part of our inspection demonstrated 94% of staff had completed mandatory training. Staff we spoke with told us it was easy to access mandatory training which was provided both electronically and face-to-face for practical skills. However, there had been some challenges due to COVID-19 restrictions. Face to face training, such as moving, and handling of people and life support courses were a challenge due to limited capacity because of social distancing. External providers had cancelled training due to the challenges of the pandemic. Leaders had appointed new course providers and all outstanding training has been booked for completion.

The mandatory training was comprehensive and met the needs of patients and staff. Records showed mandatory training covered essential subjects such as moving and handing, infection prevention control and equality and diversity awareness and life support training. Staff completed a wide range of additional and more specialist mandatory training. For example, anaphylaxis training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers monitored and alerted staff to when training was due using a mandatory training matrix. The matrix listed mandatory training requirements for all staff including bank and agency staff and alerted leaders when updates were required.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received safeguarding training specific for their role on how to recognise and report abuse.Training records showed all staff completed safeguarding adults and children training. All clinical staff were trained to level 3 and the safeguarding leads trained to level 4. Those working under practicing privileges provided evidence of compliance with their training.

Good

Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with demonstrated a good understanding about safeguarding adults and children, including, how to identify adults and children at risk of, or suffering harm from abuse or neglect. Staff had access to an up to date safeguarding policy that clearly outlined procedures for managing and dealing with safeguarding concerns.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.There was a safeguarding lead who supported staff in raising safeguarding alerts which helped with a consistent approach. Staff from all departments had processes in place for staff to escalate any safeguarding concerns with their manager who acted in line with the local safeguarding policies and procedures.

Staff followed safe procedures for children visiting the service. Children were accompanied by a responsible adult who were able to wait with them.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff spoke with confidence about actions they would take to safeguard patients from harassment and discrimination. The hospital had policies in place which set out the expectations of staff.

Cleanliness, infection control and hygiene

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

Staff had access to an up to date infection control policy to help control infection risk. Additional protocols were in place in response to the pandemic. There were visible adaptations for the arrival of staff, patients, and visitors at the hospital to limit the risk of cross infection, for example temperature checks and one-way systems.

All staff completed mandatory infection prevention and control training and audits took place to assess compliance. All audits looked at showed 100% compliance. The service employed an infection prevention control lead to oversee infection prevention control and ensure systems and processes were in place to maintain standards.

Staff cleaned equipment after each patient contact and labelled equipment to show when it was last cleaned. ‘I am clean’ stickers were used to identify equipment that had been cleaned and was ready for use. In the operating theatres there was a clear process to prevent sterile equipment from contamination. There was a service level agreement in place for external instrument cleaning and sterilisation and for daily theatre cleaning.

The ward was visibly clean and cleaning schedules were in place. Each room had daily touch point cleaning even when they were not in use.

Staff worked effectively to prevent, identify and treat surgical site infections. Staff screened patients for healthcare associated infections prior to admission to minimise the risk of surgical site infections such as MRSA (Methicillin Resistant Staphylococcus Aureus) following their procedure. The hospital followed up patients post-operatively to detect any surgical site infections, this was in line with national guidance.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The environment and equipment were visibly clean. Infection prevention and control (IPC) environmental audits from March to August 2021

showed 100% compliance. Hand hygiene audits from March to August 2021 showed 100% compliance. The audits with actions were shared at departmental staff meetings. Despite the overall compliance rates, we saw where staff had identified learning from audits. This was recorded in audit feedback documentation which was shared with staff for learning and improvement purposes.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. An external cleaning company were employed. Cleaning staff used electronic devices to access and record cleaning schedules. Staff also completed paper cleaning checklists in each room to record completed tasks. These were fully completed. We looked at the service cleaning specification and cleaning audits from March to September 2021. Records showed cleaning had been completed without gaps from March to September 2021. All audits recorded 100% compliance with good housekeeping standards. We saw documented concerns from surgery staff about the quality of cleaning and meetings arranged with supervisors to ensure improvements.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service had an infection prevention control (IPC) board assurance framework. Staff used the framework to focus their attention on infection prevention and control supported by evidence for compliance, gaps, and associated mitigations. For example, national guidance had been followed in the use of disinfectants used to meet BSEN 1276. Where gaps were identified, mitigations were in place, for example, there was no sink in a specialised room, however mitigation in place took the form of hand sanitisers in the room while awaiting works completion for that room.

Staff wore uniforms or surgical scrubs with short sleeves, so they were bare below the elbows. We saw that staff used PPE, such as face masks, aprons and gloves and disposed these correctly.

Anyone entering the building had their temperature taken using a thermal imaging screen. There was guidance and training for staff about the use of appropriate personal protective equipment. Hand gel was available throughout the hospital. Signs were displayed throughout requesting people entering the unit to sanitise their hands with gel and social distance. Observations demonstrated staff followed infection control in line with national guidance.

Leaders used an IPC dashboard to record and monitor IPC risks. We saw that an increased risk of legionella had been recorded with an assigned responsible person to ensure controls were in place to mitigate against the risks. All recorded risks had a due date for review and progress narrative to highlight updates.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Equipment was cleaned between patients and there was guidance on which cleaning products to use. When not in use, machines were labelled with 'I am clean' stickers. In theatres we saw separate areas for equipment delivered by sterile services and a collection area for used instruments. Theatres had service level agreements in place for external instrument cleaning and sterilisation and for daily theatre cleaning.

Environment and equipment

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

The hospital had a surgical ward with nine recovery pods, which were fully enclosed rooms with en-suite toilet facilities located on the ground floor with a designated lift to theatres. The theatre department was equipped with two laminar flow theatres.

Good

Surgery

All areas were accessible through the main reception. Waiting areas were spacious with comfortable chairs and sofas. There were double doors in the waiting area that led to an outside space which was also comfortable with seating.

The design of the environment followed national guidance. The service had a clear patient flow through the ward and theatre. The theatre department was designed to prevent contamination of clean areas with a one-way system for instruments and staff through each theatre.

Patients could reach call bells and staff responded quickly when called.All patient recovery pods on the ward and the recovery bays in theatre had working patient call bells located at the bedside. Staff ensured call bells were within reach of patients.

Staff carried out daily safety checks of specialist equipment. Staff completed daily and weekly checks of resuscitation, difficult intubation, and malignant hyperthermia trolleys in theatres. We saw from records these checks were completed without gaps from June to August 2021. We found the same for the resuscitation trolley on the ward where all resources were in date.

The service had suitable facilities to meet the needs of patients' families. The ward had an entrance separate from the main hospital to maintain social distancing and patient cohort separation. Each patient recovery pod was equipped with a wall mounted television, wall mounted observation machine and two chairs as well as a theatre trolley.

The service had enough suitable equipment to help them to safely care for patients.The service had enough theatre equipment. We reviewed equipment such as anaesthetic machines, patient warming devices and diathermy equipment which was up to date with servicing and portable appliance testing. We reviewed clinical observation machines and electric theatre trolleys on the ward and found these were up to date with servicing and testing. Estates and Facilities were a commissioned service to ensure the safety of the premises. A contract was in place with other providers, including a local NHS trust to service and maintain medical devices.

Staff disposed of clinical waste safely. Staff managed waste effectively. Waste was separated and disposed of correctly and safely. For example, needles, domestic and clinical waste were all disposed into separate bins. There were service level agreements in place for waste collection. Staff used clinical waste bins and sharps bins and could explain how these were collected and the differences in waste disposal for liquids and sharps. Sharps bins were closed between use to avoid spillage, labelled, and stored in line with national guidance. There were audits to monitor waste management, and these showed staff were following guidance correctly.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The hospital used the National Early Warning Scoring (NEWS) system to record the clinical observations of patients. NEWS was a nationally recognised scoring process which provided staff with an objective score to identify and escalate concerns about a deteriorating patient. We reviewed five sets of patient records which demonstrated that staff had correctly completed the scoring.

Good

Surgery

Staff knew about and dealt with any specific risk issues. Staff used a sepsis screening tool and could explain how to use the tool, including who to escalate to when assessing a potential deteriorating patient. The hospital had a deterioration patient policy in place alongside service level agreements with two local NHS trusts for the emergency transfer of deteriorating patients.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff completed risk assessment for all patients admitted for day case surgery, these included Venous thromboembolism (VTE), and falls risk assessments. Risk assessments for pressure ulcers and malnutrition had been signed off by the board including Malnutrition Universal Screening Tool (MUST), modified Waterlow pressure ulcer risk assessment tool and moving and handling assessments. These additional assessments were with a printing firm and due to be launched with staff in October 2021.

Staff escorted patients to all clinical areas. Only those permitted do so could access scanning areas which were controlled by secure doors.

Staff knew about and dealt with any specific risk issues. Staff did this by carrying out pre-operative assessments. Staff provided us with examples of patient risks and how they would manage them. For example, if there were co-morbidities, then patient details were sent to a clinician, for example the anaesthetist to review. Staff carried out further assessments to bridge any risk information gaps. Staff followed national guidance in relation COVID-19. For example, patients were swabbed and then isolated for 48 hours before attending. Staff had access to appropriate resources to manage patient risks while in the hospital, for example, staff had access to an anaphylaxis box in all clinical areas.

Records demonstrated that staff had completed various assessments for risk. For example, VTE risk assessment which were signed by the consultant responsible for the care of each patient. We saw prescribed actions to mitigate the risks to patients such as use of intermittent pneumatic compression or anti-embolic stockings.

Staff shared key information to keep patients safe when handing over their care to others. Staff attended daily safety huddles specific to their area to assign roles, outline expectations and carry out safety checks. Staff completed appropriate documentation to ensure a written record was accessible to staff at handovers. For example, staff carried out safety checks of resuscitation bleeps, confirmed trolleys had been checked, addressed staff concerns and planned the day based on attendances to the hospital that day. In addition, staff were clear about who to escalate concerns to if required.

The executive team, managers and where appropriate deputies attended a daily hospital safety huddle. The purpose of this leadership huddle was to ensure sharing of hospital information to ensure optimal flow. Plan staffing, allocate areas of responsibility, discuss daily activity including patient attendances, incidents, and health safety.

Nursing staff completed patient pre-assessment appointments by telephone and escalated any concerns to the lead anaesthetist who was responsible for agreeing the admission. The patient record moved with the patient from the ward to theatre and back to the ward. Following surgical procedures, recovery staff provided a full hand over of the patient to the ward staff.

Theatres participated in the World Health Organisation, five steps to safer surgery check list. We saw that staff completed all stages correctly. Theatre staff participated in theatre list briefings led by the consultant and attended by the anaesthetist. The same team completed a debrief at the end of the list for learning, reflections, and escalation of any concerns.

Good

Surgery

Shift changes and handovers included all necessary key information to keep patients safe. Staff completed standard proformas that included detailed information to plan and help keep people safe. The proformas included whether children were due to attend, appropriately qualified staff were on shift, allocation of lead roles such as defibrillator lead.

Surgery operated day case only procedures. They opened from 7:30am until 8pm Monday to Friday. The Hospital used the American Surgical Assessment (ASA) criteria to assess the suitability and safety of patients admitted for surgical procedures. The hospital had a policy which stipulated that all admitted patients had to meet specific criteria set out by ASA. Anaesthetists had to agree all surgical admissions following a pre-surgical assessment.

Staffing

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

The service had enough medical, nursing and support staff to keep patients safe. We looked at three months of staffing levels, including sickness and vacancy rates. Actual staffing level was 85% of planned establishment with minimal reliance on agency staff. Non-clinical departments were at 94% of establishment and clinical departments 79% of establishment. Data from the leadership team demonstrated a high vacancy rate from June to August 2021 based on planned and budgeted additional staff for the new theatre service. At the time of inspection, surgical staffing exceeded the required number based on volume of surgeries planned. Staff sickness levels were low; 2.7% being the highest over a 3-month period.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. Theatres planned staffing in line with the Association for Perioperative Practice (AfPP) guidelines. Each procedure was planned and had a team of three scrub staff and two recovery trained staff. Off duty rotas demonstrated that the service had the numbers of staff to meet the guidelines.

The service had enough medical staff to keep patients safe. Managers provided us with the number of medical staff granted practicing privileges to work at the hospital. Surgery employed 13.8 whole time equivalent theatre staff and 7.2 whole time equivalent ward staff with no vacancies. Managers used a data base to track that records were maintained and kept up to date.

The ward manager could adjust staffing levels daily according to the needs of patients. The hospital held planning meetings in advance of patient admissions and attendances. This was to ensure staffing was planned to the expected departmental activity.

The service had low vacancy rates. The service had low vacancy rates for the level of activity within the hospital. The service was expanding the scope of procedures with new consultants undertaking practicing privileges and the hospital had advertised vacancies in preparation for increased activity.

The service had low rates of bank and agency nurses. The service had access to bank staff and used these staff members only when permanent staff were unavailable to cover shift due to sickness or annual leave. Agency staffing were used and formed 8% of the departments staffing from June to August 2021. Two of those agency staff were radiographers and were recruited to vacant roles. One of which had already joined on a permanent contract.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The hospital had an approved agency to supply staff, although the service had not used agency staff prior to the inspection.

Managers made sure all bank staff had a full induction and understood the service. All bank staff had the same recruitment process and induction as permanent staff. In theatres all bank staff had to complete competencies for their role.

Records

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

Patient notes were comprehensive, and all staff could access them easily. We reviewed fifteen sets of notes, five of which were records for patients admitted for surgical procedures. All records demonstrated that patients had pre-operative assessments and that key risk assessments had been completed. Staff also kept clear records of postoperative care and the patient had been reviewed by the resident medical officer before discharge took place.

Patient records contained all relevant patient information, including interventions to be completed at initial visits and follow ups; patient history, medicines, assessments, and tests carried out, diagnosis and treatment plan. Patient allergy status was recorded. Records reviewed were accurate, comprehensive, and provided a clear picture of the care and treatment each patient received from their initial contact through to discharge. Patient follows up after discharge was recorded before records were archived.

When patients transferred to a new team, there were no delays in staff accessing their records. The hospital used a paper-based and electronic patient records system. Where paper records were used, we saw that they moved with the patient. This meant all staff had access to the information they needed to safely care for patients.

Records were stored securely. Staff with the right access privileges could access electronic records security. Patient paper records were stored securely in staff areas only on the ward when they were not in use by staff in the care of patients.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording, and storing medicines. The service had comprehensive systems in place to monitor medicines stock levels. All medicines near their expiry dates were highlighted in yellow. Staff completed monthly medicines stock takes and records demonstrated what medicines were in each area, the quantity, and the expiry date.

Theatres had a biometric key safe which was programmed with levels of permissions, for example the theatre porters were only able to access keys to equipment storage areas and the waste facility, they could not access keys to medicines cupboards. The key safe logged who had taken keys and the time frames that the keys were in use. This meant managers could quickly identify staff who had accessed medicines if there were any incidents related to medicines.

The service used a Home Office approved controlled drugs cupboards and kept comprehensive records to track the use of controlled drugs. Staff completed controlled drug reconciliation twice daily, records we reviewed showed these had taken place without gaps, stock we checked matched the records.

Staff completed daily temperature checks of medicines fridges. Records demonstrated these checks had taken place without gaps. The hospital was in the process of implementing remote fridge temperature monitoring system. Managers aimed for the system to be fully implemented by October 2021

We reviewed five medication administration record charts which were completed correctly, dated, included allergies and signed for each medicine. The records demonstrated that staff had administered medicines as they had been prescribed.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Consultants reviewed patient prescription charts following their surgical procedure and prescribed medicines for the patient to take home upon their discharge. Ward staff provided discharge medicines packs after a thorough checking process and counselled patients what the medicine was and how it should be taken.

Incidents

The service managed patient safety incidents in a genuinely open culture. Concerns raised by staff and people who used the service were highly valued as being integral to learning and improvement. Managers investigated incidents sometimes with external professionals from local NHS trusts. We saw shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. For example, we saw documented discussions at medical meetings regarding a rare incident reported where Duty of Candour was carried out in correlation with a local NHS trust and clinician. A review was completed and changes to policy were made.

Managers ensured that actions from patient safety alerts were implemented and monitored. We saw a list of alerts aligned with actions to ensure the alerts had been reviewed.

Learning was based on analysis and investigation of things that went wrong. All staff were encouraged to participate in learning to improve safety as much as possible, including working with others in the system and where relevant, participating in local, national, and international safety programmes. Opportunities to learn from external safety events were identified. We saw examples of shared learning with and from other healthcare providers in documentation. We saw references to learning from national safety enquiries changes in approach because of those recommendations.

Staff raised concerns and reported incidents and near misses in line with the service policy. Staff reported 114 incidents from March to August 2021. Staff reported 105 incidents in line with policy. Nine of the reported incidents were rejected. 81 incidents were recorded as no harm. Data provided showed that incidents affecting the organisation were mostly related to Information Technology systems. Incidents affecting persons were diagnostic process and procedures and one incident related to a member of the public who attended the service displaying symptoms of COVID-19 and had their appointment rearranged.

The service had no never events.

Staff reported serious incidents clearly and in line with trust policy. Trained staff carried out scoping exercises to investigate potential serious incidents. We looked at two root cause analysis (RCA) reports and saw comprehensive reviews with decided level of harm, actions, learning and improvements as a result. For example, one RCA where low harm was indicated concluded additional training and competency assessments to improve outcomes. Leaders shared recommendations with staff during team discussions and one to one meetings with staff.

Good

Surgery

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. All staff knew their responsibilities in relation to Duty of Candour; a legal duty to inform patients (or other relevant persons) of 'certain notifiable safety incidents.' We looked at one example where the duty to inform a patient had been followed and saw that staff were always keen to be open and transparent with people if things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw evidence of this recorded in documentation, in conversations with staff and electronic communication.

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients, and visitors.

Leaders did not routinely collect data in relation to the NHS Safety Thermometer which had been taken over by Patient Safety Measurement Unit. Staff recorded and measured harm using an electronic incident reporting system to identify trends and take action to make improvements.

Staff at the hospital did not yet submit incident data to the national reporting system, however they were working towards submitting data to the Learning from Patient Safety Events (LFPSE) service.

Are Surgery effective?

Good

We rated effective as good.

Evidence-based care and treatment

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

There was a comprehensive approach to assessing, planning, and delivering care and treatment to all people who used services. Patients and staff we spoke with gave us examples of being seen for a consultation and referred immediately for diagnostic testing or to a dietitian, psychologist or physiotherapist for specialist ongoing treatment and support.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All policies we looked at referenced up to date national guidance. For example, National Safety Standards for Invasive Procedures 2015. All policies also included equality impact assessments and the Venepuncture and Peripheral Venous Cannulation Policy referenced Standard Infection Control Precautions Policy and Mental Capacity Policy. In addition, each policy also indicated training requirements for staff and that evidence should be contained within staff files and updates to be highlighted as ongoing training need.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives, and carers. All patients had a holistic nursing assessment which was completed during their preoperative assessment and checked again on admission. This assessment included physical, psychological, and social needs of patients. All patient records we reviewed demonstrated these assessments had taken place.

Good

Surgery

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service adjusted for patients' religious, cultural, and other needs.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. The hospital offered patients a meal following their surgery and patients had a choice of sandwiches, soups and light meals which took account of any allergies or dietary needs.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. Staff recorded that patients had eaten after their procedure. The service did not routinely record fluids and food on charts due to the nature of the service provision of day case procedures.

Staff did not use a nationally recognised screening tool to monitor patients at risk of malnutrition at the time of our inspection. However, the hospital had developed their own screening tool while they awaited delivery of their order of Malnutrition Universal Screening Tool from the printers. We were told that there was limited impact on the safe care of patients at the time of our inspection as the hospital provided day case procedures for patients in scope of the American Surgical Assessment level one and level two, low-risk patients.

Specialist support from staff such as dietitians and physiotherapists were available for patients who needed it.

Patients waiting to have surgery were not left nil by mouth for long periods. Staff provided patients with information about fasting times and followed the requirements of the anaesthetists caring for each patient for preoperative hydration.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Each of the patient records we reviewed had pain assessment and plan of care to ensure patients experienced minimal levels of pain. Patients were given a pain relief diary to track the effectiveness of pain injections over a six-week period. The detail was shared with the consultant to monitor effectiveness.

Patients received pain relief soon after requesting it. Records demonstrated that staff monitored patient pain levels at the same time as monitoring their clinical observations. The records showed that pain relief had been administered when needed.

Staff prescribed, administered, and recorded pain relief accurately. Medication prescriptions and pain assessments demonstrated that staff administered pain relief when patients required it and that staff checked that the pain relief was effective.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

Good

Surgery

The service participated in relevant clinical audits. Staff used an audit programme planned over the year to carry out and lead planned audits. Audit feedback was shared with departments at monthly team meetings. We looked at the team meeting minutes and discussions with staff that confirmed that audits outcomes were shared with staff.

Leaders and staff used results from audits to improve patients' outcomes. We looked at range of audit outcomes. For example, we looked at a *Venous thromboembolism*, (a term referring to blood clots in the veins) audit for June 2021. There was a summary of the key findings and conclusions. The audit identified 100% compliance, it referenced the National Institute for Health and Care Excellence guidelines NG89 and demonstrated how a patient's outcome had improved as a result. For example, a patient was discharged with mechanical and pharmacological prophylaxis as their mobility may have the potential to be reduced as a result of treatment.

Leaders and staff carried out a comprehensive programme of repeated audits to check improvement over time. Audit documentation had review dates and the audit programme was planned for future audits to ensure regular improvements over time. For example, we saw that a pharmacy audit in July 2021 had a further audit planned the following month to check for improvements.

Leaders used information from the audits to improve care and treatment. We looked at clinical audit and effectiveness minutes from March to August 2021 and saw audit outcomes and recommendations were discussed. Audits detailed key findings, results, and conclusions. Audits ranged from waste management, pre-operative assessments, nurse assessment documentation and turnaround time for radiology reporting. Managers discussed planned future audits, action logs and audit triggered practice development and training.

The service had an audit schedule in place. The local programme of audits included audits such as the World Health Organisation five steps to safer surgery, cleanliness, and hand hygiene. Managers monitored the results and used these to drive improvement where required.

Improvements were checked and monitored. Leaders attended clinical audit and effectiveness meetings where they reviewed dashboards and discussed progress against the audit action log. Staff discussed key findings from audits at departmental Meetings.

The service did not have any accreditations. However, managers had plans for an endoscopy service in the future. The service was registered and was developing the requirements for Joint Advisory Group (JAG) accreditation.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. However, one to one supervision for surgery staff was in the planning stages and not yet implemented.

The continuing development of the staff skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Where relevant, volunteers are proactively recruited and are supported in their role.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. All new staff, including agency received a corporate induction and local induction. Staff received mandatory training and work-based competencies. Staff also had opportunities to undertake formalised courses to improve their knowledge. Many staff had additional specialist qualifications, for example, the physiotherapist had advanced qualifications that meant they could offer patient injections for symptom relief.

Good

Surgery

All staff we spoke with talked to us about being funded to achieve specialist training and afforded protected time to complete the training. For example, one nurse told us that they were trained as a breast cancer specialist and in phototherapy.

Managers gave all new staff a full induction tailored to their role before they started work. All staff had competencies to be signed off during their local induction period. Managers we spoke with told us that more experienced staff with existing competencies from other providers were observed and signed off to ensure the standard of their practice met the needs of the service.

Managers supported staff to develop through yearly, constructive appraisals of their work. Managers we spoke with had planned annual appraisals, most of the staff employed within surgery had not been in post for a year as the service started operating in December 2020.

Leaders told us that the annual appraisal period was normally September/October, this meant appraisals were due. Completion rate for the last appraisal cycle was 80.32% excluding those who were within their probationary period. The service saw a high level of recruitment and 34% of staff had less than one year in service. The newly appointed managers received appraiser training. The programme prepared them to take a structured and consistent approach to appraising staff. All new staff were provided with an induction plan, objectives, and regular performance reviews as part of the probationary process.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary team meetings to discuss patients and improve their care. There were a wide range of departmental meetings, all of which took place regularly and were recorded. The meetings were robust and shared detail from other internal and external meetings. For example, shared learning from local NHS trust and internal meeting such as the Imaging Department Discrepancy meetings. Staff shared feedback from audits and shared learning from interesting cases during these meetings, all of which were documented.

A wide range of specialist's consultants were accessible as well as access to diagnostic tests and treatment. For example, an orthopaedic consultant could carry out an examination, then diagnostic imaging could take place followed by appropriate surgery; all within the hospital.

The hospital had service level agreements in place with local NHS trusts for emergency transfers in the event of a deteriorating patient and worked together to share patient information to ensure safe transition.

Seven-day services

Key services were available to support timely patient care.

The hospital operated seven days a week with a range of medical staff on site.

The hospital offered day case procedures five days a week (Monday to Friday). The surgical ward opened from 7am to 8pm, for patients admitted for day case procedures. Consultants reviewed their patients prior to leaving the site for the day to ensure they were recovering from their procedure as expected. The resident medical officer was on-call throughout the opening hours.

Good

Surgery

Staff could call for support from doctors and other disciplines during opening hours and when closed. The service had a staff rotation of senior nurses who undertook an on-call system when the service was closed, and patients could contact them at any time. Patients were triaged by a nurse over the phone and if necessary, advised the patient to return in the morning or go to urgent and emergency care. The on-call nurse also had the consultant's contact details and could call if required.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests. The outpatient's department was open7.30am to 8.30pm Monday to Friday and 8.30am to 4.30pm Saturday and 9am.30-2.30pm on a Sunday.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their responsibilities to escalate any concerns that a person did not have capacity to consent to their treatment. Staff we spoke with told us they asked patients what treatment or procedure they were expecting. Consultants completed the consent process on the day of the procedure.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. Patient records contained correctly completed and signed consent forms for each of the patient records we reviewed wishes, culture and traditions.

Staff made sure patients consented to treatment based on all the information available. The completed consent forms we reviewed clearly set out the risk and benefits of the planned procedure which was discussed and signed by the consultant and the patient.

Are Surgery caring?

Good

We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff we spoke with were passionate about providing a positive experience for patients. Feedback received by the hospital from patients consistently reflected this. Patient feedback included the following comments: "the whole team were faultless" and "very caring staff," "staff went above and beyond."

Good

Surgery

Patients said staff treated them well and with kindness. We reviewed feedback from patients where they felt staff had gone beyond their expectations. One example was “Every member of staff went above and beyond to help me deal with my phobia of hospitals.” Another patient fed back “impressed at how well I was looked after. Nothing felt like too much trouble.”

Staff followed policy to keep patient care and treatment confidential. The ward area had individual rooms which allowed patients to have private conversations with clinicians. We saw doors to patient rooms were closed when patients received personal care to maintain their privacy and dignity. Staff knocked on doors before entering. Blinds were used to offer patient privacy during procedures such as cannulation and changing into gowns. Gowns were worn in clinical areas only.

The service had an up to date chaperone policy that stated a chaperone must be present for any consultation or intimate procedure. Patients were offered a chaperone for all appointments. There were clearly displayed chaperone messages to prompt people who used the service to request a chaperone on reception and each desk in the consultation rooms.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff supported patients with phobias of needles and of hospitals to provide a positive experience. Another patient wrote to the hospital to thank the staff member “who held my hand and chatted to me during my procedure was great help and was very kind.” We saw staff care for patients with kindness. Staff were observed to be friendly and engaged while providing treatment.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. Staff tailored care, based around patients personal and cultural needs. Staff completed a holistic assessment of needs during the pre-assessment appointments.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw examples of patient feedback which demonstrated that staff had gone the extra mile to support their patients.

Staff demonstrated empathy when having difficult conversations. Staff we spoke with provided accounts about how they supported patients during difficult conversations, and they demonstrated empathy recounting patient’s stories. We saw a wealth of patient feedback which confirmed this.

Staff understood the emotional and social impact that a person’s care, treatment, or condition had on their wellbeing and on those close to them. A psychologist was employed and offered to support patients who required it. Support was offered in all interactions to both patients and their families.

Understanding and involvement of patients and those close to them

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

Patients gave positive feedback about the service. The service routinely received praise and feedback from their patients. This feedback was displayed in staff areas. This included accounts of how staff had gone beyond the expectations of the patients. Patient feedback included comments such as “very warm and friendly, so easy to talk to.”

Good

Surgery

Staff made sure patients and those close to them understood their care and treatment. Patient feedback included comments such as “I was kept informed with clear expectations and made to feel comfortable and made comfortable by extremely friendly staff both in theatre and on the ward felt confident I was only being released when they were sure all was okay.”

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. Patient’s we spoke with told us that staff took their time to explain treatments and spoke in way that they could understand.

Staff supported patients to make informed decisions about their care. Patients we spoke with told us staff answered their questions to ensure that they had all the information they needed to make an informed choice about their care and treatment. Staff also provided information leaflets to patients about their procedure and the admission process.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We looked at friends and family results for the six months prior to our inspection. There were 93 responses, 92 were positive and 1 ‘don’t know’. Leaders told us the response rate was lower than average due to reduced attendances because of COVID-19. Patients were encouraged to use the tablets at reception and a ‘contactless’ option, where they could scan a QR (Quick Response) code to leave feedback. We were told by staff that this had been well received.

Are Surgery responsive?

Good

We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. Leaders worked collaboratively with local clinical commissioning groups (CCG) to help plan and develop services offered to the local population. Staff worked with local healthcare providers and met with them to plan patient care. Patients were referred by a range of NHS and independent healthcare providers, such as the local NHS hospital, GPs or independent hospitals. General opening hours were seven days a week from 8.00am until 8.00pm. This offered choice and flexibility to patients. Patients could visit the hospital or have a virtual consultation based on personal preference.

Facilities and premises were appropriate for the services being delivered. There was ample visitor parking situated directly adjacent to the hospital reception to allow ease of access. The hospital had comfortable and private seating areas including a separated section for additional privacy and an outside private space. There were accessible bathrooms and refreshments.

Meeting people’s individual needs

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

Good

Surgery

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. There was a hearing loop in the main reception and available throughout for those who were hard of hearing. Staff could access translation services using a language line for those whose first language was not English. There was appropriate wheelchair access including parking directly outside the entrance. There was lift access to the upper floor with wide corridors and room entrance to accommodate those with mobility aids. Bariatric equipment was available to support people having surgery and treatments.

The service did not have information leaflets available in languages spoken by the patients and local community. We did however see a range of appropriate leaflets available in the consulting rooms. For example, the ear nose and throat consulting room had leaflets on display about children's tonsil surgery, sinusitis, and hearing loss.

People could access a baby/breastfeeding room with handwashing facilities, disposable wipes and wipeable furniture.

Patients could access a well-equipped gym for rehabilitation and physiotherapy. The gym had lots of visual aids and anatomical models for the physiotherapist to explain a basic understanding of skeletal and muscular function and how both structure and function could be modified by exercises.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Waiting times from referral to treatment for NHS patients were monitored by the NHS trusts. Private patients were seen at a time of their choice. All patients we spoke with told us they were seen quickly and there were no long waits. The local NHS trusts provided staff with a list of patients to be seen six to eight weeks in advance to plan for theatre. Patients were offered a surgery date within 14 days or around the patient's availability.

Patient appointments were booked through a contact centre. Contact centre staff had a key performance indicator to monitor calls including call volume waiting time. Data provided demonstrated a consistent wait time of around 20 seconds over the previous seven months. Business volume and revenue were also monitored through weekly trackers which supported the addition of any required capacity to ensure minimal patient waiting time.

Staff contacted all patients two to three days following procedures to ensure they were recovering as expected and to discuss any concerns or issues they were experiencing. In the event staff had concerns they escalated these to the resident medical officer or consultant responsible for their care.

Learning from complaints and concerns

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

Patients, relatives, and carers knew how to complain or raise concerns. The hospital facilitated the opportunity to provide feedback. Staff and patients told us they were encouraged to give feedback and raise concerns. We looked at 75 complaints received from August 2020 to August 2021. Managers took a three-stage approach to resolving complaints.

Good

Surgery

Stage one being local Resolution, 64 of the 75 complaints were resolved at stage one. There was one complaint managed at stage two, this meant the complaint had been reviewed and was resolved. There were no stage 3 complaints. This meant there had been no referrals to the Independent Sector Complaints Adjudication Service, a recognised independent adjudicator for private healthcare.

Managers investigated complaints and identified themes. Complaints and actions were presented at the monthly Patient and Stakeholder Satisfaction Meeting. Data provided to us demonstrated a downward trend in complaints during the previous 12 months. Managers used the detail of complaints to identify themes, share learning and put learning into action to make improvements. We reviewed a complaints report for the period August 2020 to August 2021 that highlighted the type of complaint, method of feedback, whether it was upheld and action as a result. For example, staff instructed to send brochures in the post for those who did not want it emailed, apology made by a consultant and test refunds.

Managers worked with other healthcare providers to resolve complaints and concerns. We saw evidence of comprehensive investigations which was clear in our discussions with staff and our review of documentation. Leaders used innovative ways of looking into concerns, including using external people and professionals to make sure there is an independent and objective approach. For example, we saw joint working with a local NHS trust to resolve a concern where there was joint working. Leaders told us they worked with the local health economy and networks to share learning and make improvements.

Heads of departments reviewed risks and patient feedback data from incidents. They used the information for learning at monthly meetings. They provided individual feedback and to all staff at departmental meetings. Staff could view quality noticeboards that detailed learning from patient feedback. Lessons learnt from patient feedback and electronic feedback data was included within the Director of Clinical Operations and Governance Section of the Monthly Board Report. A standing agenda item on feedback was included within every bi-monthly Governance Committee meeting. Complaints and feedback were also discussed at departmental meetings.

Are Surgery well-led?

Good

We rated well-led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service was overseen by a healthcare board. The chief executive was supported by a senior management team both clinical and corporate. The senior management team were made up of heads of departments and team leaders. There was a director of clinical operations, associate director of quality and governance who was supported by a head of clinical services who oversaw the clinical leads, for example, the lead pharmacist.

The corporate leadership team consisted of a finance director and several corporate managers, for example, a HR (Human Resources) and procurement and facilities managers.

At operational level there were senior nurses overseeing the day to day running of clinical operations.

Senior leaders promoted a compassionate, inclusive, and effective environment. Leaders at all levels demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. We saw this demonstrated in staff qualifications, investment in leadership training and expertise, including higher level specialist qualifications.

There was an embedded system of leadership development and succession planning. We saw examples of staff promotions to more senior leadership levels. There were leadership strategies in place to ensure sustained delivery, including business continuity plans. Leaders had a good understanding of issues, challenges, and priorities in their service, and beyond. For example, leaders talked to us about their strategy for planning and sustainability for increased NHS referrals and growth of the new surgery service.

Managers we spoke with understood the priorities of the service and had plans to increase activity and the scope of the service. They understood the challenges with recruitment of staff to grow the service. We saw this documented in minutes of regular multidisciplinary meetings.

Staff mostly told us they felt well supported by their line managers and the senior leadership team. Staff reported the senior leadership team were supportive, accessible, visible and that they felt valued. Surgery was a new service with a fresh staff group including leaders. The team was not fully established, and some staff reported not being fully empowered to do their roles. The senior leadership team had plans to implement a supervision plan to support improved communication and clarity on roles and responsibilities.

Staff praised the new head of clinical services, and told us they were approachable, they cared about their work environment and wellbeing. Staff wellbeing events had been organised and were supported by the senior leadership team.

Vision and Strategy

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

The hospital had a Strategy for business dated August 2021. The strategy outlined the vision, mission, and values. The strategy outlined the strategic objectives, business plan and challenges for 2021/22, financial targets, quality, risk, and governance. The strategy was clear and the vision for the service was that patients were 'partners for a healthy life.'

The strategy was wide in scope. It listed the strategic objectives which included increasing their business to reflect changes in the local health economy. For example, the impact of COVID-19 and support provided to local NHS trust. The hospital had agreements in place to assist two local NHS trust with waiting lists for minor surgeries.

Plans had been implemented to expand surgical activity and increase the scope of the service to include endoscopy services and a quality clinical day surgical service and to maintain a regulatory framework to comply with relevant laws, policies and regulations. The service had employed a senior nurse to develop the endoscopy service and manage the application for Joint Advisory Group (JAG) accreditation.

Staff were involved in the development of the vision which was aligned to delivering the service's values. The vision and values were displayed throughout the hospital, including murals in public spaces.

Good

Surgery

Staff collaborated with the local CCG to align to local plans within the wider health economy. The aim was to reduce pressure on the local NHS hospitals and help reduce waiting times. Staff we spoke with knew and understood the vision, values and objectives for their service, and their role in achieving them.

Culture

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

All staff we spoke with told us they felt proud to work at the hospital and they felt able to raise their concerns.

Staff told us they felt valued, they were listened to and supported with the resources needed to do their job well.

We saw a commitment from the leadership team in supporting career progression and development of skills through training and qualifications. Leaders supported staff in gaining additional qualifications, both funded and protected time allocated to develop staff.

Governance

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

The hospital had a clear governance structure in place which facilitated board oversight of the service.

Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. The governance structure included a network of meetings with sub-committees and working groups. This provided a framework for safe delivery and effective oversight of the clinical and non-clinical services with clear information flow. The service had a robust governance system which enabled an effective flow of information from staff to leaders and back down to staff again.

Leaders were involved in several sub-committees and groups who had their own dashboards. The chair of the committee or group used the detail in the dashboards to review incidents, patient feedback, and risks. A chair led the clinical audit and effectiveness meeting which had its own dashboard to look at progress against compliance for audits. A new updated audit compliance dashboard has been created in September to replace the previous version. Leaders used a digital platform to translate to a governance dashboard for use at the governance committee, board and ethics group which were in the process of being established.

There was a wide range of well attended meetings to ensure regular governance oversight. For example, there was a medical advisory committee who met every three months. The membership of the committee across disciplines was good and the agenda was both corporate and clinical. Leaders discussed practicing privileges, key performance indicators, reviewed clinical incidents, risks and National Institute for Health and Care Excellence compliance.

The governance team accessed other digital platforms/dashboards for external providers such as estates and facilities to monitor performance against planned maintenance works. The governance team also had access to a compliance

assurance portal where dashboards were presented at Health and Safety Group meetings. The Private Healthcare Information Network (PHIN) provide information on private hospital. Leaders submitted PHIN data in November and the detail will show on the PHIN website in December to demonstrate how well the hospital are doing compared to other similar hospitals, for example, patient feedback and adverse events.

Management of risk, issues, and performance

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

Leaders clearly demonstrated a commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly. We saw this documented in minutes from meetings and discussions with staff.

Staff had access to up to date policies that followed national guidance to guide them in all aspects of their jobs. Staff carried out regular audits to review compliance with those policies. For example, we looked at associated reviews that measured, staff compliance against the Policy for Interventional Procedures diagnostic imaging. The outcome of the review was 100% compliance and the recommendation to complete a further review in 12 months.

Staff used a safety huddle strategy with clear terms of reference for a daily safety huddle within each department. The strategy clearly outlined roles responsibilities and protocols to manage risks and issues on a systematic daily basis. The daily safety huddle was where staff discussed activity, including planning for patients with additional needs. For example, the attendance of children, patients requiring assistance or those who had a disability or any other special requirement. In addition, staff resolved any equipment, environmental or IT issues to ensure staff had the tools to do their job.

Risks were managed using an electronic system and in line with the Risk Management Strategy and Risk Management Policy. Leaders had invested in developing the format of the risk register module within the electronic system to enable better visibility of risks and to be able to report risks against the strategic objectives that they impact upon. Each risk was allocated to a subcommittee or group for overarching review in addition to the department the risk related to. Risks were either active risks that had current actions in place and/or had not met their target risk grade or were managed risk assessments that were at target grade but used as part of local induction of risks within departments.

Managers kept a risk register for each department with a description of the risks, what control measures were in place, attached objectives and which committee or group it was attached to. This ensured that every risk was reviewed at regular intervals by appropriate staff to ensure monitoring and progress. For example, we saw an ongoing risk discussed in the Medical Advisory Committee meeting minutes. Staff continued reviewing and managing the risk for processes for new general anaesthetic procedures.

Information Management

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

The service used a combination of electronic and paper records while patients were in hospital. The ward held paper records securely for a month in case of any post-operative complications then the records were scanned and held electronically.

Good

Surgery

The hospital had electronic systems for example theatre list planning and incident reporting.

Leaders invested in innovative and best practice information systems and processes. We saw state of the art technology used for the treatment of patients and in recording information. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

Staff used feedback from people who used the service, including complaints and incidents to assess the quality and the management of risks in their service. There were a range of electronic data systems, for example applications that translated to dashboards to gather detail to help leaders collate theme, make changes, and improve outcomes for patients.

Engagement

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

Leaders engaged in high levels of constructive engagement with staff, people who used services, and local health providers. Leaders welcomed constructive challenge from people who used services which was demonstrated in the feedback system that was used. Stakeholders were welcomed and seen as a vital way of holding services to account. We saw this evidenced in documentation that referenced when external parties had contributed to discussions about the service.

Services were developed with participation of those who used them, staff, and external partners. Innovative approaches were used to gather feedback from people who used services and there was a demonstrated commitment to acting on feedback.

Staff used various methods to engage with and seek feedback from people who used the service. This included electronic friend and family tests, a contactless application access using a QR code and feedback using the hospital's website. All patients who used the service had follow up 24 hours following discharge and 30 days following discharge for feedback.

Staff were encouraged to participate in improving services. Staff engaged with other independent health services through networks. For example, the Independent Healthcare network. Engaging with networks meant they could share experiences to improve the service.

Learning, continuous improvement and innovation

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

The service had a biometric key safe which only provided access to keys based on the staff members role and duties. This meant the non-registered staff could not access the keys to medicines cupboards. The key safe provided and audit trail of which staff members had accessed keys and the time they took the keys and when they were returned.

Staff celebrated important dates in the 'healthcare calendar.' We saw staff celebrate World Patient Safety Day (WPSD). WPSD, is an official World Health Organisation campaign for all stakeholders in the health care system to work together to improve patient safety. The objective was to enhance global understanding of patient safety, increase public engagement

in health care safety, and promote global action to prevent and reduce avoidable harm in health care. There was a schedule of education and information shared over a week. Each day focussed on a different safety theme, sharing information, activities, and resources. We saw staff start with a Near Miss Reporting Campaign. This took the form of scheduled calls, a series of activities in the boardroom throughout the day with activities to focus on incident and near miss reporting to ensure that reporting was simple and effective. In addition, there were sweet treats, Ted Talks, a Freedom to Speak up (FTSU) event to launch the FTSU vision and strategy.

Leaders had created and launched a new initiative the 'Pilot Support Programme.' A network of mental health specialists provided a psychological support system for commercial pilots. It enabled early recognition of problems and offered a wide range of support programmes, including, peer support, drug, and alcohol related medical issues, critical incident support and training.

Leaders had introduced a new digital application system to help them go paperless. The application helped people feedback about the service virtually using a QR code. This meant a contactless system where people could take a photo of the QR code on the phone and it quickly gave them access to feedback their experience of the service. The detail of which was used for growth and development and better outcomes for patients.

Good

Services for children & young people

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

Are Services for children & young people safe?

Good

This is the first time we have rated this service. We rated it as good.

Safe systems to protect people from abuse and avoidable harm across the service were the same for both surgery and children and young people. The evidence detailed in the surgery section of this report is also relevant to the children and young people service and has been used to rate the children and young people service.

Mandatory training

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

The mandatory training was comprehensive and met the needs of children and young people. Staff were trained in paediatric life support. Managers used the daily safety huddle to plan rotas and ensure a minimum of two paediatric life support and paediatric basic life support trained staff were on every shift for all departments with paediatrics.

Safeguarding

Managers carried out a recent paediatric review. Included in the review was safeguarding training completion against job roles and increasing numbers of staff who required the training. This meant compliance figures in October 2021 had reduced. In September 2021 96% of staff were level 1 trained, 86% were level 2 trained, 100% were level 3 trained and in November 2021, 100% of level 4 staff were trained. October figures saw a reduction for level 1 to 87%, an increase of level 2 to 81% and level 3 reduced to 65%. Additional outstanding training was planned for completion by the end of December 2021.

Staff used safeguarding children's policy which clearly outlined how to safeguard children and young people who used the service. The policy outlined children's services contacts with out of hours contact numbers. Staff used a care of young policy which outlined the process for children and young people who were regular attenders. One nurse gave us an example of when they had raised a concern with the safeguarding lead relating to 'over attenders'. This meant that they followed policy which reflected the National Institute for Health and Care Excellence when concerns were identified and in managing those who attended more than expected.

Parents would accompany their child into the scan room and due to safety measures momentarily left the room when radiation was being administered.

Good

Services for children & young people

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

Children and young people who attended the hospital were seen quickly. They were seated with their parents in front of the reception area which was slightly separate to the adult waiting areas. Children and young people who attended for the diagnostic imaging department were collected from reception and taken directly to the department for their appointment.

The service had enough suitable equipment to help them to safely care for children and young people. There was a grab bag specific to paediatric resuscitation and that was easily accessible and bright yellow to help staff clearly identify it from the adult grab bag.

Children and young people who attended physiotherapy could access a bespoke computer programme with a 'model' demonstrating exercise. The 'model' could be changed to reflect individual preference, for example, the age, gender and ethnicity.

Baby changing facilities could be accessed on the ground floor. Parents could also access a private room for breast feeding.

Assessing and responding to patient risk.

Staff completed and updated risk information to remove or minimise risks. Staff identified and quickly acted upon children and young people who may be at risk.

Staff had access to up to date policies to help them care for deteriorating children and young people. For example, staff would use the resus policy to respond to a child had an asthma attack or allergic reaction. In the event of an emergency, 999 would be called to request an ambulance. The hospital had a transfer agreement with two local NHS trusts for the transfer of patients in an emergency.

Leaders told us and we saw recorded that children and young people that attended hospital were discussed daily at morning huddles. Staff used this as an opportunity to determine any children and young people specific risks. The service did not see children with complex, enduring or life limiting health illness. Staff told us the children who attended did so with minor health concerns. Staff liaised with children and young people's GP's and made appropriate referrals to NHS providers if necessary.

Lead paediatric staff signed off every form to agree treatment. For example, all forms for paediatric x-rays had to be signed off by the paediatric radiologist.

A psychologist and other wellbeing services provided interventions if assessed as appropriate. An example given was of a young person experiencing high levels of exam related stress and insomnia who were referred to an inhouse hypnotherapist to alleviate symptoms.

Staff planned daily sessions before children and young people arrived for their appointments. They looked at staffing with appropriate expertise and skills and ensured the environment was managed with children and young people in mind.

Good

Services for children & young people

Staff carried out checks to ensure risks were identified and managed. Parents or carers were required to complete registrations forms and we saw that identification checks were completed and recorded in each child and young person's record. Where appropriate, staff recorded information in to the 'child progress book'.

Staff made calls to the child and young person's parents or carers if they did not attend their appointments. Staff who had safeguarding concerns would discuss this with the safeguarding lead.

Nurse staffing

The service ensured they had enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment.

A paediatric nurse was available if required. The service employed two regular bank paediatric nurses who assisted staff with escalation, provided support and clinical expertise in relation to clinical paediatric care. Leaders were in the process of interviewing for two substantive paediatric nurses, one of which will be a paediatric nurse specialist.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment.

Staff could access a lead paediatric consultant during and out of hours. The lead paediatric consultant told us they had responsibility for providing advice and guidance to staff and that they were readily accessible. Staff told us they felt well supported and there was always a doctor available when needed. The paediatric consultant who told us that they felt confident of the abilities of the doctors who worked at the service to escalate concerns. The consultant told us that they did not have any issues that required escalation in the previous twelve months.

Records

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

Children and young people's notes were comprehensive, and all staff could access them easily. We reviewed six sets of notes. All notes were held electronically and included a written summary of each visit. Allergies and alerts were flagged on the front page of each record. There were copies of letters sent and received saved. Staff gathered all appropriate detail and we could see identification checks were carried out and recorded, consent recorded, and where appropriate side effects of medication explained.

Are Services for children & young people effective?

Good

This is the first time we have rated this service. We rated it as good.

Good

Services for children & young people

Processes to ensure an effective service that meant people's care, treatment and support achieved good outcomes were the same for both surgery and children and young people. The evidence detailed in the surgery section of this report is also relevant to the children and young people service.

Competent staff

The service made sure staff were competent for their roles.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. To ensure staff competency, staff were observed carrying out simulated emergency exercises. We looked at exercise documentation and scenarios were evaluated with points of learning and shared with staff to reduce risk and improve practice. One example was a scenario where staff responded appropriately to an 8 year old boy with a chest infection/sepsis. Staff were observed to have used appropriate equipment and learning outcomes with recommendations were shared with the team. In another scenario staff responded to a paediatric potential cardiac arrest. Staff were observed to have responded appropriately, they carried out an A&E assessment and accessed the paediatric grab bag in a timely way. Learning was shared for staff development.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children and young people to make informed decisions about their care and treatment. They followed national guidance to gain consent.

The services' consent and capacity to consent to treatment policy outlined specific guidance for staff relating to children and young people including Gillick Competency. Staff we spoke with understood the principles and how to apply them. A paediatric lead was available to provide support if needed.

Are Services for children & young people caring?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure a caring service was provided were the same for both surgery and children and young people. The evidence detailed in the surgery section of this report is also relevant to the children and young people service and has been used to rate the children and young people service.

Compassionate care

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

The service policy for care of the young stated young people could request a consultation without an adult present. Young people were offered the option of a chaperone and a chaperone must be present for any physical examinations.

Staff in the diagnostic imaging department gave us examples of how they worked with parents to ensure very young children could participate without distress. For example, the department received a referral for a baby who had unsuccessfully managed to complete the x-ray process elsewhere. Staff carried out an assessment and provided a later appointment that allowed the mother to bring baby following a feed at sleep time. Staff dimmed the lights in the room and played soft music. The approach was a success as a result of working around the needs of the baby and the family.

Good

Services for children & young people

Are Services for children & young people responsive?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure the service was responsive and met people's needs were the same for both surgery and children and young people. The evidence detailed in the surgery section of this report is also relevant to the children and young people service and has been used to rate the children and young people service.

Meeting people's individual needs

The service did not have information leaflets available in languages other than English. However, we saw a range of appropriate leaflets specifically for children. For example, there were patient information leaflets for children and young people clearly explaining what x-ray and CT scan was, what to do to prepare for these. Each patient information leaflet was written in a language that could be understood explaining how to prepare, what to expect and how to get results. We saw a leaflet for parents on how to support children's mental health.

We saw a variety of equipment for children such as knee splints, ankle braces, crutches. The crutches offered to children came in different colours. Gym equipment came in different sizes including a small trampoline and fixed equipment that could be used safely by children. Staff used a selection of skeletal teaching aids to demonstrate how to use them.

Are Services for children & young people well-led?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure leadership, management and governance of the organisation assured the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture were the same for both surgery and children and young people. The evidence detailed in the surgery section of this report is also relevant to the children and young people service and has been used to rate the children and young people service.

Good

Outpatients

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

Are Outpatients safe?

Good

This is the first time we have rated this service. We rated it as good.

Safe systems to protect people from abuse and avoidable harm across the service were the same for both surgery and outpatients. The evidence detailed in the surgery section of this report is also relevant to the outpatients' service and has been used to rate the outpatients service.

Environment and equipment

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

The service had ten consultation rooms for outpatient appointments and two consultation rooms for physiotherapy. Outside all consultation rooms were digital tablets to indicate which doctor was in which room, the time and clear sign to indicate if the room was in use.

The facilities offered well resourced, air-conditioned rooms with a wide range of innovative technology and equipment to aid recovery. For example, anti-gravity treadmill that used NASA Differential Air Pressure technology which was suitable for training and injury recovery. Among the other range of treatments, they also offered, shockwave therapy to treat tendon pain, vestibular rehabilitation, designed to reduce dizziness, K-laser which was a state-of-the-art laser that was proven to penetrate tissue and initiate healing.

Assessing and responding to patient risk

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

The service offered health assessments to investigate concerns. For example, a healthcare professional screened for heart disease, stroke risk and diabetes. They carried out personalised medical reports with recommendations and ongoing treatment that could take place with another discipline based at the hospital.

Good

Outpatients

Staffing

The service had enough medical staff to keep patients safe. Managers provided us with the actual staffing figures and numbers planned to work at the hospital. There were three whole time equivalent physiotherapy staff employed with no vacancies. There were 2.2 whole time equivalent GPs planned with a vacancy. The outpatient department were supported with 11 GP's with practicing privilege arrangements to provide additional capacity to see patients in the outpatient department.

Are Outpatients effective?

Inspected but not rated

This was the service's first inspection. We do not currently rate effective for Outpatient services.

Processes to ensure an effective service that meant people's care, treatment and support achieved good outcomes were the same for both surgery and outpatients. The evidence detailed in the surgery section of this report is also relevant to the outpatient service.

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. Staff completed additional courses to improve their knowledge. Many staff had additional specialist qualifications, for example, the physiotherapist had advanced qualifications that meant they could offer patient injections for symptom relief.

All outpatient clinics were consultant led, most of whom were specialists. Nurse led clinics were available for immunisations, photo therapy, cervical smears, and phlebotomy. Minor operations were led by dermatologists and plastic surgeons. GP appointments were facilitated by male and female doctors. Children were always seen by a GP with a paediatric nurse in attendance.

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients. Consultants, doctors, nurses, and allied health professionals worked together to ensure patients got the right care at the right time in the right place. The hospital had diagnostic imaging facilities and physiotherapists on site so care could be provided by the right clinicians.

The service offered a physiotherapy/rehabilitation service for adults and children. The team carried out assessments to help prepare for operations and recovery afterwards.

GP's offered a digital GP Clinic. People were provided with access details by email and the appointments took place either by video or telephone call based on preference. Follow up face to face appointments and examinations were offered if needed. Staff referred people for additional assessments and investigations if needed. We saw people who attended on the day, accessed immediate referral for bloods and scans to avoid additional visits.

Good

Outpatients

Seven-day services

Key services were available to support timely patient care.

The hospital operated seven days a week with a range of medical staff on site. For example, people could access a GP service at any time during opening hours either face to face or digitally.

Are Outpatients caring?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure a caring service was provided were the same for both surgery and outpatients. The evidence detailed in the surgery section of this report is also relevant to the outpatient service and has been used to rate the outpatient service.

Are Outpatients responsive?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure the service was responsive and met people's needs were the same for both surgery and outpatients. The evidence detailed in the surgery section of this report is also relevant to the outpatient service and has been used to rate the outpatient service.

Access and flow

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

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

received treatment within agreed timeframes and national targets. GP's offered same day appointments where possible. Patients who requested specific GP's may have to wait longer. Leaders told us that they opened additional clinics if appointment wait times exceeded 48 hours. Wait time data for the previous quarter demonstrated 81% of patients were seen at the time of their appointment, 16% waited 15 minutes and 3% waited more than 30 minutes.

Patients who required a consultant outpatient appointment were seen within a seven-day period. Leaders told us that they had access to medical secretaries to arrange urgent appointments where possible. Other consultants can be offered as an alternative either at the hospital or another private service.

Are Outpatients well-led?

Good

Outpatients

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure leadership, management and governance of the organisation assured the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture were the same for both surgery and outpatients. The evidence detailed in the surgery section of this report is also relevant to the outpatient service and has been used to rate the outpatient service.

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

This is the first time we have rated this service. We rated it as good.

Safe systems to protect people from abuse and avoidable harm across the service were the same for both surgery and diagnostic imaging. The evidence detailed in the surgery section of this report is also relevant to the diagnostic imaging service and has been used to rate the diagnostic imaging service.

Environment and equipment

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

Staff carried out daily safety checks of specialist equipment. Diagnostic equipment had appropriate daily and weekly safety checks. All scanning equipment had regular planned manufacturer safety checks.

The service had suitable facilities to meet the needs of patients' families. Patients accessed diagnostic imaging in a designated area that followed national guidance and complied with regulatory standards. For example, appropriate health and safety considerations relating to radiation protection and an allocated waiting area. Blinds were used to offer patient privacy during cannulation and changing into gowns. Gowns were worn in clinical areas only.

The service had enough suitable equipment to help them to safely care for patients. There was an anaphylaxis box in the clinical area.

Safety rules and radiation warning signs were clearly displayed. The society of radiographers ‘pause and check’ poster was displayed to remind radiographers of the main checks required to comply with the ionising radiation medical exposures regulation (IR(ME)R) 2017.

Assessing and responding to patient risk

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

Good

Diagnostic imaging

Staff knew about and dealt with any specific risk issues. Staff risk assessed patients in advance and made timely and appropriate checks to keep patients safe. For example, we saw staff checking patient medical history, asking about pregnancy, and clearly explaining the process to help reduce stress before procedures began.

Staff used 'pause and check,' checklist followed by radiographers for good practice in line with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). When staff administered intravenous contrast, staff completed an individual patient risk assessment to identify risk of anaphylaxis. A radiologist went through what to expect from treatment and risks relating to contrast were explained to patients using a checklist. Staff gained consent proving a copy of the signed consent form which was given to the patient.

Staffing

The service had enough specialist staff to keep patients safe.The service employed 15.6 whole time equivalent radiology staff which was slightly less than the16 planned whole time equivalent staff or the service.

Are Diagnostic imaging effective?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure an effective service that meant people's care, treatment and support achieved good outcomes were the same for both surgery and diagnostic imaging. The evidence detailed in the surgery section of this report is also relevant to the diagnostic imaging service.

Evidence-based care and treatment

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

The service participated in relevant clinical audits. Staff followed a planned 12-month audit programme. The programme was comprehensive with allocated leads and timeframes. Staff audited a wide range of items, for example scan report turnaround and image quality. We saw that all 21 audits planned were completed within schedule with 100% compliance except one month where we saw it had been rescheduled. Audit feedback was shared with departments at monthly team meetings. We looked at the team meeting minutes and discussions with staff confirmed that audits outcomes were shared.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. There were a wide range of departmental meetings, all of which took place regularly and were recorded. For example, the 'Radiology Events and Learning Meeting (REALM)' and Imaging Department Discrepancy meetings where staff shared audits outcomes and learning from interesting cases.

Good

Diagnostic imaging

Are Diagnostic imaging caring?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure a caring service was provided were the same for both surgery and diagnostic imaging. The evidence detailed in the surgery section of this report is also relevant to the diagnostic imaging service and has been used to rate the diagnostic imaging service.

Are Diagnostic imaging responsive?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure the service was responsive and met people's needs were the same for both surgery and diagnostic imaging. The evidence detailed in the surgery section of this report is also relevant to the diagnostic imaging service and has been used to rate the diagnostic imaging service.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Patients were seen within 48 hours for scans and appointments were scheduled around patient availability. Patients who needed X-Rays could be seen on the same day.

Are Diagnostic imaging well-led?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure leadership, management and governance of the organisation assured the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture were the same for both surgery and diagnostic imaging. The evidence detailed in the surgery section of this report is also relevant to the diagnostic imaging service and has been used to rate the diagnostic imaging service.

Good

Diagnostic imaging

Management of risk, issues, and performance

Managers kept a risk register for the department. The risk register included a description of the risks and what control measures were in place. For example, we saw one of the risks for the department was the image intensifier as a source of ionising radiation. There was a range of controls in place, such as equipment to be used by qualified radiographic staff only and it was overseen by the health and safety group.