

# Blandford Community Hospital

## Quality Report

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

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Not sufficient evidence to rate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

# Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Standard Health Ltd is registered with the Care Quality and operates at the Blandford Community Hospital which is herein referred to as the host hospital. Standard Health Ltd provides an outpatient service on an average of one day a month at the host hospital.

We carried out a comprehensive inspection on the 18 January 2017, as part of our national programme to inspect and rate all independent hospitals. We inspected the outpatient service as Diagnostic and imaging was provided through a service level agreement with the local NHS trust.

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

Throughout the inspection we took account of how the provider understood and complied with the Mental Capacity Act 2005.

Standard Healthcare provided an outpatient service at the hospital and all services were provided under a service level agreement (SLA) with the host hospital. The SLA has been reviewed during this inspection.

Some of these included:

- Staffing including nursing and others.
- Outpatient department and clinics.
- Infection control.
- Radiology and imaging
- Catering and laundry services.
- Clinical Waste disposal services.
- All equipment in outpatient and day care unit and their maintenance.

We rated this service as good overall because:

- There were adequate systems to keep people safe and to learn from incidents.
- The provider had the support of staff from the host hospital. There were enough staff with the appropriate skills, experience to support and meet patients' needs.
- The outpatient areas and clinic rooms we inspected were clean and well maintained and there were processes which staff followed to prevent the spread of infection.
- Patients could access care when they needed it and they were treated with compassion and their privacy and dignity was maintained at all times.
- Medical records were stored securely and managed effectively.
- Patients were positive about the care and treatment they received.

We found areas that required improvement

- Systems and processes to monitor and improve the quality of the service delivery were not developed as part of their quality assurance. This included a lack of process for identifying risks and actions to mitigate these.

# Summary of findings

We found the following areas of good practice in outpatients:

- Patients' satisfaction surveys for the provider were consistently high. Patients described their overall care as very good or excellent.
- Overall response to treatment times (RTT) rates for admitted patients for surgery and non- admitted patients were within expectations. The provider was meeting outpatient RTT for NHS patients and access through outpatient department.

## **Ted Baker**

Deputy Chief Inspector of Hospitals



## Overall summary

Standard Health Ltd provides minor day case procedures and an outpatient service one day a month at Blandford Community Hospital, the host hospital. This report will relate to the outpatient core service which we have inspected. We spoke with the provider who is a consultant orthopaedic surgeon and sole person

providing the regulated activities. We also spoke with seven staff from the host hospital. These included registered nurses, health care assistants, reception and business support staff. Staff from the host hospital will be referred to as the staff throughout this report.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Location	Good 	Standard Health Ltd provides orthopaedic outpatients follow-up one day a month at Blandford Community Hospital, the host hospital.
Outpatients and diagnostic imaging	Good 	<p>There were 48 outpatient attendances recorded in the reporting period (July 2015- June 2016). All the patients were NHS funded. We inspected the core service of outpatients. Other services such as radiology and diagnostic imaging was provided under a service level agreement with the local trust.</p> <p>The service did not treat children and anyone under the age of 18 years.</p>

# Summary of findings

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**Good** 

Blandford Community Hospital

**Services we looked at**

Outpatient

# Summary of this inspection

## Background to Blandford Community Hospital

Standard Health Ltd provides and an outpatient service one day a month at Blandford Community Hospital which is the host hospital. The service was registered in 2011. The registered manager and provider is Mr Gorav Datta. The service primarily serves the communities of the south coast of England. It also accepts patients' referrals from outside this area.

We last inspected the service in October 2013 and the provider was meeting all four standards they were inspected against.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in surgery.

## Why we carried out this inspection

We carried out a comprehensive inspection on the 18 January 2017, as part of our national programme to

inspect and rate all independent hospitals. We inspected the Outpatient service as Diagnostic and imaging was provided through a service level agreement with the local NHS trust.

## How we carried out this inspection

This report will relate to the outpatient core service which we have inspected. During this inspection, we spoke with the provider who is a consultant orthopaedic surgeon and sole person providing the regulated activities. We also spoke with seven staff from the host hospital. These included registered nurses, health care assistants, reception and business support staff. Staff from the host hospital will be referred to as the staff throughout this report.

We spoke with six Standard Health patients who were receiving care at the time of the inspection and their relatives. We reviewed six sets of patients' records and other information such as reports and data we received pertaining to Standard Health.

## Information about Blandford Community Hospital

Mr Gorav Datta is the provider and registered manager. The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.
- Surgical procedures.

- Treatment of disease, disorder, or injury.

Standard Health operates at Blandford community hospital and provides an outpatient service one day a month. There were no special reviews or investigations of the service on-going by the CQC at any time during the 12



# Summary of this inspection

months before this inspection. The service has been inspected once; the inspection took place in October 2013. Standard Health was meeting the four standards of quality and safety it was inspected against.

In the reporting period July 2015 to June 2016 there were 48 outpatient episodes of care recorded at this service. These were all NHS funded patients.

Between July 2015 and June 2016, there were no serious incidents or never events reported by Standard Health at this hospital. Never events are a type of serious incident that are wholly preventable, where guidance or safety recommendations that provide strong systemic

protective barriers are available at a national level, be implemented by all healthcare providers. Information from the provider showed there were no clinical incidents in the outpatient department.

During 2015-2016 we did not receive any direct complaints, whistle-blowing or safeguarding concerns reported to us which related to Standard Health Ltd. The provider confirmed to us that they had not received any complaints related to the service.

There were no reported cases of serious infections such as methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile (c.diff) or E-coli.

## What people who use the service say

People told us they were treated with utmost care and kindness. They felt that their privacy and dignity was always maintained while receiving care. They told they

had received "excellent" care and the consultant had explained the benefits and risks of treatment and surgery. They felt they were involved in decisions about their treatment.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- There was a positive reporting culture of reporting incidents and the provider worked jointly with the host hospital in managing this.
- Infection control procedures were followed to keep patients safe.
- Records were managed safely and securely and available for patients care.

Good



### Are services effective?

Inspected but not rated :

- Standard health took into account national guidance and recommendations when providing treatment and care to patients.
- The provider followed their process in seeking patients' consent.
- There was effective multi-disciplinary working to meet the needs of patients.

Not sufficient evidence to rate



### Are services caring?

We rated caring as good because:

- The provider and the host hospital's staff treated people with kindness and respect.
- People were consistent positive about the care and treatment they received from this service.
- Staff supported patients and involved them in their care.
- The friend and family test data showed that patients would highly recommend the service.

Good



### Are services responsive?

We rated responsive as good because:

- People were provided with information about how to raise a concern.
- There was a process which staff and the provider followed to respond to any patients' concerns or complaints.
- Arrangements were in place to meet the needs of people with diverse needs including those living with dementia.

Good



# Summary of this inspection

- The provider consistently met their referral to treatment time which positively impacted on patients. They worked with the local commissioners in planning and delivering services.

## Are services well-led?

We rated well-led as requires improvement because:

- There was limited evidence of quality assurance process and governance arrangements.
- There was no local risk register and minutes of meetings were not always recorded.  
However;
- There was an effective system in place to gather feedback from patients.
- The registered person worked collaboratively with the local commissioners to meet the needs of the local people.
- The provider followed the host hospital's standard operating process to support care delivery.

**Requires improvement**








# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Location	Good	Not rated	Good	Good	Requires improvement	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Requires improvement	Good
Overall	Good	Not rated	Good	Good	Requires improvement	Good

## Location

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

## Information about the service

Standard Health Ltd provides minor day case procedures and an outpatient service one day a month at Blandford Community Hospital, the host hospital. This report will relate to the outpatient core service which we have inspected. We spoke with the provider who is a consultant orthopaedic surgeon and sole person providing the regulated activities. Staff from the host hospital will be referred to as the staff throughout this report.

## Summary of findings

The provider who is a consultant orthopaedic surgeon and sole person providing the regulated activities. We also spoke with seven staff from the host hospital. These included registered nurses, health care assistants, reception and business support staff. Staff from the host hospital will be referred to as the staff throughout this report.

We spoke with six Standard Health patients who were receiving care at the time of the inspection and their relatives. We reviewed six sets of patients' records and other information such as reports and data we received pertaining to Standard Health.

There were no special reviews or investigations of the service on-going by the CQC at any time during the 12 months before this inspection. The service has been inspected once; the inspection took place in October 2013. Standard Health care was meeting the four standards of quality and safety it was inspected against.

In the reporting period July 2015 to June 2016 there were 48 outpatient episodes of care recorded at this service. These were all NHS funded patients.

Between July 2015 and June 2016, there were no serious incidents or never events reported by Standard Health at this hospital. Never events are a type of serious incident that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, be implemented by all healthcare providers. Information from the provider showed there were no clinical incidents in the outpatient department.

# Location

During 2015-2016 we did not receive any direct complaints, whistle blowing or safeguarding concerns reported to us which related to Standard Health Ltd. The provider who is also the registered manager confirmed to us that they had not received any complaints.

The registered manager told us there were no reported cases of serious infections such as methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile (c.diff) or E-coli.

There was limited evidence of quality assurance process and governance arrangements were not robust.

## Is the location safe?

Good 

We rated safe as good because:

- There was a positive reporting culture of reporting incidents and Standard Health worked jointly with the host hospital in managing this.
- Infection control procedures were followed to keep patients safe.
- Records were managed safely and securely and available for patients care.

## Is the location effective? (for example, treatment is effective)

Not sufficient evidence to rate 

Inspected but not rated :

- Standard health took into account national guidance and recommendations when providing treatment and care to patients.
- The provider followed their process in seeking patients' consent.
- There was effective multi-disciplinary working to meet the needs of patients.

## Is the location caring?

Good 

We rated caring as good because:

- The provider and the host hospital's staff treated people with kindness and respect.
- People were consistent positive about the care and treatment they received from this service.
- Staff supported patients and involved them in their care.

# Location

## Is the location responsive to people's needs?

(for example, to feedback?)

Good 

We rated responsive as good because:

- People were provided with information about how to raise a concern.
- Patients were assessed pre-operatively and risks assessed prior to surgery.
- The provider consistently met their referral to treatment time which positively impacted on patients. They worked with the local commissioners in planning and delivering services.





## Is the location well-led?

Requires improvement 

We rated well-led as requires improvement because:

- There was limited evidence of quality assurance process and governance arrangements.
- There was no local risk register and minutes of meetings were not always recorded.
- However;
- The provider had an effective system in place to gather feedback from patients.
- They worked collaboratively with the local commissioners to meet the needs of the local people.
- They followed the host hospital's standard operating process to support safe care delivery.

# Outpatients and diagnostic imaging

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

## Information about the service

Standard Health Ltd provides an outpatient service and minor day case procedures one day a month at Blandford Community Hospital, the host hospital. This report will relate to the outpatient core service which we have inspected. The provider is a consultant orthopaedic surgeon and sole person providing the regulated activities. Staff from the host hospital will be referred to as the staff throughout this report.

## Summary of findings

There were no special reviews or investigations of the service on-going by the CQC at any time during the 12 months before this inspection. The service has been inspected once; the inspection took place in October 2013. Standard Health care was meeting the four standards of quality and safety it was inspected against.

In the reporting period July 2015 to June 2016 there were 48 outpatient episodes of care recorded at this service. These were all NHS funded patients.

Between July 2015 and June 2016, there were no serious incidents or never events reported by Standard Health at this hospital. Never events are a type of serious incident that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, be implemented by all healthcare providers. Information from the provider showed there were no clinical incidents in the outpatient department.

During 2015-2016 we did not receive any direct complaints, whistle blowing or safeguarding concerns reported to us which related to Standard Health Ltd. The provider who is also the registered manager confirmed to us that they had not received any complaints.



# Outpatients and diagnostic imaging

## Are outpatients and diagnostic imaging services safe?

Good 

We rated safe as good.

### Incidents

- There were no reported never events for Standard Health Ltd in the reporting period of July 2015 and June 2016.
- Standard Health Ltd used the host hospital electronic reporting system to report incidents, which the registered manager had access to. The host hospital staff told us if the incident related to the provider, this would be shared with them as appropriate so actions could be taken and lessons learned. There was no incident reported which related to the provider.
- The host hospital provided on site x-ray facilities for Standard Health as part of service level agreement. There were no reported incidents related to radiation ionising.

### Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify service users (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The provider was confident in initiating the duty of candour if needed and discussed an example when a duty of candour was raised with the host hospital. The host hospital's staff told us they would be confident to approach the provider to raise any matter that may relate to duty of candour. They told us they would follow guidance on the action they were required to take in order to meet this.

### Cleanliness, infection control and hygiene

- Standard Health followed the host's hospital policies and procedures for the prevention and control of

infection. During the inspection, we noted the provider sought advice from senior management at the host hospital and followed their recommendations for infection control risks.

- All areas in the outpatient department was cleaned and the examination couch was cleaned in between patients.
- We noted that sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The sharp bins were clearly labelled and tagged to ensure appropriate disposal and to prevent risk of cross infection.
- There was adequate supply of personal protective equipment (PPE) such as gloves aprons. We observed staff adhered to 'bare below the elbow' policy in clinical areas and used PPE as appropriate.
- Antibacterial hand gel dispensers were available at the entrance to and throughout the main outpatient department and in clinical areas. We observed staff using these and also washing their hands in between patients to control the spread of infection.
- Cleaning schedules and checklists were used in accordance with the host's hospital local or national policy, such as The Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance.
- There were clear processes which the host hospital staff followed for decontamination of reusable medical devices in line with national guidance.
- At the pre-operative assessment stage, staff in the outpatient department screened patients for methicillin-resistant Staphylococcus aureus (MRSA). This was in line with Department of Health: Implementation of modified admission MRSA Screening guidance for the NHS (2014).
- The provider's PLACE score for cleanliness form February to June 2016 was 99% which was similar to England average of 98%.

### Environment and equipment

- The outpatient clinic was situated on the ground floor. The environment was well maintained, bright and welcoming. Adequate seating was available in the reception area and outside clinic rooms and signposted.

# Outpatients and diagnostic imaging

- Staff followed their process to ensure the resuscitation equipment was in working order which was essential to patient's safety. Resuscitation trolleys were available in all departments we visited. The resuscitation equipment was checked daily and weekly, this was visibly clean and sealed with a numbered tag. We checked the contents of the trolley and found that the contents were correct and all drugs and sterile equipment were within their expiry date.
- There was a variety of equipment such as wheelchairs, hoists and walking frames. A random check of equipment showed that they had been serviced at regular intervals to ensure they were safe for use.
- Radiology was available under a service level agreement at the host hospital. There was clear radiation hazard signage outside the x-ray rooms for staff and patients.
- We noted the records were available for clinic appointments. The records were brought in to the clinic for patients' appointments and were then returned and locked in the administration office at the end of the day. Staff confirmed that patients' records were available for clinics and they could not any recall recent examples of any missing notes. In the event of a patient record was not available, there was a process to follow where a temporary set of notes would be made up to include referral letter and any recent test results.
- We reviewed six sets of medical records. They were detailed and included information of clinic's attendance and outcome of patients' consultation. Other information included referral letters, medical and nursing notes, anaesthetic notes and discharge information. Records followed the same formats which allowed for ease of access to relevant information and were legible.

## Medicines

- There were no medicines prescribed during the inspection at the outpatient's clinics. Patients were referred to their GPs for treatment. The consultant had access to prescription pad on request and these were maintained securely.
- Emergency drugs were available and to hand on the resuscitation trolley in case they were needed.
- There were no controlled drugs stored within the outpatients' department.

## Records

- Patients' records in the outpatient department were stored securely and in line with data protection Act 1998. This minimised the risks of unauthorised persons having access to patients' confidential notes and records.
- Records were a combination of paper and electronic formats. The provider also had access to the host hospital on line system in order to access pathology, radiology reports and other patients' results.
- The host hospital staff worked closely with the provider to effectively manage patients' records. Information from the provider showed that over the last three months 100% of records were available during outpatient's consultation.

## Safeguarding

- In the reporting period of June 2015- July 2016, there were no safeguarding concerns relating to Standard Health reported to CQC.
- Standard Health followed the host hospital's safeguarding policies and procedures and any concerns would be dealt jointly with the host hospital and involvement of the provider as appropriate. Policies and procedures were available on the host hospital intranet and staff were able to tell us how to access these.
- The provider was clear about their responsibilities in raising any concerns to protect patients from the risk of poor practice and abuse.
- Staff completed vulnerable adults safeguarding training and staff said they felt confident in raising any issues which may compromise the safety and welfare of patients.

## Mandatory training

- Staff provided support to Standard Health provider were employed by the trust at the host hospital and undertook their training with the trust.
- We have not assessed the mandatory training for staff as the provider did not have his own staff and used the host hospital's staff. Standard Health accepted the training as provided by the host hospital as this was

# Outpatients and diagnostic imaging

provided under service level agreement. They had regular meeting with the trust as part of their contract and any concerns about staff's training would be discussed.

- The consultants also completed mandatory training as part of their contract and there were assurances in place to ensure compliance.
- Staff we spoke with confirmed they were up to date with their mandatory training. They said training was accessible and the majority was undertaken through e learning, although some training was delivered in face to face sessions.

## Assessing and responding to patient risk

- There was a system in place in outpatient for summoning emergency assistance as required. The provider had a service level agreement and deteriorating patients would be transferred to the local NHS trust.
- Standard health used the host hospital staff to undertake pre admission assessments. All surgical patients were screened which included MRSA and risks of blood clots as appropriate.

## Nursing staffing

- The provider used the host hospital's staff to provide care and treatment which was part of service level agreement with the trust. The provider, host's hospital staff and patients told us that there was adequate number of skilled staff to provide safe care.
- Staffing levels were planned; the provider was allocated a registered nurse to assist with their clinic. The provider and staff confirmed that this service was always available and ensure the safe running of the clinics and support for patients. We observed the staff member was available throughout the consultation and also provided chaperone assistance as needed.

## Medical staffing

- The provider was a consultant surgeon and had overall responsibility for the patients under their care. Standard Health did not have any other medical staff. Outpatient clinic occurred one day a month and the provider confirmed this worked effectively.

- Medical staff appraisals and health records were reviewed annually to ensure they are up to date. The consultant was also working for the local NHS trust and was appraised.

## Emergency awareness and training

- Standard Health followed the fire safety process and evacuation procedures for the host hospital. Staff were aware of the major incident policy which was available on the host hospital website.

## Are outpatients and diagnostic imaging services effective?

We have inspected and currently we do not have adequate information to rate effective

## Evidence-based care and treatment

- Staff provided care and treatment to patients based on national guidance such as the National Institute for Health and Care Excellence (NICE) and the Royal College of Surgeons Emergency Surgery Guidance. These included guidelines for non- surgical management of arthritic hip and knee and management of carpal tunnel syndrome.
- The pre-assessment nursing staff followed guidelines and local policies to ensure patients had a thorough assessment to minimise the risk of complications during or after surgery.

## Pain relief

- Minor procedures were carried out under local anaesthetic and included local site injection which were carried out as outpatient attendance.
- During consultation, the consultant also provided advice on pain relief medicines which they could use at home to manage their pain.
- Patients we spoke with during the inspection had not required pain relief during their outpatient department attendance.

## Patient outcomes

# Outpatients and diagnostic imaging

- Between July 2015- June 2016, the provider saw 48 patients in the outpatient department. There were 40 adults between the age of 18-74 and 8 adults over 75 years.
- The provider did not take part in national clinical audit as it did not meet the criteria for the type of treatment they provided.
- The provider's data showed that no appointment was cancelled on the day of consultation.

## Competent staff

- Standard Health did not have any nursing or other support staff and they had a service level agreement with the host hospital who provided these staff. They sought assurances from the host hospital about the competency of staff through regular meetings. The provider told us they were fully satisfied with the level of service they received.
- The registered manager is a consultant orthopaedic surgeon and was employed substantively at a local NHS trust in addition to their roles within Standard Health. They carried out the same type of work which was within their scope of practice.

## Multidisciplinary working

- We observed effective multi-disciplinary working between Standard Health and the host hospital staff. The staff interacted in a positive and professional manner with the consultant.
- The provider worked closely with the medical secretary at the host hospital who provided support with discharge letters and sharing information with patients' GPs.
- The provider made referral to specialist nurses and therapists in the community as required and this was accessed via their GPs.
- Standard Health had a service level agreement with the local NHS trust for transfer of patients whose conditions may deteriorate and requiring extra care.

## Seven-day services

- Standard Health did not provide seven day service at this location. The provider undertook clinics and consultation on average one day a month.

## Access to information

- Patients' records were held in paper formats. The provider and the host's hospital staff confirmed patients' notes were available when patients attended their appointments.
- Standard Health used the host hospital system and had access to patients' records which included blood, scans and X-ray results. We observed that relevant patients' information was available when patients attended clinics. This enabled the provider to discuss tests findings and any treatment plans at the time of their appointments.
- Following each consultation, the consultant dictated summary letters which ensured that care and treatment was shared with patients' GPs in a timely way.

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

- Standard Health followed the host hospital's policy and procedures for obtaining consent. Also the guidance for mental capacity act 2005 (MCA) and deprivation of liberty safeguards (DoLS).
- The host hospital staff worked closely with the provider and said they would raise any issues about capacity with them.
- Patients told us the consultant had discussed the benefits and risks of their surgery and answered their questions prior to them giving consent. We observed verbal consent was consistently sought during consultation in the clinics.

## Are outpatients and diagnostic imaging services caring?

Good 

We rated caring as good.

## Compassionate care

- Patients told us that they were "always treated with dignity and respect" by all staff members. Patients were very positive about their treatment and care.

# Outpatients and diagnostic imaging

Standard Health patients were encouraged to provide feedback and this was analysed to improve the care provided.

- In the outpatient department care and treatment was undertaken in private rooms and doors were kept closed during consultation. Our observation of interactions between staff and patients showed the staff were kind and caring.
- The provider took part in the Friends and Family Test (FFT). This is a survey which asks NHS patients whether they would recommend the service they have received to friends and family. For the period of January to June 2016, the provider achieved an average score of 95% and their response rates were above the England average.
- Patients we spoke with described the care as "excellent". The provider carried out a patient's survey following their outpatient's attendance. A sample of patients' responses showed patients were overwhelmingly positive about their experience. They said the consultant explained things clearly. "I was given information and felt I was listened to "All of my questions were answered very well".
- Standard Health offered chaperones to all patients when they attended the service for outpatient's appointments. A chaperone is a person who serves as a witness for both a patient and a medical practitioner as a safeguard for both parties during a medical examination or procedure.
- The consultant and nurses introduced themselves to the patients prior to their consultation.

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

- We observed Standard Health staff were professional and friendly. Patients told us that they were involved in planning and making decisions about their care and treatment. A patient told us the provider was "excellent" and others said they were highly satisfied with their care and treatment.
- Patients confirmed that the nursing and medical staff provided them with clear information and understood the reason they were attending the outpatient department.

- Standard Health had access to a translation service provided by the host hospital. This provided assistance for patients whose first language was not English.
- Records seen and patients confirmed that the provider followed due processes in terms of assessing and consulting the patients about their suitability for proposed surgery. This included pre-operative meeting and information shared as needed.
- We observed during clinics patients were fully involved and treatment plan and options were discussed and full detailed explanations given. Patients were encouraged to ask questions and the provider responded calmly and spent time to discuss any concerns and follow up appointments.

## Emotional support

- Patients told us they felt reassured by staff and the consultant; they felt prepared for treatment or in some instances when no further treatment was required.
- The provider could refer patients to other specialists as needed and also via patients' GPs including counselling services.
- The provider ensured that options of care were discussed and took into account patients' wishes.

## Are outpatients and diagnostic imaging services responsive?

Good 

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

We rated responsive as good.

- Standard Health ran the service which was within the terms of their contract with the local commissioning group.
- The service had a process which staff followed and this outlined the clinical risk assessment criteria for patients. The patients' criteria ensured that they were only selected for minor surgery.
- Clinics were planned and staffing allocated to the department and aligned to clinics times and flow of patients.

# Outpatients and diagnostic imaging

- The service did not provide care to children and young adults under 18 years of age.

## Access and flow

- There were 48 outpatient episodes for the period of July 2015 to June 2016. These were all NHS patients and was part of the provider's contract with the clinical commissioning group (CCG)
- The service monitored referral to treatment times through their quality scorecard. This showed 100% of patients were seen within 4 weeks of referral. The data showed 100% of patients were treated within the 18 weeks of referral to treatment time.
- Patients were referred to the clinics through their GPs and these were all NHS funded patients.
- Patients told us they were seen on time and they did not have to wait long when they attended the outpatient's department. We observed that clinics ran on time and there were no delays.
- We did not receive any data for "did not attend" (DNA); that we requested from the provider. Although the provider told us this was very low. Staff followed their internal process for DNA patients. The consultant reviewed this and decisions taken to either rebook or discharge the patients as appropriate and GPs were informed.

## Meeting people's individual needs

- Services were planned and delivered to take account of the needs of different people such as those living with dementia. Individual needs were considered at clinics to ensure patients' needs could be met.
- Appointment times were staggered which allowed patients adequate time to discuss their care and treatment.
- A translation service was available for people whose first language was not English and the provider was able to access this via the host hospital.
- A range of leaflets were available for patients which explained their clinical condition, treatment and exercises. The host hospital staff told us these were available in large prints, but not in other languages.

- Patients living with dementia for example had their carers support as appropriate and staff said they would be prioritised to minimise waiting time and any distress.
- Cold drinks were available from dispensing machines in the outpatient department.
- Staff also confirmed that bariatric equipment was available if required. There were dedicated car parking spaces for people with limited mobility and there was level access to the entrance of the service.

## Learning from complaints and concerns

- Information from the provider showed they had not received any complaints or concerns. Patients were given leaflets explaining the process on how to raise a complaint. Complaints were logged as part of the provider's quality scorecard.
- Patients were complimentary about their care and treatment and said they would be happy to raise any concerns with the provider if needed.
- Patients were asked for the comments and their views sought following outpatient's appointments and on discharge. We reviewed seven comment cards which were collected at the end of clinics. These were positive and patients comments included "excellent care" and said they would highly recommend this service.
- The provider told us the comments were used to improve patients care and shared with the local commissioners. Any negative comments or concerns would be fully investigated and shared with the host hospital as part of lessons learned.

## Are outpatients and diagnostic imaging services well-led?

Requires improvement 

We rated well-led as requires improvement-

## Leadership / culture of service related to this core service



# Outpatients and diagnostic imaging

- Staff told us they had “very good working relationship” with the Standard Health provider. They said the provider was very approachable and they would be happy to raise any issues with them and felt they would be listened to.
- The provider said they had positive working relationship with the senior management at the host hospital they were accessible and supportive.
- Standard Health also held regular meetings with the contract team at the host hospital. There were no minutes available and this meant there were no formal record of matters such as arising concerns and any corresponding action plans.
- The provider did not take part in the clinical governance meetings and so the opportunity to learn from incidents and items from the risk register was missed.

## Vision and strategy for this this core service

- The provider told us the service treated a small number of patients at this location and their vision and strategy was to develop the service. They told us that they considered quality of service and safety of patients as their top priority.

## Governance, risk management and quality measurement

- Standard Health worked closely with the trust and followed the host hospital governance process. The provider did not have a local risk register. The provider told us this was due to the small number of patients they treated.
- The provider held regular meetings with the clinical commissioning group (CCG) and minutes of these were available which looked at performance and activities.

## Public and staff engagement

- The provider sought the views of people using the service. The friend and family test result showed 95% were satisfied with the care and treatment they had received. Some of the patients’ comments included that they felt they “were listened to”. Another person said they always had very good care.
- Feedback from patients was consistently sought and a sample of feedback seen at the time of the inspection showed a high degree of satisfaction with the service they received.
- Standard Health did not employ any staff and they used the host hospital’s staff who carried out their own staff survey.

## Innovation, improvement and sustainability

- The provider said they were committed to improve and sustain the service they provided to the local community. They were exploring ways of increasing the number of patients in discussion with local commissioners.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- Systems and processes must be established to assess, monitor and improve the quality of the service provided as part of internal quality assurance.

### Action the provider **SHOULD** take to improve

- The provider should ensure that meetings between the provider and the host hospital should be formalised. Minutes of meetings should be recorded and provide an audit trail of discussions and actions which ensued.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 1.</b>Systems or processes must be established and operated effectively to ensure compliance in with the requirements in this part</p> <p><b>2.</b>Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to-</p> <p>(b) assess, monitor and mitigate risks relating to health, safety and welfare of service users who may be at risk which arise from carrying out the regulated activity;</p> <p><b>How the regulation was not being met:</b></p> <p>The governance process to assess, monitor and improve the quality of the service was not robust. Risks were not assessed in order to mitigate these.</p>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.