Park Hill Hospital

Quality Report

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

Ratings

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

Overall summary

Park Hill Hospital is operated by Independent British Healthcare (Doncaster) Ltd. The hospital/service has 21 beds. Facilities include one operating theatre, outpatient and diagnostic facilities.

The hospital provides surgery and outpatients services for adults. We inspected surgery and outpatients.

We inspected this service using our comprehensive inspection methodology. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

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

Summary of findings

needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this hospital was surgery. 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 service level.

Services we rate

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

We found good practice in relation to outpatient care:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

Summary of findings

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to continually improving services.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Surgery was the main activity of the hospital. Where our findings on surgery also apply to other services, we do not repeat the information but cross-refer to the surgery section. We rated this service as good because it was safe, effective, caring, responsive and well-led.
Outpatients	Good 	Outpatient services were a smaller proportion of hospital activity. Where arrangements were the same, we have reported findings in the surgery section. We rated this service as good. We found that the service was safe, caring, responsive and well led. We do not rate the effective domain.

Summary of findings

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Good

Park Hill Hospital

Services we looked at
Surgery; Outpatients

Summary of this inspection

Background to Park Hill Hospital

Park Hill Hospital is operated by Independent British Healthcare (Doncaster) Ltd. The hospital/service opened in 1995. It is a private hospital in Doncaster, South Yorkshire. The hospital primarily serves the communities of Doncaster and the surrounding area of South Yorkshire. It also accepts patient referrals from outside this area.

At the time of the inspection, a new manager had recently been appointed who had been registered since March 2019.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, a CQC inspection manager and three specialist advisors with expertise in surgery and outpatients. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about Park Hill Hospital

The hospital has one ward, providing one bay of four beds and 17 single bedded en-suite rooms. Facilities also include one operating theatre, access to diagnostic facilities via the local trust, physiotherapy and outpatient services. Services provided include elective and day case surgery covering various specialties including; breast, ear, nose and throat (ENT), general surgery, colorectal, orthopaedic, ophthalmology, gynaecology, physiotherapy, pain management and urology.

The hospital is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Surgical procedures
- Treatment of disease, disorder and injury

The hospital also offers cosmetic procedures such as breast surgery and weight loss surgery, and we inspected these services as part of our surgical inspection.

During the inspection, we inspected surgery and outpatient services and for each, asked if services were safe, effective, caring, responsive and well led. We spoke with 22 staff including registered nurses, health care assistants, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with seven patients and their relatives. During our inspection, we reviewed 21 sets of patient records and reviewed five patient complaints.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The hospital/service has been inspected four times, and the most recent inspection took place in August 2016, which found that the hospital was rated as requires improvement.

Activity (May 2018 to April 2019)

- In the reporting period 2018 to April 2019 There were 837 inpatient and 1496 day case episodes of care recorded at Park Hill Hospital; of these 56% were NHS-funded and 44% other funded.
- There were 17,913 outpatient total attendances in the reporting period; of these 49% were other funded and 51% were NHS-funded.

As of July 2019, 73 surgeons, anaesthetists and physicians worked at the hospital under practising privileges. The term “practising privileges” refers to medical practitioners not directly employed by the hospital, but who have been

Summary of this inspection

approved to practice there. Two regular resident medical officers (RMOs) worked on a one week on and one week off rota. The hospital employed 13.5 whole time equivalent (WTE) registered nurses, 9.9 WTE care assistants and operating department practitioners, as well as reception and bank staff. The accountable officer for controlled drugs (CDs) was the matron.

Track record on safety (Reporting period May 2018 to April 2019)

- There had been no never events reported in the period May 2018 to April 2019. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There had been 122 clinical incidents reported across the hospital in the reporting period. Of these, 85 had been classed as no harm, 31 as low harm, six as moderate harm, and none as severe harm or death.
- Senior leaders reported six serious incidents requiring further investigation.
- There had been no cases of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (C. diff) or hospital acquired E-Coli bacteraemia, at the hospital in the reporting period.
- The hospital had received 10 complaints in the reporting period.

Services accredited by a national body:

- None

Services provided at the hospital under service level agreement:

- Pharmacy services
- Radiological services and medical imaging
- Estates
- Waste disposal
- Interpreting services
- Laundry
- Pathology and histology
- RMO provision

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?

Good

Our rating of safe improved. We rated it as Good because:

- Mandatory training compliance was much higher than at our last inspection.
- Staff were clear how to report incidents when these occurred. Learning from incidents was widespread, which was an improvement on our last inspection.
- Medications were stored appropriately and records were clear and contemporary.
- Patient treatment areas were clean and tidy, and infection control measures were followed to ensure risk to patients was minimised.
- Equipment was kept in good order and serviced regularly.

Are services effective?

Good

Our rating of effective improved. We rated it as Good because:

- Staff had all received an annual appraisal. This was an improvement, as at our last inspection very few had done so.
- The hospital participated in local and national audits effectively. Information from audits was discussed at all levels and the hospital used this to benchmark locally and plan services.
- Staff were competent for their roles, and had good progression opportunities and chances to build upon their skills.
- At our last inspection, no Mental Capacity Act training was in place for staff. This time, we found that the majority of relevant staff had received training and some had also completed more in depth modules on the topic.

Are services caring?

Good

Our rating of caring stayed the same. We rated it as Good because:

- Patients were cared for compassionately and told us their care had been good.
- People told us they were well supported emotionally and had plenty of opportunities to ask questions about their care and treatment.
- Patient feedback received by the hospital was very positive and showed a high rate of patient satisfaction.

Are services responsive?

Good

Our rating of responsive improved. We rated it as Good because:

Summary of this inspection

- People received their treatment in a timely way and were properly counselled prior to their procedure.
- Cancelled operations were rare, and the hospital examined each occurrence to see where they could improve.
- Patients with additional needs such as those living with dementia or a physical disability were well catered for and their preferences and needs met where possible. The hospital supported people in a variety of different ways to meet their needs.
- Complaints were responded to on time, and were thoroughly investigated. Responses answered the concerns and offered apologies where appropriate.

Are services well-led?

Good

Our rating of well-led improved. We rated it as Good because:

- The hospital director was relatively new to the role, but had had a significant impact on staff morale and culture.
- There were corporate and hospital strategies in place and staff knew about these and could tell us about them.
- The senior team was aware of the risks to the organisation and revisited these regularly.
- Staff told us they were happy to work for the hospital and felt well supported and consulted about any changes.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	N/A	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 services safe?

Good

The main service provided by this hospital was surgery. 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 section.

Our rating of safe improved.We rated it as **good.**

Mandatory training

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

- At our last inspection we found that mandatory training figures were low in every area. At this inspection we found that new systems and improved governance procedures meant that this had been addressed and compliance with mandatory training was above 90%.
- The hospital had an electronic training matrix system to ensure staff completed their mandatory training when needed. Training was either face to face or e-learning, depending on the course. Mandatory training included; immediate life support, infection prevention, safeguarding, dementia awareness, information governance and equality and diversity.
- Staff who were not on long term leave were 100% compliant with their core mandatory training. Staff received mandatory training to make them aware of the potential needs of people living with mental health conditions, a learning disability or autism.
- All staff that we spoke to told us they had completed their mandatory training and had been given the time to do so.
- Bank staff undertook the same mandatory training as permanent staff.
- Consultant staff attended mandatory training at their employing NHS trust as their main employer. This was monitored through appraisal and stored in staff files.
- All residential medical officers (RMOs) were employed through a national agency, with which they completed training. Records of completion were stored by the hospital.

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.

- The service had systems in place for the identification and management of adults and children at risk of abuse.
- Clinical staff and healthcare assistants had received level two safeguarding vulnerable adults and children training which was refreshed yearly. The organisation's safeguarding lead was trained to level three. Staff's competency was checked online using competency packages.
- All eligible staff had completed their safeguarding training to the correct level for their role giving a compliance rate of 100%.

- Safeguarding files were stored in the outpatient department, ward and theatres. These contained flowcharts, policies and contact numbers. The organisation provided safeguarding support 24 hours a day.
- The hospital's safeguarding policy was accessible on the intranet. This outlined different types of abuse and when staff should consider reporting concerns.
- Staff we spoke to told us they understood the principles of safeguarding both vulnerable adults and children and knew how to raise a concern.Staff we spoke to told us that both the hospital safeguarding lead and their regional counterpart were approachable and supportive if they needed advice.
- Safeguarding training included units on female genital mutilation, child sexual exploitation and PREVENT, intended to identify and reduce radicalisation. PREVENT competencies were reassessed on a yearly basis as part of safeguarding refresher training.
- We checked five staff files and saw that safety was promoted in recruitment practice including Disclosure and Barring Service checks.

Cleanliness, infection control and hygiene

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

- At our last inspection, the hospital was not conducting any environmental audits so there was no assurance that the correct cleaning procedures were being followed. During this inspection, we saw that environmental, infection control and hand hygiene audits were regularly performed and compliance monitored by leaders.
- Hand hygiene audits showed 100% compliance for the previous six months.
- Infection control and cleanliness practices formed part of the local induction for staff.
- Cannula care was assessed and audited against best practice guidance. On the rare occasion this fell below 100% compliance, this was discussed at senior team meetings, the frequency of checks increased, and awareness raised with staff.
- The hospital reported zero cases of hospital acquired MRSA from April 2018 to March 2019. The hospital reported zero cases of hospital attributed Clostridium difficile (C. diff) in the same reporting period.
- The hospital participated in national surgical site infection surveillance. The organisation's national infection control group benchmarked the hospital against other similar locations in the group and provided oversight of the hospital's processes.
- The hospital reported an increase in hospital acquired infection rates of 50 in 2018-19. Root cause analysis of six significant infections following knee surgery showed all to be different organisms and procedures performed by three different consultants, with no common factor identified. Wider concerns about the cleanliness of theatres (cleaned and owned by the local trust) have been addressed through additional cleaning resources including more regular deep cleaning.
- The hospital had developed a hospital infection control annual plan, which included improved questioning of patients post joint replacement and root cause analysis of any significant infections. Following the rise in hospital acquired infections, the organisation's microbiologist provided additional support and visited to discuss areas for improvement and lessons learned.
- We saw processes for segregation of waste including clinical waste. Staff were able to segregate waste at the point of use. Sharps bins were used by staff to dispose of sharp instruments or equipment. Sharps bins in the areas visited were secure. This reflected best practice guidance outlined in Health Technical Memorandum HTM 07-01, safe management of healthcare waste. Sharps handling and disposal audits for appropriate areas showed 100% compliance with best practice.
- Theatre staff followed hand hygiene best practice in the intraoperative and postoperative phases with sinks, soap and alcohol hand gel all available and used appropriately in the anaesthetic room and theatre. Staff in theatres wore protective equipment such as aprons and gloves which were disposed of in the clinical waste bins provided. Staff we spoke with told us they had access to appropriate personal protective clothing (PPE).
- Audits of theatre hand hygiene and infection control measures showed 100% compliance with standards.

Good

Surgery

Environment and equipment

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

- The ward was bright and uncluttered. Staff we spoke to told us that the ward and theatre had both undergone significant improvements in décor and they described this as a significant improvement since our last inspection.
- At this inspection we found the ward and departments we visited were clean and tidy. We reviewed the most recent patient led assessment of the care environment (PLACE) report for 2018 and noted 100% compliance for cleanliness, which was better than the 98.5% England average.
- Daily theatre cleaning by staff was documented, dated and signed daily. We saw there had been no gaps in this record. Theatres were further cleaned by external staff once a day. A standard operating procedure had been developed and staff conducting this clean also had to sign to confirm these standards had been met. Cleaning standards were regularly audited by the leadership team.
- The operating theatre had laminar airflow. Laminar air flow is used to separate volumes of air or prevent airborne contaminants from entering an area. This was serviced regularly by the local trust, who owned the theatre. A second theatre was available for the hospital to use if required.
- We observed three checks of accountable items in theatres. All were correctly checked and paperwork was correctly completed. This included checks on disposable items. All checks were undertaken by two members of staff and the relevant documentation filed in patients' notes.
- Theatre equipment was serviced and maintained through a service level agreement with the local trust. Theatre managers kept a file with a list of contacts for repairs of servicing. All implants and specialist equipment were kept in a locked cupboard.
- Waste disposal services were provided by the local trust through a service level agreement. Waste was stored and disposed of appropriately.
- Resuscitation trolleys were clean and all consumables were in date. Resuscitation equipment was checked regularly including electrical testing, and ready for use. The dirty utility room was clean and tidy, and the cleaning schedule was up to date.
- We saw that equipment for bariatric services was safe and appropriate. However, the ward environment for bariatric patients (there was a separate room allocated) was cluttered and a short distance from the rest of the ward. Senior leaders were concerned that there had been an increase in complaints from bariatric patients and were in the process of reviewing the services and facilities offered to these patients.
- We checked seven pieces of equipment on the ward. Although all were visibly clean and had 'I am clean' stickers, two, an Electrocardiogram machine and flowtron pump were overdue for electrical testing. The ECG machine test was 23 months overdue, and the flowtron pump six months.
- The hospital building joined directly onto the local hospital trust. We were told that this provided many benefits including easy access to security and emergency resuscitation teams. However, we observed junior doctors working for the local trust accessing the trust through Park Hill hospital. The building layout made it difficult for the hospital to have oversight or control of people entering or leaving the premises. This was on the organisation's risk register.

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.

- We observed staff in theatre on two separate occasions following world health organisation (WHO) safer surgery guidance to sign in the patient. All staff caring for the patient were present and involved. Staff observed a surgical pause prior to surgery to recheck patient details, consent, and correct site for surgery. After the procedure had been completed, all staff signed out in line with WHO best practice. All information discussed as part of the WHO checklist was documented and placed in the patient's notes.

- Monthly audits of safer surgery checklists conducted by the hospital showed 100% compliance with standards.
- The hospital used the national early warning score (NEWS 2) tool. Nursing staff escalated any patient of concern to medical staff. Staff we spoke to knew how to identify a deteriorating patient and told us when they would escalate this to medical staff. The hospital had a NEWS 2 lead and all staff were trained by the same local trainer to ensure consistency. Audits of use of NEWS 2 in patient notes showed that this was being used and escalated appropriately.
- At our previous inspection we noted that the hospital had experienced difficulties in obtaining scans when needed. At this inspection, the hospital had installed 10 trust computers linked directly to the trust's system. This meant that scans were instantly available for review.
- Data we reviewed showed that 25 patients were readmitted to the hospital between April 2018 and March 2019. This was an increase on the previous year when fewer than ten patients were readmitted, but in line with 2017-2018 data. The hospital noted that some of this rise was due to some unusual circumstances such as one patient having two separate dislocations, and a cluster of unrelated knee infections. All were safely discharged following additional treatment and management.
- The hospital operated a 24-hour on call service for unplanned returns to theatre. One patient had an unplanned return to theatre in the previous 12 months, and the on-call team attended within the 30 minute target.
- Preoperative assessments were well completed. Those patients deemed to need a more in-depth review were seen by a nurse or healthcare assistant in clinic, who could then refer for an anaesthetic review if needed. Those patients who were assessed as being low risk could receive telephone appointments.
- An emergency theatre action plan was in place. All theatre staff knew their role in the event of an emergency including surgeons and anaesthetists.
- Every day in theatres, a 'list safety officer' was identified, who wore a red hat. Their role was to ensure that all checklists were complete and correct practice was used. As part of the hospital's safety code initiative, we heard that the list safety officer could stop the list at any point if they were not happy and ask the team to reassess. We spoke to one person wearing the red hat that day who told us that even thought they were not the most senior member of staff, they had stopped surgery recently to ask a consultant to change their practice to maintain safety. They were proud of their actions and explained that the new safety code had empowered them to do this.
- The hospital had a named sepsis lead and followed sepsis 6 protocols. The ward lead checked staff knowledge. Staff we spoke with said that they had received sepsis training. They could articulate the signs of sepsis and knew which actions were required for escalation and prompt treatment.
- The hospital had clear guidelines for staff to follow in relation to deteriorating patients and followed the national Ramsay policy for sepsis.
- The hospital accessed the critical care outreach team from the local trust to review patients 24 hours a day, seven days a week. We were given an example by one consultant of a patient who deteriorated during surgery, was attended by the critical care outreach team within 20 minutes and the patient was transferred to the trust within 40 minutes in total.
- The hospital had a clear admission policy setting out safe and agreed criteria for the selection and admission of people using the service.
- A RMO was on duty 24 hours a day, seven days a week to respond to any concerns staff might have about a patient's condition.
- Patients attending for cosmetic procedures such as weight loss or breast surgery were assessed psychologically prior to acceptance for their procedure and could be referred for further specialist support at the local trust if needed. A standard two week cooling off period was in place.
- At discharge, patients were given direct numbers to call and advised to contact the hospital seven days a week if they had any concerns.

Nursing and support 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.

- Senior nurses used a safer staffing tool based on the acuity of patients. Staffing rotas, we reviewed showed that the inpatient ward was staffed in line with the number of patients admitted. At out last inspection, the hospital did not use acuity tools, so this was an improvement.
- Planned ward nursing staffing was two registered nurses per day and one healthcare assistant, with two registered nurses at night. This was achieved, and rotas showed the ward was staffed in line with the number of patients admitted. We heard plans were in place to flex staffing when needed for patients requiring additional support and saw one-to-one staffing support had been arranged when caring for a patient living with advanced dementia.
- Staff sickness peaked at a maximum of 10% in the reporting period in theatres for a single month but was on average below 3% for both theatre and ward staff. The service had one non-nursing vacancy in theatres and one nurse vacancy on the ward. Recruitment was underway to fill these vacancies.
- Theatre staffing met the association for perioperative practice guidelines for safe practice. An electronic staffing system used across the wider parent company ensured that correct staffing levels and the right skill mix was in place every day. There were no vacancies in the theatre staff establishment.
- Bank staff were used on the ward and received a full induction from the ward manager. Use of bank staff across the organisation was low, averaging 2%. Sickness rates for ward nursing staff were below 3%.
- Total staff turnover was 20.8%. Nursing staff turnover was 6.3%, which was a substantial reduction on the 75% turnover we found at our last inspection. Leaders had a good insight into the challenges of retaining nurses locally and were working with the Ramsay HR director to improve the hospital's offer to them.
- The ward supported student nurses on placement. They told us they felt well supported and had been provided with a positive learning experience with good quality mentoring.
- There was only one member of the physiotherapy team. Physiotherapy staffing was on the organisation's risk register. The service was a new and expanding one and the exact size of the team had not been agreed. The organisation was using bank staff as an interim measure to support the service while the team developed.

Medical staffing

The service had enough medical 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 locum staff a full induction.

- Surgery at the hospital was consultant delivered and led. Anaesthetists were available postoperatively if required and specialist critical care support was provided by the co-located trust as needed.
- There were 73 consultants with practicing privileges, who provided a range of specialties for patients at the hospital. The term 'practicing privileges' applies to medical practitioners not directly employed by the hospital but who have been approved to practice there. Personnel files held by the organisation contained details of the consultant's registration and fitness to practice. Formal application for practicing privileges was overseen by the senior leadership team and signed off by the hospital director.
- Consultants were responsible for the care of their patients from the pre-admission consultation until the conclusion of their episode of care. The hospitals required them to review inpatients daily and be accessible out of hours. Consultants were required to nominate at least one colleague to provide cover when they were not available.
- The onsite resident medical officer (RMO) was employed by an external company and had been at the hospital for nearly two years. They had been provided with training which was refreshed every four years. This included knowledge of the sepsis pathway and how to identify the deteriorating patient. Their role was to offer

emergency assistance and review patients as needed. They had received an annual appraisal and received regular supervision provided by consultants working at the hospital.

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.

- Records were stored in paper folders and online. Paper folders were stored onsite for six months in a secure room with locked access. Older records were transferred offsite for secure storage.
- We reviewed the records of five patients post discharge and saw that these were well completed. In all five sets of records, safer surgery checklists were complete, and specific assessments for things such as mental capacity, blood clots, tissue viability and risk of falls were completed where it was appropriate to do so. We also looked at the records of four inpatients and found these were equally well completed.
- Consultants had access to the local trust's IT systems, meaning that patient blood tests and scans could be instantly obtained once reported. The organisation had increased the number of terminals available to consultants so that all areas had access to this information.
- There were facilities onsite for the disposal of confidential waste.
- All staff were required to complete information security training yearly. Compliance was 80%. As this training was not mandatory at our last inspection, this was an improvement.
- The hospital audited 10 sets of patient notes monthly. The most recent audit provided showed that documentation on consent, cooling off periods and information sharing with patients were in line with organisational policy and best practice. We saw in patient notes that consent was correctly obtained, and the risks and benefits of surgery were recorded. Fees for self-financing patients were clearly stated in full prior to consent being obtained.
- The hospital was moving to a new, paperlight electronic system in line with wider company aims. Leaders were clear about the challenges this would cause, and the chair of the medical advisory committee was working with consultants to prepare them for the move across to the new system.

Medicines

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

- Pharmacy services were accessible seven days a week with an on-call service available out of hours. The RMO could access emergency medication as required.
- We checked that medicines were stored securely. On the ward, medicines including controlled drugs were stored in a locked medicines room, within the correct secure storage. The temperature of the storage room was checked every day and audited regularly. The controlled drugs book showed no discrepancies and was correctly completed.
- Medicines in theatres were stored securely. All controlled drugs in theatres were checked twice a day by two members of staff. We witnessed staff signing out controlled drugs appropriately with the correct amounts, totals, times and dates all completed in full.
- The drugs fridges on the ward and theatres were checked daily. A copy of the standard operating procedure for these checks and what to do if temperatures were out of range was stored with the logs. All paperwork relating to fridge temperatures was in date. Fridge temperature logs in theatres had been noted as a previous concern by the organisation, but repeated audits, concluded in February 2019 showed evidence that compliance was now being achieved.
- We observed theatre staff administering controlled drugs. These were correctly given and any waste was disposed of securely in line with regulation.
- The prescribing, storage and dispensing of medicines was regularly audited by the hospital. Pharmacy services were provided by the local trust including access to a consultant pharmacologist for advice on more complex cases. Biannual controlled drug audits, conducted by the local trust, checked against CQC

regulations. The most recent audit provided by the hospital showed that four of 23 standards were not being met on all occasions and actions were documented to improve compliance.

- We looked at the medicine administration records for four patients on the ward. All drug charts we reviewed were complete, with one exception where it was not clear on the chart why antibiotics had been prescribed.
- Medicines disposal was delivered through a service level agreement with the local trust. Medicines for patients to take home following discharge were also provided by the local trust and checked by two registered nurses.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

- Duty of candour is a regulatory duty that relates to openness and transparency, it requires providers of health and social care services to notify patients (or other relevant persons) of certain examples of when they would use this. We saw from governance notes that duty of candour processes had been correctly followed where these applied.
- Staff we spoke with were aware of the duty of candour guidance, they said it was about saying sorry if things had gone wrong and could provide us with examples of when they would use this.
- In the period April 2018 to March 2019 the hospital reported 156 incidents in the surgical core service. Six were rated as moderate harm. None were categorised as severe harm or death. There were no never events in this period.
- The service had systems in place for reporting, monitoring and learning from incidents. The hospital had an incidents policy, which staff accessed through the intranet. This provided staff with information about reporting, escalating and investigating incidents. The hospital also had an electronic reporting system in place and staff we spoke with could describe how they would report incidents.
- The hospital had no never events in the reporting year. All never events prior to this time were subject to full investigation and the company's 'outcome with learning' documents including actions required by named individuals, any amendments or reinforcements of policy and changes in practice were available to all staff. Root cause analysis documents investigating incidents were thorough and included action plans with clear timescales and learning. Duty of candour processes were followed where this applied. Theatre staff we spoke to could all give an example of changes in practice following an incident and subsequent root cause analysis.
- Minutes from theatre and ward staff team meetings showed that each incident relating to that area was discussed and documented. Actions from team meetings included staff reading action plans resulting from incidents and signing to confirm they had done so and understood the content. We saw evidence in clinical governance meetings that incidents were not closed until all staff had signed to complete this process.

Safety Thermometer (or equivalent)

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

- The safety thermometer is used to record the prevalence of patient harms and to provide immediate information and analysis for frontline teams to monitor their performance in delivering harm free care. Measurement at the frontline is intended to focus attention on patient harms and their elimination.
- The hospital regularly captured safety thermometer data on pressure ulcers, falls and urinary infections. This was reviewed by hospital leaders as part of the governance plan. The hospital's most recently available harm free score (April 2019) was 100%.
- The hospital reported two cases of patients who developed a blood clot (Venous thromboembolism) between January and March 2019. Most patients (98%) had been risk assessed for VTE.

Good

Surgery

- Data from the patient safety thermometer was on display in the ward area.

Are surgery services effective?

Good

Our rating of effective improved.We rated it 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.

- Policies and guidelines in use in clinical areas were based on national guidance, such as the National Institute for Care and Health Excellence, the Royal College of Anaesthetists and the Royal College of Surgeons. We saw that patients' treatment reflected this.
- Policies were stored on the intranet and staff we spoke with could access them.
- We saw evidence in clinical governance meetings that revised NICE guidelines on topics such as sepsis recognition and early diagnosis and nutrition support for adults were discussed and disseminated to the relevant staff members. We also noted that these meetings contained discussion of how national guidelines were implemented by consultants and remedial measures where it was felt this was not being strictly followed.
- At our last inspection, we found that although the hospital did participate in some national audits, there was little local auditing or benchmarking.At this inspection we found that staff participated in a hospital wide audit programme, which fed into the organisation's national quality systems. The team contributed effectively to the hospital programme and to national Commissioning for Quality and Innovation (CQUIN) audits. This was an improvement.
- Use of venous thromboembolism (VTE) assessment tools and administration of preventative medication where appropriate was conducted in line with NICE guidelines. This was regularly audited and results were no less than 90% over the previous year.
- Every month, theatre managers would conduct an audit of team briefs and debriefs to check that all processes were followed correctly.
- We saw evidence that clinical protocols were followed and patients whose conditions could be managed without surgery were encouraged towards self-management and referred to their GP for additional support with this.

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. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

- The hospital provided its own in-house catering service. Food hygiene had been externally assessed in April 2019 and awarded a score of five (very good), the highest available score.
- Staff used the malnutrition universal screening tool (MUST) documentation at pre-assessment to identify those patients at risk of weight loss or requiring extra assistance at mealtimes. Patient records we viewed showed good levels of completion. Ward staff told us they would repeat the assessment as required if they had any further or increased concerns.
- Pre-admission information for patients provided them with clear instructions on fasting times for food and fluid prior to surgery.
- Hotel services staff told us they were proud of the food they produced for patients and staff. They confirmed they were able to support religious, cultural and other needs as needed. They spoke directly with patients to discuss their meal choices and provided extra detail as required.

- The PLACE assessment 2018 score for ward food was 97.8%, above both the organisation and England average (95% and 90% respectively).
- Staff could refer to the local trust's dietitians when necessary and could give examples of when they might do this.
- Patients told us they were regularly provided with food and drink and this was of a good quality. We saw that on the ward, water was on hand and replenished regularly. Ice was available if patients requested it.

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.

- Ward staff used pain assessment tools to assess and treat pain. Access to pain specialists at the trust was available and staff knew how to refer patients as needed.
- Audits of the assessment and management of people's pain showed that in 100% of cases there was written evidence that an appropriate pain management tool was used and pain relief was administered appropriately.
- Staff used the NEWS2 tool to monitor pain on the ward, and we saw in records that this was correctly calculated and recorded. There was no formal assessment tool for use with non-verbal patients but staff could explain how they would use their clinical judgement to assess pain in this group of patients.
- Two of the 12 patients and their families we spoke to told us that their pain was not always well managed. However, when we asked if they had mentioned this to the ward manager, both confirmed that when they had, stronger pain relief had been provided promptly.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

- The hospital contributed data to the Private Healthcare Information Network (PHIN) to collate outcome data across the independent sector that was comparable with the NHS.
- At our last inspection, the hospital was contributing to national audits but had no comprehensive local audit programme and was not benchmarking within the wider organisation. At this inspection we found a comprehensive corporate and local hospital audit programme covering topics such as five steps to safer surgery, medicines management, hand hygiene and infection control. Benchmarking within the wider group was in place and we saw evidence of action plans developed for those areas where improvement was identified, for example hospital acquired infections.
- The hospital's national joint registry report for 2017/18 showed that revision rates and mortality rates were better than the national expected average, and the hospital's consent rate was amongst the best in the country.
- Patients were contacted post discharge to discuss their experience, aftercare and any follow up appointments required. The hospital had worked hard to increase response rates in the previous year, leading to more robust Patient Reported Outcome Measures (PROMs) data for hip and knee surgery. Response rates for 2017/18 were 75.1%, which was better than the 70.1% England average.
- PROMs measures (data collected on how well patients did following hip or knee surgery) from 2017-18 showed that the hospital's patients reported health gains in line with the national average. The hospital did not report on hernia or veins PROMS as numbers of procedures were too low. Average health gain for knee replacement was 17.6, above the 17.1 England average, and health gain for hip replacement was 22.9, above the 22.2 England average.
- The hospital also participated in regional commissioning for quality and innovation (CQUIN) in conjunction with the local commissioning organisation to enable measurements of performance and quality outcomes. Performance reports on Referral to Treatment data and VTE compliance were submitted quarterly and were above target every quarter.

- Data we reviewed showed that, from April 2018 to March 2019, there was one unplanned return to theatre. There were six unplanned transfers of inpatients to other hospitals, all of whom transferred appropriately for ongoing treatment and management.

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.

- At our last inspection, we saw that very few staff members had received an appraisal in the previous 12 months. At this inspection, 97.6% of staff were up to date with their appraisal. This was a significant improvement, and leaders were confident that this would improve further by the end of the appraisal year.
- There was a dedicated member of the senior administration team to oversee the granting and reviewing of practicing privileges and maintaining consultant staff files. Performance of surgeons working under these privileges was regularly reviewed and where any theme or issue was identified, for example where there was a concern that practice was not meeting NICE guidelines, we saw that this had been resolved by senior leaders and their expectations met.
- We reviewed three sets of consultant staff files and found these included a completed practicing privileges checklist, review dates for appraisal, General Medical Council renewal and medical indemnity, evidence of a current DBS and compliance with mandatory training. The files also contained a declaration of interests and copies of the consultant's relevant qualifications.
- Resident medical officers were competent and trained in advanced life support. They were employed by an agency who were responsible for their ongoing training and provided continuing education throughout the year.
- We reviewed four staff files and found that all included references, evidence of a current DBS, completed induction checklist and a copy of their contract. Appraisal and mandatory training data was not stored in these folders as this was available electronically as part of the wider staff training dashboard.
- We reviewed competency files for those staff who had to demonstrate their ability to complete complex tasks relevant to their area such as medicines, cannula use and gaining consent. These were all stored in the local area and we saw that these were all up to date. Files were clear, well ordered and staff we spoke to knew where these were kept.
- One of Park Hill's Theatre healthcare assistants had been successful in gaining a place on Ramsay's first cohort of the Operating Department Practitioner apprentice scheme.
- Physiotherapy staff told us they received regular supervision from the hospital's clinical lead and updated their personal development targets regularly as part of this process. Wider specialist support was provided by senior physiotherapy staff at other nearby hospitals in the group, and the physiotherapy lead also attended the company's national physiotherapy conference once a year.
- The physiotherapy lead was attending extra training with a view to developing a hand therapy service at the hospital. The development of this service would mean that patients requiring procedures such as splinting could be treated within the hospital as part of their treatment rather than referring them to the local NHS trust.
- Staff who offered training to others at the hospital had attended additional 'train the trainers' sessions offsite provided by the wider hospital group
- Nursing staff were offered development opportunities such as additional pain management and acute illness management training. Staff told us they were supported by their ward manager to complete their revalidation and given ample time to achieve this.

Multidisciplinary working

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

- Consultants accessed the NHS trust multidisciplinary team (MDT) meetings for discussion of patients on specific pathways or with complex needs, this included attendance from consultants, specialist nurses and radiologists.

- A multi-disciplinary on-call team was available 24 hours, seven days a week, this included access to a radiographer, theatre staff, engineers and senior managers.
- The hospital's physiotherapy service worked closely with ward and outpatient staff to optimise patient recovery postoperatively. Staff told us they also regularly referred to the physiotherapy service for conservative management of ongoing conditions where appropriate.
- We saw that the handover between theatre staff and those in the post-anaesthetic care unit was thorough and both the anaesthetist and scrub nurse provided a full handover to staff.
- Ward staff conducted a full multidisciplinary team handover each day using a communications board to reinforce important messages travelling between teams.
- Discharge summaries were passed to patients' friends or relatives where possible who were encouraged to take these to the patient's GP as soon as possible. There was no direct electronic system to inform GPs of a patient discharge.

Seven-day services

Key services were available seven days a week to support timely patient care.

- There was an RMO in the hospital 24 hours a day with immediate telephone access to on-call consultants.
- Theatres operated Monday to Friday 7am - 9pm, Saturday 7am - 6pm and Sun 7am - 4pm. The hospital had access to the critical care team at the local trust seven days a week.
- Pharmacy services were provided by the local trust and operated seven days a week, except on bank holidays, when an emergency pharmacy service was accessible through the local trust as needed.
- Physiotherapy services were available seven days a week. Substantive staffing could not meet this need at the time of our inspection, so bank staff provided the physiotherapy service at evenings and weekends. Plans were in place to recruit permanent staff.
- Diagnostic services were available in a timely manner 24 hours a day through a service level agreement with the neighbouring trust.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

- We saw that patients were supported to improve their health with referrals to services such as stop smoking support and counselling as needed. Health promotion information in the hospital included display boards and information leaflets.
- The hospital ran an outreach programme where consultants went into the community to meet patient participation groups at GP practices to speak on specific topics which included health and wellbeing promotion.

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.

- The Mental Capacity Act (MCA) 2005, is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over. Where someone is judged not to have the capacity to make a specific decision, following a capacity assessment, that decision can be taken for them, but it must be in their best interests. Staff we spoke with showed a good understanding of the relevant consent and decision-making requirements.
- At our last inspection, staff were not routinely provided with Mental Capacity Act training. At this inspection, we found that training on the Mental Capacity Act was included in mandatory safeguarding training. Additional Mental Capacity Act and Deprivation of Liberty Safeguards was provided for those delivering direct patient care and compliance was 79%. This was an improvement. Nursing staff told us that some of them had also attended one day training on the topic organised on an ad-hoc basis by the company.
- Consent for procedures was gained in two stages and was always completed prior to admission. Consultants gained consent from patients for their procedure and

we saw that with one or two exceptions where minor omissions not affecting the validity of consent had been made, consent forms were fully and appropriately completed.

- Consent audits of records from June 2019 showed that eight out of 10 of Stage 1 consent forms were completed within a period of time prior to admission to allow time for patient questions and reflections, and 100% of Stage 2 consent forms were completed by a healthcare professional prior to treatment.
- Bariatric patients received an appointment with a consultant to discuss choices, surgery, risks and benefits, Consent was not discussed at this appointment to give patients additional time to reflect. A second appointment was then arranged for surgical preassessment and Stage 1 consent. The preassessment appointment was scheduled for at least two weeks prior to the date of surgery.
- Staff used a nationally recognised mental capacity assessment tool to assess all patients over the age of 75, and any patients below that age who showed any concerning signs of confusion or forgetfulness.
- Staff we spoke to knew how patients could access mental health referral pathways and how they would do this.

Are surgery services caring?

Good

Our rating of caring stayed the same.We rated it as **good.**

Compassionate care

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

- We spoke with four patients and their families on the surgical ward at this hospital. Everyone we spoke to was happy with the care they had received. Patients described the staff as very caring.
- Patients we spoke to said they could summon help when they needed to, and that staff answered buzzers quickly. During our time on the ward we did not hear buzzers ringing for long periods of time.
- Nursing staff told us their favourite thing about working at the hospital was having the time to 'care properly' for patients. One nurse specifically mentioned supporting patients with additional needs and having the resources to do this well as something they were particularly proud of.
- All patients we observed appeared comfortable, looked well cared for and had their privacy and dignity maintained.
- The Friends and Family Test (FFT) score for surgical inpatients was 94.3%. The response rate was 35.8%. This was in line with the England average.
- The hospital's patient satisfaction survey for June 2019 showed that 94% of patients were satisfied with their overall care at the hospital.
- Chaperone service cards were available on reception and given to every outpatient. These gave information about patients right to a chaperone and how to request this. These were not available in other languages. Access to a male chaperone to support patients was not always available.

Emotional support

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

- Patients told us they received good emotional support. All the patients we spoke to on the ward were aware that their mobility levels would change as a result of their procedure and that this could impact upon them emotionally. One patient told us that they were particularly nervous at their pre-operative assessment but that the anaesthetist had taken time to answer all their questions thoroughly and put their mind at rest.
- Patients and families we spoke to told us they found consultations of a good quality and that doctors were understanding and compassionate.
- Patients told us they had been able to find a member of staff to speak to about any worries and fears they had. 89.4% Respondents to the June 2019 patient survey (89.4% which constituted 47 people) confirmed this was the case.

Good

Surgery

Understanding and involvement of patients and those close to them

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

- Patients we spoke to told us they were fully aware of what the plan was for their care and treatment and were comfortable speaking to staff if they had any questions or concerns.
- Respondents to the hospital's June 2019 patient survey (95.5%) said they were involved in their care and treatment as much as they had wished to be.
- Respondents to the same survey (88.6%) said that hospital staff had told them who to contact if they were worried about their condition or treatment after they left hospital.
- A range of information leaflets and advice posters were available on wards we visited. These included discharge information, specialist services and general advice about their care and treatment.
- We saw in patient records that choices and options had been clearly explained to patients, and support to process these emotionally had been provided. Patients told us they felt well supported and were clear throughout their treatment pathway what their options and next steps were. Fees for self-financing patients were clearly stated in full prior to any consent procedure.

Are surgery services responsive?

Good

Our rating of responsive improved.We rated it as **good.**

Service delivery to meet the needs of local people

The service planned and provided care in a way which 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.

- The hospital had arrangements in place for planning and booking of surgical activities, ensuring patients were offered choice and flexibility.
- The hospital worked closely with the local NHS clinical commissioning group and NHS providers to ensure services were planned to meet the needs of the local people.
- Staff held a daily bed meeting to discuss staffing levels and clinical needs. Staff reviewed the number of admissions, discharges and patient dependency throughout the shift to assess on-going capacity.
- Each day, theatre teams met to discuss the day's lists, including the individual care needs of each patient and how they could best meet these.

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.

- The service had good links to the local intermediate care team, mental health support and social care and could directly refer to these services. Occupational and other specialist therapy services were supplied by the local trust and were regularly accessed by the hospital.
- Staff across the hospital worked together to meet the needs of people with additional requirements. A link nurse at a nearby hospital within the group provided dementia support and some ward staff had received training to become dementia champions. The ward regularly accepted patients living with dementia, and made sure extra staff were in place to support someone's stay.
- We reviewed PLACE reports for 2018. The hospital scored 86% for meeting the needs of people with dementia. This was above the national average of 79% and the organisation's average of 81%. The hospital scored 86% for meeting the needs of people with a disability, which was the same as the national and organisation averages of 86%.
- People with a hearing impairment or sight difficulty were identified at pre-assessment. The hospital had a hearing loop and could provide extra support for people with sight loss.
- The service regularly supported people living with dementia. Ward staff used extra insert sheets in patient

records designed to support those living with dementia. These included prompts to use items such as a dementia friendly clock, forget-me-not stickers, blue trays for food and drinks indicating a patient with dementia and a reminder to ask carers if they would like to stay overnight. Carers were encouraged to be actively involved in the patient's care.

- Wards and departments were fully accessible for people with limited mobility and wheelchair users. People using designated disabled parking spaces could access these directly opposite the main entrance.
- The correct level (minimum Level 2) postoperative care was provided in the post anaesthetic care unit.
- Patients being discharged with complex or additional needs could be referred to the local trust's integrated discharge team for support. Transfer to local rehabilitation beds was available if someone needed further, lower level support before going home. The local discharge team could also arrange support in a patient's home as required. On discharge, patients were provided with a direct telephone number to call if they needed any support or guidance.
- Interpretation services were accessed using the local trust and local authority systems. Patients could speak to someone on the phone, or a face to face interpreter could be booked. Staff explained that for difficult conversations or gaining consent, a face to face interpreter would be used. Leaflets were only available in English but staff could translate some or all of the content as needed using the local trust system.

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.

- Between April 2018 and March 2019, there were 837 inpatient attendances, 1496 day case attendances, and 2200 visits to theatre. Of the inpatient and day case admissions, 56% were NHS funded and 44% were Non-NHS funded.
- There were an average of 552 visits to theatre per quarter. The most commonly undertaken procedures were hip and knee replacements. In January 2019, 130 daycase and 80 inpatient admissions had taken place. The senior leadership team reviewed activity and capacity at each meeting. The theatre manager regularly reviewed theatre usage and an extra theatre was available if needed to meet demand.
- From January to March 2019, the hospital's referral to treatment time (RTT) for incomplete pathways for surgery was 100%, which was better than the England average and the 92% target.
- A last-minute cancellation is a cancellation for non-clinical reasons on the day the patient was due to arrive, after they have arrived in hospital or on the day of their operation. If a patient has not been treated within 28 days of a last-minute cancellation, then this is recorded as a breach of the standard and the patient should be offered treatment at the time and hospital of their choice. Data provided by the hospital pre-inspection showed that in July 2019 the hospital cancelled six procedures for non-clinical reasons. All patients received another appointment within the following 28 days.
- All cancelled operations on the day of surgery were reviewed by the clinical governance team. A monthly dashboard showed what actions, if any, were put in place following a cancellation and lessons learned were also documented.
- The hospital used the adjoining local trust's telephone system, linking them directly to the main emergency call system and enabling calls from patients to be transferred across organisations rather than having to give a second number.

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 organisation had received 19 complaints in the previous three years. None had progressed to resolution by the independent healthcare sector complaints adjudication service. There was an average of 0.6

complaints per 100 inpatient and day case attendances. Complaint responses were overseen by a member of the senior leadership team and trends and themes reviewed as part of the governance structure.

- If complaints were not resolved at a local level, the complainant could contact the Independent Sector Complaints Adjudication Service (ISCAS), for fee-paying patients, or the Parliamentary and Health Service Ombudsman for NHS patients for an independent review. Between May 2018 and April 2019, no complaints were referred to either independent body.
- We looked at six complaints files from across the organisation. We saw that five complainants received a response within the 20 working day target. One was delayed due to staff absence. All complaints were acknowledged on time. Files contained full details of the investigations undertaken, and we saw that consent forms were correctly completed when needed.
- Response letters to complaints addressed the concerns initially expressed and included an apology when things had not gone as planned. Lessons learned from complaints were shared at team meetings and we saw evidence of this in meeting minutes.
- Thank you cards were on display on the ward, as were friends and family test data and the results of the most recent patient satisfaction survey.

Are surgery services well-led?

Good

Our rating of well-led improved.We rated it as **good.**

Leadership

Leaders had the integrity, 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 leadership team consisted of a hospital director, operations manager and head of clinical services / matron. The hospital was in a period of leadership development, with a new registered manager who took up the role in October 2018 supported by key regional leads from the wider company.
- Staff told us that leaders were visible and approachable. All staff we spoke to told us they regularly saw the hospital director and other members of the senior leadership team daily and felt there was an open door policy when it came to speaking directly to them. Several different members of staff said that working at the hospital was like being part of a family.
- Consultants working through practicing privileges told us they felt supported by the management team and that the hospital compared favourably with others they worked in. Staff told us that leaders promoted a positive culture and had spoken to consultants about their attitude where it had been perceived that this was a problem.
- Managers were able to demonstrate to us that they had good oversight of their departments and provided good support to staff. They told us they had been offered the opportunity to access additional qualifications to consolidate their skills.
- Staff told us that leaders had equipped them with the courage and tools to speak up for safety, and that the supportive culture meant they were happy to challenge those more senior and question when they were not sure things were right.
- The three senior leaders met weekly to discuss the hospital's strategy, risks and priorities. Individual departments met formally on a quarterly basis and more frequently as and when required.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

- The service had a vision and strategy and senior staff could articulate this. The hospital's strategy was available as a one page 'at a glance' document which was on display in the staff room.
- The wider company vision and strategy formed part of staff induction. Staff we spoke to told us about 'the Ramsay way', what it meant to them and how it influenced their work.

Good

Surgery

Culture

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

- Staff talked positively about their roles and the team's 'can do' attitude. Several staff told us that they had taken on extra responsibilities or worked across a range of areas and that this had given them a greater insight and knowledge of the organisation, meaning they felt able to support patients more effectively.
- The most recent staff survey from 2018 showed staff were most happy with the hospital's customer / patient focus (94%, above the 83% Ramsay average) and procedural support (90%, above the 77% Ramsay average). Areas of concern for staff were the package of benefits and salary (both 29% against Ramsay averages of 47% and 31% respectively) and communications (46%, above the Ramsay average of 37% but a 30% drop on the previous survey). Senior leaders had already done a lot of work on the staff survey at the time of our visit including an improved benefits and salary package for staff and improved communication through increased leadership visibility.
- The hospital used the company's national whistleblowing policy which included details of how to contact the national freedom to speak up guardian, and a whistleblowing hotline number was provided to all staff. Locally, staff were encouraged to speak to their hospital director, a company director or board member if they had any concerns. There were no whistleblowing concerns reported to CQC in the reporting period.
- Theatre staff told us they felt that the company offered very good professional development opportunities and they were well supported to access this.

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.

- Senior leaders had developed a governance structure showing meetings for the year. They described the flow of information up and down this structure, and we saw in meeting notes that national and local issues for discussion and escalation were standing agenda items. We saw evidence of lessons learned and changes in practice in governance minutes.
- An integrated governance report, produced monthly by the head of clinical services, covered practicing privileges, complaints, infection control, incidents and training compliance. Dashboards could be filtered to outpatient and inpatient areas so that staff could see at a glance any deterioration or improvement in their service.
- The hospital's head of clinical services had good links and met regularly with the local trust's head of clinical services to discuss incidents and share learning. Monthly heads of department meetings received and discussed the integrated governance report.
- We reviewed three sets of minutes from departments, senior leadership, clinical governance and the medical advisory committee. All included key messages, staffing, patient risks, incidents and current issues. Escalation points were clearly noted and we could see that concerns at department level were reflected in senior leadership minutes. Senior leaders explained how they regularly escalated any issues to the wider company and how feedback on this was cascaded to staff.
- There was an active medical advisory committee with a new chair who was revitalising the membership and had introduced a committee newsletter to try and ensure better dissemination of committee discussions. The committee's terms of reference including roles and responsibilities were well documented and appropriate.

Managing risks, 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.

- There was a clear risk escalation route from surgical services and other departments to the registered manager and the regional director of clinical services.

Good

Surgery

- Senior staff identified their highest risks to be security, continuity of care and staffing. These risks were on the risk register. Each risk had a named owner, review date and clear progress including links to minutes of hospital meetings where progress was discussed. All current risks had been reviewed within the previous six months.
- The full hospital risk register was available to ward and theatre leaders so they could see clearly how their local risks fitted into the bigger picture. The organisation's risks were logged and available electronically so that departmental risk logs provided real time information to feed through to the hospital register.
- The hospital participated in a schedule of annual inspection (external and internal) and equipment tests to monitor compliance with policy and regulations.
- The department had business continuity plans in place to manage challenges such as IT system failure.

Managing information

- The service had systems in place to collect information about performance and share it with staff, for example, information relating to waiting times and reporting times.
- Information provided by the hospital, showed that 80% of hospital staff had completed information security training. We saw that 89% of staff had completed general data protection regulation training, and 88% data protection training.
- During the inspection we saw that patient records were stored securely and computers were locked when not in use. The service was compliant with current data protection standards, and all data leaving or entering the organisation was encrypted.
- The organisation hosted ten terminals with access to local trust systems so that reports and scans could be accessed promptly when needed.

Engagement

- The service engaged and collaborated with partner organisations such as the local NHS trust to plan services. The hospital supported the local trust in meeting targets and co-location was felt to be generally mutually beneficial.
- The organisation conducted regular patient satisfaction surveys and leaders could access dashboards giving 'real time' feedback. Hospital directors were alerted to any patient comments giving great feedback or poor feedback about care so that these could be addressed quickly.
- A new, electronic survey had only been in place a few weeks at the time of our inspection but had the potential for patients to not only provide more detailed and timely feedback but also to suggest ideas for improvement. This was supplemented by the Friends and Family Test, distributed as a hard copy.
- We saw posters and leaflets in ward areas advising staff and patients how to raise concerns or share comments about the hospital.
- Staff told us they felt more engaged and involved in decisions about the service. Several mentioned the fact that the hospital director was based onsite five days a week as an improvement, as the previous lead had managed more than one location. Staff said that communication from leaders was good, and they felt happy to speak directly with senior leaders if they wanted to know anything specific.

Learning, continuous improvement and innovation

- The hospital supported second and third year students on clinical placement. Students told us they enjoyed their time at the hospital and would be happy to work there.
- The physiotherapy team was looking to develop core skills and expand the team to provide hand clinics in house, rather than referring patients back to the local trust. This would be a new enterprise for the hospital and it was hoped that this would also encourage new staff to join the team.
- Consultants provided regular educational events to local GP surgery staff. These were formally evaluated and included a certificate of attendance for staff.
- The service had implemented a safety code which gave staff the tools and confidence to speak up for safety, whatever their grade or job description. Staff told us that morale and teamwork had improved and the organisation was working more safely as a result.

Good

Outpatients

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are outpatients services safe?

Good

Previously, we rated outpatients and diagnostic imaging as a single core service. We have not yet rated outpatients as a single service. We rated safe as **good.**

Mandatory training

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

- For our detailed findings on mandatory training, please see the safe section in the surgery report.
- Staff working in the outpatient unit were 100% compliant with their mandatory training and told us they were given time to complete this. Staff received mandatory training to make them aware of the potential needs of people living with mental health conditions, a learning disability or autism.

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.

- For our detailed findings on safeguarding please see the safe section in the surgery report.
- Staff we spoke to told us they understood the principles of safeguarding both vulnerable adults and children.Safeguarding training included units on female genital mutilation and PREVENT, intended to identify and reduce radicalisation. PREVENT competencies were reassessed on a yearly basis as part of safeguarding refresher training.
- Safeguarding information was available in a folder in the outpatient office. This included the most recent corporate policy and tools for recording concerns. Staff we spoke to knew who to contact if they had concerns and how to do so.
- Nursing staff received safeguarding vulnerable adults and children training to level two. Refresher training was updated on a yearly basis.

Cleanliness, infection control and hygiene

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

- The hospital had an annual infection control plan with named link nurses. Infection control risks were reviewed regularly at the infection control committee.
- Two of the nursing staff had received training in aseptic non-touch technique practices, and another was a trained assessor.
- Antibacterial hand gel was available on the entrance to the outpatient corridor, accompanied by hand hygiene signs. We saw staff and patients using the gel provided, but not consistently. Consulting rooms contained monthly hand hygiene checklists which had all been completed.
- Seats within the main waiting area were covered in non-wipe fabric, visibly dirty and therefore not compliant with infection control guidance. However,

we heard that the organisation had received approval for funding to replace these in August 2019 and outpatient staff told us they had been consulted about these changes.

Environment and equipment

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

- Equipment was clean and well maintained. We saw observational self- assessments showing that this had been the case over the previous six months. Equipment was checked and repaired or renewed under the terms of the organisation's national contract.
- Waste management was outsourced to an external source. Onsite, we saw that waste was correctly stored, labelled and handled.
- The treatment room within the outpatient unit was in a good state of repair. After our last inspection, we asked the provider to make some changes to the area to ensure the risk of infection was minimised. This had been completed. This was an improvement since our last inspection.
- The resuscitation trolley and anaphylaxis box were easily accessible to staff. We checked both and saw they had been checked daily and weekly. Resuscitation trolleys were provided by the neighbouring trust, who also provided emergency crash team cover. We saw evidence that emergency procedures were tested and were effective.
- We saw a storage area accessible from the main outpatient corridor. The door had a key pad but did not close fully, so we were able to push the door open. The room was dirty, with debris on the floor and dusty surfaces. The room did not appear to be well used, however, unlocked cupboards contained hazardous cleaning materials. This was not in line with HSE Control of Substances Hazardous to Health guidance, and we were concerned that as the door did not always lock, members of the public could gain access to these materials. This was brought to the attention of senior leaders and was rectified the following day.
- The hospital building joined directly onto the local hospital trust. We were told that this provided many benefits including easy access to security and emergency resuscitation teams. However, we observed junior doctors working for the local trust using Park Hill hospital as a 'cut through'. The building layout made it difficult for the hospital to have oversight or control of people entering or leaving the premises.

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 digital risk management tool and all received training on how to report incidents.
- Preoperative assessments were well completed. Those patients deemed to need a more in depth review were seen by a nurse or healthcare assistant in clinic, who could then refer for an anaesthetic review if needed. Those patients who were assessed as being low risk could receive telephone appointments.
- The outpatient unit was using the World Health Organisation surgical checklist and we saw that copies were all appropriately dated and signed. Use of and adherence to this checklist was audited regularly.
- The service used the national early warning system (NEWS2) to assess patients and identify those at risk of deterioration. Sepsis checklists were available on NEWS2 sheets for staff to refer to if they had any concerns.

Nurse staffing

- The service had enough nursing and support staff with the right qualifications, skills, training and experience available to provide the right care and treatment.
- Nursing staff working in outpatients told us that planned staffing was always two members of staff to run both the outpatient clinic and preassessment clinic, except on Saturday mornings, which would be staffed by one nurse and constituted outpatient clinics only.

- On the first day of our inspection, six consultant clinics were running, supported by one nurse. A second nurse was running a preassessment clinic included in this total. As a result, consultants could be seen waiting for a nurse to become free to help them. The service had not used bank or agency staff for some time. This meant the service was stretched on days like this when clinics were at capacity, and reliant on the good will and extra hard work of individual members of staff. We heard that a third 'floating' member of staff sometimes attended when available, and that this ensured a better service.
- As nurse staffing was minimal on the first day of our inspection, there was nobody available to chaperone a patient without halting the preassessment clinic. Nursing staff told us that when this happened, it caused delays to patients.

Medical staffing

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

- Consultants with practicing privileges from a number of different specialties saw patients in the outpatient department.
- A resident medical officer was available at any time to review a patient if required. Clinical support was provided to them by the organisation's clinical lead.
- For our detailed findings on medical staffing, please see the safe section in the surgery report.

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.

- We looked at the records of 12 patients and saw that on the whole these were well completed. However, some consultant notes were not dated or signed and were illegible in places.
- Consent forms were generally well completed but some differences between the organisation's forms and those used by the local trust meant that occasionally a tick box was overlooked. The organisation was aware of this issue and it did not affect the overall validity of the patient's consent. The completeness of consent forms was audited regularly at a local level.
- In all records we looked at, safer surgery checklists were complete, and specific assessments for things such as mental capacity, blood clots, tissue viability and risk of falls were completed where it was appropriate to do so.
- Records were stored in paper folders. Outpatient notes were stored securely in areas not accessible to patients when not in use by consultants. Consultants also had access to the local trust's IT systems, meaning that patient blood tests and scans could be instantly obtained once reported. The organisation had increased the number of terminals available to consultants since our last inspection, so that all clinics had access to this information.
- Medical records were stored onsite for six to nine months following completion of a patient's treatment, and then stored offsite by the organisation. We looked at notes bundles for forthcoming clinics and every patient's notes were present.

Medicines

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

- The outpatient unit stored a small amount of medicines. We checked the expiry dates of five medicines and found all were in date. Stock expiry checks were recorded. Fridges were locked and fridge temperatures were monitored and recorded daily. Staff knew the procedure to follow if temperatures were abnormally high or low.
- Pharmacy services were available seven days a week, and we saw evidence of medicines checks by pharmacy staff.
- Prescription books were locked away and a log kept accounting for every page of each book
- For our detailed findings on medicines please see the Safe section in the surgery report.

Incidents

Good

Outpatients

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

- Staff in the outpatient and preassessment units told us that there was good learning from incidents. They met monthly to discuss any issues or difficult cases, and both teams told us there were also daily conversations on an ad-hoc basis. We saw that learning from incidents was discussed with all staff and copies of completed root cause analysis documents were accessible in the outpatients office.Changes in practice as a result of learning were documented in the minutes of clinical governance meetings.
- We reviewed 14 incidents reported between July 2018 and June 2019. We saw that these were reported promptly and action had been taken where appropriate to limit the chances of recurrence. Incidents were fully investigated using a recognised analysis tool (Root Cause Analysis) and findings discussed at relevant staff meetings.

Safety Thermometer (or equivalent)

- For our detailed findings on safety thermometer measures, please see the Safe section in the surgery report.

Are outpatients services effective?

We do not rate the effective domain for the Outpatients core 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 outpatient team was providing care and treatment in line with NICE guidelines. Copies of relevant guidelines were available for staff to view in folders stored in the outpatients office.
- The hospital had introduced a telephone preassessment triage system whereby the lowest risk patients could complete their preassessment on the telephone. This saved time for both staff and patients, enhancing the delivery of effective care.
- Physiotherapy staff followed Chartered Society of Physiotherapy national guidelines.
- Staff were using a speaking up for safety code, developed by the parent organisation. We hear this had empowered staff to raise concerns with staff at all levels if they felt patient safety was compromised. One member of staff told us how they had halted a procedure until they had clarified whether policy was being correctly followed. They used the tools provided by the code to have a respectful conversation with colleagues and ensured their concerns were addressed and resolved.
- The unit's staff participated in a hospital wide audit programme, which fed into the organisation's national quality systems. The outpatient team contributed effectively to the hospital programme and to national CQUIN audits.

Nutrition and hydration

Staff offered patients enough food and drink to meet their needs.

- Hot and cold drinks were available for patients and their families in the main waiting area. Staff told us that in exceptional circumstances, for example when a patient had an unusually long wait, or had diabetes they would provide a sandwich or other snack based on the patient's preference.

Pain relief

- For information about pain relief, please see the effective section of the surgery report.
- The outpatient department kept a small stock of pain-relieving drugs in the department. We saw in patient notes that these were prescribed as and when they were needed. Pharmacy staff checked stocks

regularly. Patients we spoke to told us they had not been in any pain during outpatient appointments but felt confident pain relief would be offered if they had been.

- Outpatient nurses could access specialist pain management advice through the hospital's close working relationship with the neighbouring NHS trust.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

- For information about patient outcomes, please see the effective section of the surgery report.
- Patient outcomes were routinely collected and monitored. The hospital submitted information to the Private Healthcare Information Network (PHIN). The hospital group conducted a national audit programme and we saw that the hospital was meeting the requirements for this.
- Physiotherapists used quality of life tools to assess the benefits of care and treatment and we saw in patient notes that there were clear plans for assessing patient progress against expected outcomes.

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.

- The hospital had systems in place to ensure that consultants working under practicing privileges were competent to carry out their role. This was regularly reviewed. Consultants received a newsletter containing important updates on policies, equipment and systems to help them maximise their effectiveness when in the hospital.
- Staff could give examples of using their skills to sensitively manage difficult behaviours displayed by other staff members and patients.
- Nurse competencies were checked by senior nursing staff and competency logs were available in the department to view.
- All nursing staff had received training in dementia awareness. Staff told us that the departmental aim was to become a dementia friendly area by the end of the year.
- Nurse leaders told us that while they were supposed to have protected management time each week, this was not always the case. However, time was prioritised to attend heads of department meetings.
- Staff working in the preassessment clinic had access to up to date medication advice and relevant NICE guidance.

Multidisciplinary working

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

- Consultants spoke respectfully to staff supporting their clinics and nursing staff told us they felt supported by doctors. Staff felt confident to challenge colleagues if needed.
- The outpatient team were trialling a new daily huddle once a day, attended by all staff. This was well received and staff we spoke to said this had improved communication. We saw evidence that points for note or action arising from huddles were recorded and revisited as necessary. A communications book was used so that those working at different times could catch up with important updates.

Seven-day services

Key services were available seven days a week to support timely patient care.

- The outpatient department ran clinics on weekdays between 8am and 8pm, and on Saturdays between 8 and 1pm. Physiotherapy services could be provided seven days a week, based on patient need.
- If patients required support or advice, they were encouraged to call whenever they needed to do so. When outpatient clinics were not running, telephones were diverted to the inpatient ward to ensure this service was maintained.

Health promotion

Good

Outpatients

Staff gave patients practical support and advice to lead healthier lives.

- Staff discussed wider lifestyle choices and concerns as part of patients' outpatient appointment. Where possible, staff directly referred those requiring or requesting intervention to specialist services such as stop smoking support.
- We saw health promotion information on display in waiting areas including information about becoming more active.

Consent and Mental Capacity Act

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.

- Staff used a nationally recognised mental capacity assessment tool to assess all patients over the age of 75, and any patients below that age who showed any concerning signs of confusion or forgetfulness. The service regularly supported people living with dementia. We heard that as part of an outpatient assessment, staff would liaise with ward staff to arrange extra resources to support patients living with dementia during their inpatient stay.
- Staff received an overview of the Mental Capacity Act as part of their safeguarding training. Nursing staff told us they had also recently received a full day's additional training on mental capacity.
- For further information about consent and mental capacity, please see the effective section of the surgery report.

Are outpatients services caring?

Good

Previously, we rated outpatients and diagnostic imaging as a single core service. We have not yet rated outpatients as a single service. 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.

- Patients we spoke with told us staff had been friendly and helpful. None of the 17 patients or family members we spoke to had had cause to complain about staff.
- We observed staff speaking to patients in a friendly and professional way. Patients told us they were happy with the way staff treated them. Staff answered questions posed by patients thoroughly and gave good instructions prior to surgery.
- Chaperone service cards were available on reception and given to every outpatient. These gave information about patients right to a chaperone and how to request this. These were not available in other languages. There was no male chaperone available in either outpatients or the ward area.

Emotional support

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

- Most patients we spoke to told us they had not needed any emotional support but they felt that this would be available if needed. One person told us they had received some bad news that day but they had been well supported by staff and friends. The doctor they saw had provided written information so they could reread and further digest the information they received later.
- Patients and families we spoke to told us that they found consultations of a good quality and that doctors were understanding and compassionate.

Understanding and involvement of patients and those close to them

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

- We observed a physiotherapist giving clear guidance to a patient about their treatment plan. The patient supplied further detail about what was limiting their

progress and the physiotherapist was able to tailor the plan by providing additional aids that would help the patient overcome their current challenges. There was ample opportunity for the patient to ask questions and they told us they were very happy with their consultation.

- We saw in patient records that choices and options had been clearly explained to patients, and support to process these emotionally had been provided. Patients told us they felt well supported and were clear throughout their treatment pathway what their options and next steps were.

Are outpatients services responsive?

Good

Previously, we rated outpatients and diagnostic imaging as a single core service. We have not yet rated outpatients as a single service. We rated responsive as **good.**

Service delivery to meet the needs of local people

The service planned and provided care in a way which 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.

- The hospital routinely provided care and treatment to patients with a diagnosis of dementia or confusion, people with a learning disability or mental health condition. These patients were provided with extra support such as additional staffing and a learning disability link nurse to meet their needs.
- The main waiting area in outpatients housed machines that could dispense hot and cold drinks. Notices reminded parents to supervise their children around the drinks machines and lids were provided and visitors were encouraged to use these to reduce the risk of spillage or burns.
- There were no children's toys or books in the waiting area. Although children were not treated at the hospital, there were several pre-school age children in all waiting areas over the course of our visit.
- The hospital provided a car park for patients immediately outside the main entrance. Patients were also able to access the trust's onsite parking and marked disabled parking bays were available outside the main entrance. Senior staff explained that hospital staff had been asked to park elsewhere to leave spaces free for visiting patients and their families.
- The hospital was served by local bus routes and a subsidised park and ride bus service.
- Signage to the outpatient unit was clear and in contrasting colours. Corridors were dementia friendly although signage was in English only with no pictures to assist people living with dementia.
- Nursing staff told us that they could assist patients with a learning disability or autism to complete forms if needed. Staff explained that they could prioritise anyone who seemed upset in the waiting area and enable them to access the consultant more quickly. One of the treatment rooms could be used as a quiet room if needed and had been used for this purpose in the past.

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.

- The service had good links to the local intermediate care team, mental health support and social care and could directly refer to these services. Occupational and other specialist therapy services were supplied by the local trust and were regularly accessed by the hospital.
- The hospital could not arrange transport for people with mobility issues as this was arranged by their GP. However, we did observe reception staff ordering taxis for patients who requested them.
- There was a fully accessible lift between floors which was large enough to take a wheelchair or a patient in a bed. Strip lighting in this lift was exposed, which was a

potential risk to patients. We brought this to the attention of managers, who raised this with the local trust (who owned the lift) and asked for immediate action to put this right.

- The hospital had a portable hearing loop for people with a hearing impairment.
- There were toilets on both floors suitable for wheelchair users. However, the decoration in the toilet area on the ground floor was tired, with paint bubbling and flaking around the back of the toilet.
- Discharge checklists were used to support people being discharged from the service and patients were provided with a range of direct numbers (not a generic number) to call should they need any guidance or support after they left the hospital.
- Processes were in place to support people who spoke English as a second language or required a British sign language signer. Translators were available to attend appointments with patients. Staff told us that occasionally they would use a friend or family member to translate for a patient but were clear that this would never happen if the appointment included either gaining consent for a procedure or breaking bad news.
- We observed positive interaction between nursing staff and a consultant. This included a full discussion of a patient's deteriorating social situation and how this might affect the patient's recovery after the planned operation. After discussion, the team decided to make further enquiries and reassess the patient fully to be sure that the patient was fit for the procedure and that the right things could be put in place at home to give them the best chance of a good recovery.

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.

- The service did not see patients requiring a two week urgent wait appointment and consistently met the target to see patients before 18 weeks of waiting. The hospital met regularly with local commissioners and the local trust to discuss performance.
- Patients told us that their treatment and appointments were arranged at times to suit them, and that communication and choice offered had been good.
- Patients and families we spoke to told us they had not waited long after referral to access the service. On the day, people told us they had not waited in the waiting area for a long time.
- The service had low 'did not attend' rates. Nurses rang every patient who failed to attend their appointment to check what had prevented them from doing so, provide any support or advice as needed and rearrange their appointment.
- We asked to see the information provided to patients prior to their first appointment. Directions and signposting were clear. As the hospital was within the grounds of the trust, patients and staff told us most people could find the hospital easily, being familiar with the trust.
- We saw that patients were not waiting very long to see a consultant.Nursing staff visited patients in the waiting area to update them and let them know when they were the next person to be seen.

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.

- We discussed complaints with staff. They told us formal written complaints were uncommon. When patients had complaints, staff told us they would try to resolve them at the time and would involve someone more senior if necessary.
- Complaints leaflets were on display in the main waiting area and on the reception desk.

Good

Outpatients

- We saw that 81.3% of respondents who completed the friends and family test in the outpatient area would recommend the hospital. Response rates were in line with the national average.
- The hospital received 19 complaints in the reporting period of May 2018 to April 2019. None were referred to the independent complaints ombudsman. There were no complaints specifically about outpatient care during this period.
- We looked at six complaints files from across the organisation. We saw that five complainants received a response on time, one was delayed due to staff absence. All complaints were acknowledged on time. Files contained full details of the investigations undertaken, and we saw that consent forms were correctly completed when needed. Response letters addressed the complainant's concerns.

Are outpatients services well-led?

Good

Previously, we rated outpatients and diagnostic imaging as a single core service. We have not yet rated outpatients as a single service. We rated well led as **good.**

Leadership

Leaders had the integrity, 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.

- For further information about leadership, please refer to the well led section of the surgery report.
- Staff told us that leaders were visible and approachable. All staff we spoke to told us that they regularly saw the hospital director and other members of the senior leadership team daily and felt that there was an open door policy when it came to speaking directly to them.
- Managers were able to demonstrate to us that they had good oversight of their departments and provided good support to staff. They told us they had been offered the opportunity to access additional qualifications to consolidate their skills.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

- For further information about vision and strategy, please refer to the well led section of the surgery report.
- The service had a vision and strategy and senior staff could articulate this. The hospital's objectives and vision were on display in the outpatients office and staff room.

Culture

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

- For further information about culture, please refer to the well led section of the surgery report.
- Staff talked positively about their roles and the team's 'can do' attitude. Several staff told us that they had taken on extra responsibilities or worked across a range of areas and that this had given them a greater insight and knowledge of the organisation, meaning they felt able to support patients more effectively.
- The hospital used the company's national whistleblowing policy which included details of how to contact the national freedom to speak up guardian, and a whistleblowing hotline number was provided to all staff. Locally, staff were encouraged to speak to their hospital director, a company director or board member if they had any concerns.
- The most recent staff survey showed some specific concerns relating to working environment. Leaders understood which area of the organisation this referred to and had already begun to address this.

Governance

Good

Outpatients

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.

- For further information about governance, please refer to the well led section of the surgery report.
- Senior leaders had developed a governance structure detailing meetings for the year. They described the flow of information up and down this structure, and we saw in meeting notes that national and local issues for discussion and escalation were standing agenda items.We saw evidence of lessons learned and changes in practice in governance minutes.
- The hospital's clinical governance lead had good links and met regularly with the local trust's head of clinical services to discuss incidents and share learning. Monthly heads of department meetings received an integrated governance report covering incidents, patient satisfaction, practicing privileges, clinical outcomes and audit.

Managing risks, 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.

- For further information about managing risks, issues and performance, please see the well led section of the surgery report.
- Staff in the outpatient unit knew their local risks and had access to their risk register, which were managed electronically.
- Risk registers were concise, revisited regularly and kept up to date. The full hospital risk register was available to outpatient leaders so they could see clearly how their local risks fitted into the bigger picture.
- The department had business continuity plans in place to manage challenges such as IT system failure.

Managing information

- For further information about managing information, please refer to the well led section of the surgery report.
- Staff were aware of their responsibilities in relation to data protection, and information governance formed part of their mandatory training. Patient information was stored securely.

Engagement

- The service engaged and collaborated with partner organisations such as the local NHS trust to plan services.
- The organisation conducted regular patient satisfaction surveys and leaders could access dashboards giving 'real time' feedback. Hospital directors were alerted to any patient comments giving great feedback or poor feedback about care so that these could be addressed quickly.
- For further information about engagement, please refer to the well led section of the surgery report.

Learning, continuous improvement and innovation

- The service improved services by learning from when things went well or went wrong.
- For further information about learning, continuous improvement and innovation, please refer to the well led section of the surgery report.

Outstanding practice and areas for improvement

Outstanding practice

- The service had implemented a safety code which gave staff the tools and confidence to speak up for safety, whatever their grade or job description. Staff told us that morale and teamwork had improved and the organisation was working more safely as a result.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that there are sufficient staff with the right skills working in outpatient and preassessment clinics. Senior staff should ensure that staff are not working at maximum capacity for prolonged periods of time.
- The hospital should consider replacing the waiting room seat covers in the outpatient clinic to lessen the risk of infection.