

Ashtead Hospital

Quality Report

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Date of inspection visit: 14 November 2017
Date of publication: 21/05/2018

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Ashtead Hospital is operated by Ramsay Health Care UK Operations Ltd and provides a range of surgical services to private and NHS-funded patients from the local community.

We published our last report following our inspection in December 2016, as part of our national programme to inspect and rate all independent healthcare providers. We reviewed three core services at the hospital, which incorporated all the activity undertaken. These were surgery, children and young people (CYP) and outpatients, including diagnostic imaging.

At that inspection we rated the hospital as good overall, although we found improvements were required in some areas to minimise risks and promote safety. Concerns were identified about low training rates for some topics, and a lack of audits on children and young people attending for outpatient appointments or physiotherapy appointments. Other concerns included aspects of governance, such as CYP representation on the senior management team and safeguarding lead involvement with training and awareness. We told the hospital to develop and implement an action plan showing how it would bring services into line with the regulations.

We acknowledge the hospital has since permanently ceased the provision of services for children.

The hospital rapidly responded with a comprehensive 24-point action plan and updated us on progress as they resolved the issues identified. We scheduled a return visit within six months of our inspection to review the results of the plan and related initiatives the hospital had completed.

We found the hospital had significantly improved and during this inspection we were assured the hospital had met all of our concerns. We saw that staff mandatory training rates (including safeguarding) had been given a higher target and these had been met or exceeded. Governance processes including risk management and learning from incidents were firmly embedded and worked effectively. Patient documentation and records were clear and comprehensive.

Moreover, the relatively new senior management team had used the opportunity to review and enhance other aspects of the service. During our inspection we found examples of excellent practice and saw that innovations introduced as part of the overall process had resulted in the hospital being benchmarked as one of the better providers in the corporate group.

At the time the inspection was undertaken, we did not re-rate services. We will continue to monitor the performance of this service as part of our routine programme of provider engagement.

Amanda Stanford
Deputy Chief Inspector of Hospitals (South)

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Background to Ashtead Hospital

Ashtead Hospital is operated by Ramsay Health Care UK Operations Ltd and opened in 1984. It is a private hospital in Ashtead, Surrey. Accepting referrals from local GPs and consultants as well as the NHS, the hospital serves the local communities of Leatherhead, Ashtead, Epsom, Banstead, Oxshott, Cobham and Dorking, in addition to the wider community of Surrey and South West London.

The hospital carries out a variety of procedures including general and minimal access surgery (surgery completed with one or more small incisions instead of a large incision), gynaecology, urology, orthopaedics, dental, ear nose and throat and endoscopic procedures.

The registered manager has been in post since July 2016.

Ashtead Hospital took the decision in August 2016 not to have children and young people (CYP) as hospital inpatients. At the time of our inspection in December 2016, the outpatients department continued to see a small number of children and young people for blood tests and minor procedures under local anaesthetic.

During our inspection (report published in 2017), we reviewed three core services, which incorporated all the activity undertaken at the hospital. These were surgery, children and young people (CYP) and outpatients (including diagnostic imaging).

At the time, we rated the score for the hospital as 'good', although we found improvements were required in some areas to minimise risks and promote safety. Surgery was rated as 'good' in all domains and 'good' overall. Children and Young people services rated as 'requires improvement' in three domains and 'requires improvement' overall. Outpatients rated as 'requires improvement' in one domain and 'good' overall.

We told the hospital they must take the following actions to meet the regulations:

- Ensure all staff have undertaken mandatory training.
- Ensure governance strategies and processes are embedded throughout the hospital.
- Ensure patient records in outpatients and the children and young people's services are complete and comply with Ramsay policy.

In addition, we told the hospital it should take the following actions to improve:

- Ensure that staff throughout the hospital have the required level of safeguarding including updates as required and that safeguarding systems are fully embedded.
- Address any continued risk of sharps injuries to patients and staff in the outpatients' service.
- Ensure information about making complaints is available to patients in outpatient departments' public areas.
- Ensure that necessary improvements are made when things go wrong and learning is taken from incidents occurring in the outpatient service.
- Ensure bin labels within the outpatient departments clearly identify the waste type(s) present within.
- Ensure all sinks in the outpatients' service are compliant with the Health and Safety Executive regulations.
- Ensure a methodology for measuring and recording patient pain levels is used and embedded across the outpatient department.

The hospital rapidly responded with a comprehensive action plan and updated us on progress as they resolved the issues identified.

We scheduled a return visit to review the results of the plan and related initiatives the hospital had completed.

Our inspection team

The inspection visit was carried out by a CQC inspector. The inspection was overseen by Shaun Marten, Inspection Manager.

Summary of this inspection

Information about Ashtead Hospital

Ashtead Hospital is operated by Ramsay Health Care UK Operations Ltd. The hospital has 29 en-suite patient rooms, a two-bedded extended recovery area and 13 'ambulatory care pods', of which four have en-suite amenities.

Surgical facilities include three operating theatres fitted with laminar flow air filtration, which is a ventilation system circulating filtered air to reduce the risk of contamination by airborne germs. The theatre complex includes a five-bedded post-surgery recovery bay and a sterile services unit that cleans and sterilises the hospital's surgical instruments, along with those from another Ramsay hospital. Ashtead Hospital also has a dedicated endoscopy unit with its own recovery area. The endoscopic service is joint advisory group (JAG) accredited.

The outpatient department has 14 consulting rooms and the physiotherapy department comprises seven treatment rooms. Diagnostic imaging resources include static and portable X-ray machines, along with MRI and CT scanners.

On this inspection, we reported on the outpatients department as the surgical core service was rated as good and the hospital no longer provided services to children and young people.

Prior to, and during, our visit the hospital provided us with comprehensive documentary evidence that demonstrated they had completed the tasks and changes specified in their original action plan.

We reviewed this information in detail. We also conducted extended interviews with key members of the senior management team, toured relevant hospital facilities and spoke informally with staff to test and corroborate the documentary evidence supplied. We spoke with eight staff including registered nurses, health care assistants and reception staff, as well as technical and housekeeping staff. We reviewed management reports and data packs along with 10 sets of patient notes and two staff record files.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time since our last inspection.

Outpatients and diagnostic imaging

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are outpatients and diagnostic imaging services safe?

Overall, we found that there were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse, using local safeguarding procedures whenever necessary.

Mandatory training

At our last inspection, we rated both outpatients and children and young people as requires improvement for safety. This was because concerns were identified about low training rates for some topics including safeguarding of children, and a lack of audits on children and young people attending for outpatient appointments or physiotherapy appointments.

At the time, we found staff mandatory training compliance by topic varied between 13% and 100%. Safeguarding training did not meet the hospital target of 85%. This meant the hospital could not demonstrate all employees received the training necessary to enable them to carry out the duties they were employed to perform. Other concerns included aspects of governance, such as CYP representation on the senior management team, and safeguarding lead involvement with training and awareness.

On this inspection, we found the hospital had rapidly taken action and training rates were much improved. The hospital and corporate team had invested resources into achieving a sustained improvement in training compliance.

The recently appointed senior management team had refocussed the departmental teams on completing the

e-learning program, which had been introduced by the corporation. E-learning topics included safeguarding, information governance, equality and diversity, health and safety, emergency management and fire safety.

When staff completed each module, their personal training record was automatically updated. Heads of departments had administrative rights for the system, which meant they could easily check and produce summary reports either by team or by individual. We saw this demonstrated by two managers during our visit.

Safeguarding training was extended to include awareness about female genital mutilation and added to the electronic training tracker. We saw that completion rates exceeded corporate targets.

Mandatory training topics that required attendance at seminars included basic life support, intermediate life support, intravenous fluid administration and the use of medical gases. Attendance at these sessions was also monitored on the electronic reporting system.

We saw completion figures included in performance reports distributed to all departmental heads and reviewed during monthly management meetings. With this data, the senior management team engaged with heads of departments to reinforce targets and ensured mandatory training was also reviewed at individual performance and development reviews. We saw examples of meeting notes confirming this, along with copies of training status reports for all topics.

Senior managers explained the information held on the system was also available to corporate executives and training leaders, who monitored results and benchmarked each hospital. Benchmarking was published at the regional meetings attended by general managers and matrons from each Ramsay hospital. These meetings were also attended by corporate directors and the standing agenda included a combination of business and clinical performance

Outpatients and diagnostic imaging

indicators, such as mandatory training compliance. This indicated effective monitoring and reporting systems had been embedded into the local and wider culture of the organisation.

We spoke with outpatient staff who felt well supported by the senior management team and spoke in positive terms about the new commitment to training and ease of use of the e-learning system. We saw sufficient computer terminals available in the work areas we toured. Managers also explained it was possible for staff to access the e-learning package from any home computer with internet access, should any wish to undertake training out of their normal work hours.

Managers stated that new staff were not permitted to commence work until all mandatory e-learning had been completed and evidence recorded. We saw examples of this in the personnel files we examined. New starters were also highlighted on the electronic training tracker system to ensure managers allowed time for completion of their face to face training. The system was set to review this automatically after 12 weeks, which meant the senior management team could easily identify and respond to any situations where staff were not completing induction tasks promptly.

Key staff had been identified and supported in undertaking 'train the trainer' to give support to the matron in providing more training sessions for staff in topics such as manual handling.

The senior management team had increased compliance targets from 85% to 90% and according to training tracker reports we saw, compliance rates ranged from 92% - 100%. These rates all exceeded corporate targets.

The intravenous training module noted during our earlier inspection had improved from 17% to 93%. The General Manager stated benchmarking showed Ashted Hospital was now in the top five of 34 healthcare facilities in the Ramsey group.

Incidents

On this occasion we saw that openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns, report incidents or near misses and were fully supported when they did so.

When something goes wrong, there is an appropriate thorough review or investigation that involves all relevant staff, partner organisations and people who use services.

The service participated in learning with other partners. Lessons were learned and communicated widely to support improvement in other areas where relevant, as well as services that were directly affected. Opportunities to learn from external safety events and patient safety alerts are also identified. Improvements to safety are made and the resulting changes are monitored.

We saw evidence the hospital had significantly enhanced the skills of departmental managers in performing incident investigations. Since our last inspection, all heads of departments had successfully completed root cause analysis (RCA) training. Root cause analysis is a 'tool kit' of quality control skills and techniques used to enable investigators to identify the actual cause of an error or issue and then develop remedial actions to address the cause and contributing factors. Department managers said the course had helped them improve the quality of their investigations and the matron was positive about the additional support now available to him to handle quality incidents or complaints.

At our last inspection, rates for clinical and non-clinical incidents were seen to be better than the rates for other independent hospitals. However, our inspection team noted historical examples of investigations in the outpatients department (dated from 2015) where there was no learning recorded. These included two separate sharps injuries, one involving a clinical staff member and one a cleaner. A sharps injury is an incident where a needle or other sharp instrument accidentally penetrates the skin. The third incident was a patient declining surgery due to a lack of information.

The hospital responded by re-investigating all three incidents, which triggered high level reviews of the safer sharps strategy and patient education leaflets. The safety sharps strategy was re-written in September and widely disseminated to all staff and consultants. We saw risk assessments and audits had been completed as part of this process and vision statements displayed in both public and work areas of the hospital. An external audit was stipulated as part of the strategy and was due to be undertaken in early 2018.

Outpatients and diagnostic imaging

Safer sharps devices (with integral caps or sheaths) had been substituted whenever possible after risk assessments were completed and staff training in their use and disposal had been completed by the end of October. We saw examples of course attendance sheets confirming this. The General Manager stated compliance was much improved and added that using safer sharps was now a condition of the medical practicing privileges agreement.

Environment and equipment

On our last inspection, we noted sharps bin labels in the outpatient departments were not clearly labelled to identify the waste types within. We also reported that two sinks in the department were not fully compliant with the Health and Safety Executive regulations.

On this visit, we saw that sharps disposal bins were labelled correctly with the correct temporary closure used, in line with EU Council Directive 2010/32/EU.

We checked a random sample of sinks in outpatient and in other parts of the hospital. Mixer taps had been fitted to all sinks and overall, we found them compliant with HBN 00/09 Infection Control in the built environment (DH2013).

Are outpatients and diagnostic imaging services effective?

We did not inspect this area of the service as this was a focused follow-up inspection.

Are outpatients and diagnostic imaging services caring?

We did not inspect this area of the service as this was a focused follow-up inspection.

Are outpatients and diagnostic imaging services responsive?

On this visit, we saw that patient information leaflets and booklets had been revised and updated. We observed advisory posters mounted on walls in prominent places in clinic corridors and waiting rooms. Senior managers stated the displays and guidance information was the result of a new contract between the hospital and a national company that specialised in producing patient information

about treatment options and informed consent in 'Plain English'. Other languages were available through the agreement and could be printed at the hospital on demand, using a newly introduced computer system.

The hospital had volunteered to become a pilot site for a new corporate electronic patient record (EPR) system, which enabled consultants to print off pre-approved patient information leaflets immediately at consultation. We saw examples of these leaflets being displayed and used during our visit to the outpatients department.

Staff told us the patient information pack included the leaflets advising patients to ask for any additional information and we saw examples of the packs given out by the pre-assessment nurses.

We also noted complaints leaflets on display that included how to complain and the procedure followed by the hospital management. Patients were given the opportunity to be interviewed in the event of complaints to ensure the investigation incorporated the patient's experience and expectations.

Are outpatients and diagnostic imaging services well-led?

At our last inspection, we rated some children and young peoples' services as requires improvement for well led. This was because we judged governance strategies and processes were not fully embedded throughout the hospital to manage risk and measure the quality of the services provided.

In addition to ceasing the children and young peoples' service, we found that the senior management team had rapidly responded to the address the issues we raised. We saw a comprehensive action plan which included clear information about each issue and how it was addressed.

Overall, we saw that the hospital had significantly improved and during this inspection we were assured the hospital had met all of our concerns. We saw that staff mandatory training rates (including safeguarding) had been given a higher target and these had been met or exceeded. Governance processes including risk management and learning from incidents were firmly embedded and worked effectively. Patient documentation and records were clear and comprehensive.

Outpatients and diagnostic imaging

Moreover, the relatively new senior management team had used the opportunity to review and enhance other aspects of the service. During our inspection we found positive

examples of good practice and saw that innovations introduced as part of the overall process had resulted in the hospital being benchmarked as one of the better providers in the corporate group.