Circle Health Group Limited

Goring Hall Hospital

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Our rating of this location stayed the same. 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.

We rated this service as good because it was safe, effective, caring, responsive and well-led. We currently do not rate effective in outpatients and diagnostic imaging services.

However:

Patient records were not always kept securely.

Social distancing and personal protective equipment was not always used correctly in the surgical staff room.

Two disposable curtains in the diagnostic imaging department had not been replaced for over six months.

Defibrillation pads on the resuscitation trolley in theatres had expired two weeks before the inspection.

The enhanced recovery unit (ERU) was cluttered with equipment. Staff we spoke with were not aware that the ERU was not in use, or that it could be used in certain circumstances with sufficient notice for clearing and cleaning.

Patients privacy and dignity was not protected whilst checking in at reception in the diagnostic imaging department.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	Our rating of this service stayed the same. 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 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. However:

Summary of findings

Patient records were not always kept secure. Trolleys storing patient records on Ilex ward and the day surgery unit were unlocked.
The enhanced recovery unit (ERU) was cluttered with equipment. Staff we spoke with were not aware that the ERU was not in use, or that it could be used in certain circumstances with sufficient notice for clearing and cleaning.
Staff in one area did not adhere to social distancing rules, maximum room occupancy and were not wearing personal protected equipment (PPE) correctly.
There was a high number of surgical procedures cancelled for non-clinical reasons.
Defibrillation pads on the resuscitation trolley in theatres had expired.
We rated this service as good because it was safe, effective, caring, responsive and well-led.

Medical care (Including older people's care)

Good 

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 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.
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.

Summary of findings

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.
Medicine is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
We rated this service as good because it was safe, effective, caring, responsive and well led.

Diagnostic imaging

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. 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 records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
Staff provided good care and treatment. 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.

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Diagnostic imaging was a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
We rated this service as good because it was safe, caring, responsive, and well led. We do not rate effective in diagnostic imaging services.

Outpatients

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. 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 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 improving services continually.
Outpatients is a small proportion of the hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
We rated this service as good because it was safe, caring, responsive, and well led. We do not rate effective in outpatients service.

Summary of findings

Contents

Summary of this inspection

Background to Goring Hall Hospital

Goring Hall Hospital is operated by Circle Health Group Limited. It is a private hospital in Goring by Sea, near Worthing, West Sussex. The hospital primarily serves the communities of West Sussex. It also accepts patient referrals from outside this area.

The hospital has a registered manager in post.

Goring Hall Hospital provides surgery, endoscopy, outpatients and diagnostic imaging services to adults. Care and treatment are provided to people who are self-funded, through private medical insurance and NHS funded.

The hospital has one ward consisting of 22 bedrooms with ensuite facilities, a day care unit consisting of 12 beds and an ambulatory care area comprising of 4 chairs. All bedrooms had a TV and WIFI. The hospital has three theatres and one endoscopy unit. The outpatient department consists of six consulting rooms, one ophthalmic suite, a consulting room and treatment room, three pre-assessment clinic rooms, and a physiotherapy unit. The diagnostic imaging service includes magnetic resonance imaging (MRI), CT, digital mammography, ultrasound and plain film X-ray. There are no emergency facilities at this hospital.

There are 125 surgeons, anaesthetists and physicians working at the hospital under practising privileges.

The service is registered to provide the following regulated activities:

•Diagnostic and screening procedures

• Surgical procedures

• Treatment of disease, disorder or injury

The hospital has a registered manager who has been in post since March 2018. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage a service. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how a service is managed.

The hospital was previously inspected in 2018 and rated as good. We inspected Goring Hall Hospital using our comprehensive inspection methodology. We carried out a short notice announced inspection on 7 December 2021.

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.

How we carried out this inspection

During the inspection visit, the inspection team:

Summary of this inspection

Assessed and visited the surgical and medical care which included the endoscopy unit, Ilex ward, reception and outpatient areas, day care unit, theatres, diagnostic imaging and physiotherapy.

- Reviewed the overall governance processes for the hospital and reported this as part of the well-led domain.
- Spoke with 17 members of staff including senior leaders, managers, doctors, nurses, allied health professionals and support staff and five patients.
- Observed patient care and procedures with their consent, looked at patient waiting areas and clinical environments, and attended staff huddles.
- Reviewed seven patient care and treatment records,
- Looked at a range of hospital policies, procedures and other documents relating to the running of the services.

After the inspection visit, the inspection team:

- Carried out virtual interviews with three senior members of staff.
- Reviewed further service information such as performance, training compliance, audits, policies, feedback from patients, staff and the local hospital trust.
- Spoke to six patients who had received care and treatment within the diagnostic imaging department.

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

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Medical care (Including older people's care)	Good	Good	Good	Good	Good	Good
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

Are Surgery safe?

Good

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

Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff. The service followed the Circle Health Group Limited mandatory training policy which defined the mandatory training requirements of staff including bank workers.

Nursing staff received and kept up-to-date with their mandatory training. Staff completed training through a mixture of face to face and e-learning modules. Goring Hall Hospital set a target of 90% for completion of mandatory training. As of December 2021, compliance with mandatory training for staff working within surgery and outpatients was between 90% and 100%.

Clinical staff completed training on recognising and responding to patients living with dementia. Compliance across staff in the surgery department and outpatient department for dementia training was 100%.

Managers monitored mandatory training through performance dashboards and through the daily “comms cell” meeting. This was a daily meeting where senior staff met to discuss a range of issues, updates and information sharing. Where compliance fell below expected levels, managers reviewed course availability and alerted staff when they needed to update their training. There was information regarding training and education displayed throughout the department. Staff were supported to access learning and supported with information technology. Senior staff demonstrated that they reviewed and had oversight of the hospital’s mandatory training completion rates both hospital-wide and within the surgery service.

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.

Good

Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. All staff followed the Circle Health Group safeguarding adults and safeguarding children and young people policies.

Staff received training specific for their role on how to recognise and report abuse. Staff had the right level of adult and children safeguarding training for their role and could recognise the signs of abuse. The surgical and outpatient teams had a safeguarding training completion rate for level one safeguarding adults training of 100% and safeguarding adults level two at 98%. For safeguarding children, compliance rates for level one was 100% and level two was 98%.

There was a dedicated safeguarding lead at the hospital, and for The Circle Health Group. They were trained to safeguarding level 3 for children. Staff had access to support with safeguarding matters, this included out of hours support. The hospital did not treat children and young people.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Corporate and local safeguarding policies were available electronically and reflected current national guidance. The hospital had a named safeguarding lead who was the director of clinical services. Staff could explain how they would respond if they witnessed or suspected abuse. They knew who their safeguarding lead was, how and why to make a referral.

Cleanliness, infection control and hygiene

The service generally controlled infection risk well. However, staff did not always follow infection control principles .The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Ward areas were visibly clean and had suitable furnishings which were clean and well-maintained. All of the patient rooms were en-suite and appeared clean and well-maintained. We saw rooms were cleaned promptly after patients had been discharged.

The service generally performed well for cleanliness. We reviewed environmental cleaning audits for the theatres and day surgery areas completed in August and October 2021. We saw these were consistently above 90% and any identified actions were completed.

Staff did not always follow infection control principles including the use of personal protective equipment (PPE). All staff we observed were bare below the elbows and had access to PPE which included masks, aprons and disposable gloves. Clinical hand washing sinks were available and had laminated prompts to remind staff of best practice hand washing techniques. We saw staff cleaning their hands and equipment before and after patient care. Hand hygiene audits from August and October 2021 achieved 100% compliance.

The hospital layout had been changed following the COVID-19 pandemic in line with national guidance. For example, waiting areas had less chairs and there were signs advising patients to wear masks unless exempt. Rooms had maximum occupancy signs showing the maximum amount of staff that could be in a room to comply with national social distancing guidelines. However, in the theatre staff room, the room was crowded with people more than the maximum occupancy and staff were not wearing masks correctly. This posed an infection control risk. We reported this to the senior leadership team who re-instated the signs and spoken to all staff who used the area to reiterate the maximum room occupancy and removed two chairs to reduce seating capacity.

Good

Surgery

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We observed staff cleaning equipment after patient contact and where equipment was single use, disposing of these appropriately.

Staff worked effectively to prevent, identify and treat surgical site infections. The hospital had recorded 11 surgical site infections in the reporting period December 2020 to November 2021. The service reviewed surgical site infections to see if trends could be identified and areas of infection control improved on, for example when three superficial infections were recorded in July 2021, the infections were discussed at the Infection Prevention and Control (IPC) committee where it was concluded there was no link between the infections.

There was an IPC lead, for the hospital. They provided support and guidance to staff on all related matters. IPC meetings were held every three months. There was a standard agenda which included training, audits, policies, health and safety, individual departments and COVID -19. There was representation from all departments, and a summary of action points with proposed completion dates. The meetings ensured that the risks posed by transmission of avoidable infection were minimised.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment generally kept people safe. Staff managed clinical waste well.

The design of the environment generally kept patients safe, however the enhanced recovery unit was cluttered. The enhanced recovery unit (ERU) was cluttered with equipment. Staff we spoke with were not aware that the ERU was not in use, or that it could be used in certain circumstances with sufficient notice for clearing and cleaning.

Staff carried out daily safety checks of specialist equipment in line with national guidelines. The ward and day surgery unit had resuscitation trolleys which were secured with tamper evident tags making it clear if someone had accessed the equipment. Staff performed daily checks on the resuscitation equipment stored on top of the resuscitation trolleys and weekly checks on the contents records we reviewed confirmed this. However, we found a packet of defibrillation pads that had expired two weeks prior to our inspection on the resuscitation trolley in theatres. Other specialist equipment such as anaesthetic machines, theatre lights and theatre trolley mechanisms were checked regularly, and checklists of other specialist equipment in recovery were complete.

The service had enough suitable equipment to help them to safely care for patients. Equipment was tested for electrical safety by in-house electrical engineers. Staff told us that problems with equipment were resolved quickly. We saw an equipment service schedule which detailed all equipment, what was required (such as a yearly service) and when by.

Staff disposed of clinical waste safely. Clinical and non-clinical waste was separated and stored safely until disposal. All sharps disposal bins were correctly assembled, labelled and disposed of safely.

The service had one surgical ward which had 22 en-suite rooms. The rooms were comfortably furnished which patients said met their needs. Each patient room and bathroom had emergency call bells, which were used to alert staff when urgent assistance was required.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. There was a standard admittance criteria to ensure the hospital only accepted patients it could safely care for.

Good

Surgery

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Patients' health and wellbeing was monitored using the nationally recognised National Early Warning Scores 2 system (NEWS2) for the detection and response to clinical deterioration in adult patients. We observed staff using the NEWS2 tool to identify and record deteriorating patients. If a patient deteriorated, the resident medical officer (RMO) would review and liaise with consultants for advice about managing increased risks or to consider transfer to an acute hospital if needed.

Staff completed risk assessments for each patient on admission to the hospital using nationally recognised tools. These assessments included risks of malnutrition, fall risk assessment, pressure area care and venous thromboembolism (VTE) which we saw in the notes we reviewed. Care plans were developed using this information to provide care and treatment and minimise risks as identified

During our inspection we observed the theatre team used the World Health Organisation (WHO) five steps to safer surgery, surgical safety checklist. The WHO checklist is a nationally recognised system of checks designed to prevent avoidable harm and mistakes during surgical procedures. These checks consisted of team briefing, sign in (before anaesthesia), time out (before surgery starts), sign out (at the end of the procedure) and debrief. The WHO surgical safety checklist was also documented in the notes we reviewed. The service audited the use of the WHO checklist and we saw an audit that was completed from the 1 September to the 31 December. The audit demonstrated 100% compliance across the audit period with no gaps in practice identified.

Shift changes and handovers included all necessary key information to keep patients safe. Theatre staff attended a safety huddle each morning, where the operating list was discussed. Any potential patient risks or issues were highlighted and planned for. The resuscitation team also held a daily huddle. The hospital had a daily "comms cell" meeting held every weekday morning, Monday to Friday. Representatives from each department attended these meetings. The meeting covered a range of subjects and included current patient risks in the hospital. This enabled staff to gain a wider view of risk throughout the hospital.

All staff at the hospital completed adult basic life support, immediate or advanced life support training depending on their role. Data showed life support training compliance was above the target set by the hospital. Basic life support training was at 95% and immediate life support training was 98%. Advance life support training was at 100%.

Staff held simulation training to practice for real life events. Resuscitation simulation training was held six times per year. We saw that the last simulation took place in May.

There were arrangements in place for the transfer of deteriorating patients. Staff told us that once stabilised, patients would be transferred via ambulance to one of the local NHS trust sites.

Nurse 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.

The service had enough nursing and support staff to keep patients safe. The service staffed the ward and theatres to ensure the right staff were on site to provide appropriate care and treatment. Patient admissions were known in advance and staffing levels calculated to ensure safe staffing levels were planned according to the number of patients using Circle Health Group wide staffing guidance and best practice.

Good

Surgery

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift following national guidance. In the operating theatre, there was adequately skilled staff to manage the elective surgery list. The theatre manager followed the Association for Perioperative Practice (AFPP) guidelines.

The ward manager could adjust staffing levels daily according to the needs of patients. Any shortages in staffing in the surgery service and across the hospital were discussed at the daily comms cell meeting, which was attended by a representative from all hospital departments. Plans would be put in place to ensure services were staffed safely.

The service had low and/or reducing vacancy rates. Staffing levels in theatre were good, with low numbers of vacancies. Theatres had a 3% vacancy rate, and the day surgery and Ilex ward (combined) had a 4% vacancy rate.

The service had low sickness rates. Staff told us that staff sickness through COVID was common at the moment, although this had not exceeded the acceptable levels.

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.

The service had enough medical staff to keep patients safe.Each patient was admitted to the hospital under the care of a named consultant with the relevant experience in that area of medicine. Consultants delivered the surgical service at the hospital under practising privileges. A practising privilege is, “Permission to act as a medical practitioner in that hospital” (Health and Social Care Act, 2008).

The hospital had granted 125 consultants/health professionals practising privileges, including but not limited to; specialist surgeons such as trauma and orthopaedic, oral and maxillofacial and anaesthetists. There was a corporate practising privileges policy for consultant medical and dental practitioners. The policy set out the requirements for each consultant concerning their indemnity, appraisal, General Medical Council registration, Disclosure and a Barring Service (DBS) check. DBS checks aids employers to make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

The service had enough medical staff to keep patients safe. There was a resident medical officer (RMO), on site 24 hours, seven days a week. Staff had on-call access to patients’ consultants out of hours and over weekends. Staff told us consultants were easy to contact, and responsive to requests.

The RMO was trained in advanced life support and held a bleep for immediate response, for example, in the case of cardiac arrest.

Records

Staff kept detailed records of patients’ care and treatment. Records were clear and up-to-date, however they were not always stored securely.

Patient notes were comprehensive, and all staff could access them easily. We reviewed two sets of patient records during our inspection and found them to be complete. Staff told us that generally patient notes were available at admission.

Good

Surgery

When patients transferred to a new team, there were no delays in staff accessing their records. The medical records department was on site and records were usually stored there for 8-9 months two years before being archived, although had been kept on site for longer during the pandemic due to elongation of patient pathways.'

Records were not always stored securely. On the day of the inspection the patient notes trolley was not locked. Staff told us it was never locked as there was only one key and it would not be practical to keep it locked as multiple staff needed access to the notes. Following the inspection, the hospital management told us they were going to buy patient notes trolleys with electronic keypads to resolve this situation. The team told us the trolleys had been ordered.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Medicine audits were conducted at the department. Results were 100% for audits conducted in July and October 2021. The audits looked at safe storage, security, labelling of medicines, and emergency medicines.

Staff completed medicines records accurately and kept them up-to-date. Patients with known allergies were seen to wear a red wristband. This alerted staff to the patient's allergic status and helped mitigate the risk of allergic reactions.

Staff stored and managed all medicines including controlled drugs safely. In the anaesthetic room the medicines cupboard remained open during the session to allow easy access. The cupboard was locked at the end of the session and the operating department practitioner (ODP) had the responsibility as the key holder. We observed that controlled drugs were stored securely and that there was a controlled drugs register which was completed. A fridge containing medicines that required refrigeration was secured with a digital locked and we saw that the temperature range was checked daily. Oxygen was stored correctly.

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.

Staff knew what incidents to report and how to report them. The hospital used an electronic reporting system that staff showed us they could access easily. The service could benchmark the number of incidents reported against other hospitals in the Circle Health Care group. We saw the rate of incidents per 100 patient visits and we saw that the hospital was roughly in line with the other hospitals in the group.

Staff received feedback from investigation of incidents, both internal and external to the service. Feedback and learning from incidents was discussed at meetings in all areas of the hospital. Learning from incidents was shared during a daily safety huddle, a daily staff communication update by email, and during staff meetings, which were minuted. The service informed us that it had introduced a teaching and reflection session as part of the monthly theatre governance sessions. This was introduced to further support team learning from incidents and covered a range of topics and have included consultant-led input.

Staff reported serious incidents clearly and in line with hospital policy. There had been one serious incident between November 2020 and December 2021.

Good

Surgery

Managers investigated incidents thoroughly. We reviewed the root cause analysis (RCA) of a serious incident and found that it was thorough and identified causative factors and recommendations.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. We saw an example of where duty of candour had been started following an incident. Staff apologised to the patient on the day of the incident, followed this up in writing the following day and were offered an opportunity to meet with the team to discuss any concerns or queries further.

The service had a good track record on providing harm free care. In the reporting period February 2019 to 2020, the service had reported no hospital acquired infection. In addition, there had been no incidents of falls with harm and hospital acquired pressure ulcers reported.

Are Surgery effective?

Good

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies and had systems in place to ensure they followed national guidance. Staff had access to the providers national electronic database of guidelines and policies. These were monitored and updated as new guidance became available. Policies that needed local guidance had been adapted. There was regular review of National Institute of Health and Care Excellence (NICE) guidance via the Governance Committee and Medical Advisory Committee.

All provider policies and procedures were available online and in paper form. Staff knew how to access them. Managers emailed staff to advise when there was an update to policies and guidance. Staff acknowledged they had read and understood the policy and confirmed they would adhere to guidance.

The hospital collected and submitted performance data to benchmark themselves against peer services. For example, they monitored clinical outcomes, patient satisfaction, cleanliness and incidents.

The hospital had recently undergone a peer review from the Association for Peri-operative Practice (AfPP) to identify whether the service was in line or deviating from the AfPP Standards and Recommendations for Safe Perioperative Practice (2016). The report included recommendations for which an action plan had been devised. Following the inspection, the service confirmed that the confirmatory inspection was completed on 3 February 2022 and the service had achieved accreditation.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Staff asked patients about any food intolerance or allergies as part of their pre-assessment. This also included specific dietary

or cultural requirements, such as vegetarian or halal. This information was passed to the catering team so suitable food could be provided for the patient during their stay. We saw a colour coded whiteboard on the ward that identified any specific dietary requirements, allergies or individual preferences. Catering staff told us that they had always been able to cater to individual's needs.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Staff used the Malnutrition Universal Screening Tool (MUST) to assess, monitor and record patients' nutrition and hydration needs throughout their hospital journey. We reviewed patient records and saw that these were consistently completed. We saw patients had access to hot and cold drinks throughout their stay.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool. Patients were asked about their pain levels in recovery and asked to give a score between 1 and 10. The service completed pain audits and we saw an audit dated 1 April to 30 September 2021. The audit asked 18 questions regarding pain management, and we saw that the unit scored 99% and no gaps in practice were identified.

Staff planned ahead for pain relief. Staff discussed possible pain relief options at the daily huddle with the theatre team prior to procedures This ensured any specialist equipment - pumps, drivers, patient self administration machines etc to be available.

Patients received pain relief soon after requesting it. Recovery staff discussed pain relief with the ward staff when they came to collect the patients. Pain relief was normally prescribed by the anaesthetist in theatre and was communicated to the other staff at handover from theatre to recovery, and then to ward staff on collection.

Patient outcomes

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

The service participated in relevant national clinical audits. The hospital had systems in place to monitor, audit and benchmark the quality of services, and the outcomes for patients receiving care and treatment. The hospital participated in national audit programmes such as the National Joint Registry (NJR) and Patient Reported Outcome Measures (PROMs). Data from these audits provided an indication of the outcome or quality of care delivered to patients by the service. National Joint Registry (NJR) recorded outcomes at this hospital for patients that underwent hip and total knee replacement procedures.

The hospital submitted data to the Private Healthcare Information Network (PHIN). PHIN is an independent, not-for-profit organisation. It publishes key performance measures on their website to help patients make informed decisions where to have their care and treatment, by providing patients with straightforward and easy-to-understand information about the quality and safety of care in the private healthcare sector. We reviewed data submitted to these audit programmes and saw outcomes for patients was overall positive and met national standards.

Outcomes for patients were positive, consistent and met expectations, such as national standards. During the period from April 2020 to March 2021, the hospital had a response rate of 36% for total knee replacements. This was slightly better than the national average at 31%. Of those that responded, 87% of patients reported that their condition had improved

since their surgery, which was worse than the national average at 96%. During the period from April 2020 to March 2021, the hospital had a response rate of 34% for total hip replacements which was slightly better than the national average of 33%. Of those that responded, 100% of patients reported that their condition had improved since their surgery, which was better than the national average at 98%.

The service participated in the national improvement programme, Getting It Right First Time ("GIRFT"). The programme is designed to improve the treatment and care of patients through in-depth review of services, benchmarking and presents data-driven evidence to support change. Orthopaedic data showed it was performing well in relation to patient length of stays, revision rates for hip replacements, adverse event rates for knee replacements and patient outcomes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We saw the hospital's audit programme for 2021-22 and saw that it was comprehensive and included what that audit was, the frequency of the audit, and what standards or guidelines the audit was linked to. Some of the audits included were the World Health Organisation surgical safety checklist audit, the National early warning scores (NEWS2) audit and Situation Background Assessment Recommendation audit.

Managers and staff investigated outliers and implemented local changes to improve care and checked the improvement over time. The hospital had been an outlier for the national joint registry (NJR) audits. We saw that the hospital had completed a comprehensive action plan and that all actions had been updated or completed.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff completed competency training depending on their role and the area they worked in. This ensured staff had the appropriate skills and knowledge to manage patients safely and effectively.

Managers gave all new staff a full induction tailored to their role before they started work. We spoke to staff who told us that their induction was well organised and thorough, and that they had good support from their colleagues. Staff also told us that a lot of the induction was now online.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge. Appraisal rates for surgical and outpatient staff combined, was 95% compliant. There were two members of staff who were overdue their appraisal and there were appropriate reasons for their dates being overdue. The resident medical officer (RMO) was employed under a contract from a third party. A requirement of the contract was to provide the RMOs with induction, training supervision and appraisals. Consultants employed under practicing privileges are required to submit their appraisals to the registered manager prior to them commencing with the service, and annually.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff told us they had regular team meetings and when they could not attend, they were updated on key issues or incidents at daily huddles.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We spoke to staff who had been given the opportunity to attend courses to further their career development.

Good

Surgery

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The hospital had a daily communications cell meeting, which took place every morning and was attended by the senior management team and a representative from each department in the hospital. All staff contributed to provide an overview of the hospital's activity. Any relevant information was taken back to each department and cascaded to the team. Management and staff described the meeting as an opportunity for different teams to come together and to discuss the hospital as a whole.

Staff worked across health care disciplines and with other agencies when required to care for patients. We observed effective multidisciplinary working between different teams involved in patient care and treatment in the surgery service. There was clear communication between staff, and we saw safe and effective handovers of care, between the ward and theatre staff.

Seven-day services

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

Key services were available seven days a week to support timely patient care. The hospital did not provide emergency care. All surgical patients followed an elective pathway and admissions were booked in advance. The operating theatres operated six days a week. Theatre staff were on-call should there be any unplanned returns to theatre.

Health promotion

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

The service had relevant information promoting healthy lifestyles. The service had information promoting healthy lifestyles and support, which had been removed from communal areas at the start of the pandemic, to minimise the risk of infection. Staff gave out health promotion information to patients and their families on an individual basis, at pre-assessment and following procedures.

The hospital used laminated health promoting posters related to COVID-19. These reminded patients of the importance of social distancing, hand washing and wearing mask to reduce the risk of transmission of the virus.

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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. There was a Circle Health Group corporate consent for examination and treatment policy. This included the training required to take consent, whose responsibility it was to obtain consent and when to use implied, verbal and written consent. We saw that compliance with consent training was mandatory and was at 100% across staff within theatres and outpatients.

Staff made sure patients consented to treatment based on all the information available. Patients were given information about their procedure both verbally and in writing by the consultants and nursing staff to make an informed decision about their procedure. Patients said doctors fully explained their treatment and more information could be provided if required.

Good

Surgery

Staff clearly recorded consent in the patients' records. Consent forms we reviewed within the patients' records were fully completed and detailed the procedure planned and the risks and benefits of the procedure. The service had a two-stage consent process. Patients' records showed consent was reviewed on the day of their surgery as part of their pre-operative checklist.

Are Surgery 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.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff throughout the surgery service put patients at the centre of what they did. We saw caring interactions between staff and patients. Staff treat patients with warmth and care, they were courteous, professional and demonstrated compassion to all patients.

Patients said staff treated them well and with kindness. Patients told us of the kindness experienced from the staff.

Staff followed policy to keep patient care and treatment confidential. Peoples' privacy and dignity was always considered. Staff always knocked before entering a room. Patients we spoke with during our inspection commented positively about the care and treatment they had received.

The service gained feedback from patients via the friends and family test (FFT). The FFT is a tool that gives people that use the service the opportunity to highlight both good and poor patient experience. In the last 12 months, the score for 'overall experience of service – good or very good' was consistently between 93% and 98%. Patient satisfaction scores for the hospital were displayed on the website.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw staff giving help, emotional support and advice to patients. They understood that each patient was an individual and took time to get to know their patients. This meant they could give the right emotional support for that patient when needed.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. The service gained feedback from patients via the friends and family test (FFT). In the last 12 months, the score for 'given privacy when discussing care and treatment' and 'treated with respect and dignity' were between 90% and 100%.

Understanding and involvement of patients and those close to them

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

Good

Surgery

Staff made sure patients and those close to them understood their care and treatment. Patients told us they felt involved in the planning of their care. They told us they had received full information about their diagnosis and treatment and the care and support which would be offered following the procedure. The service also gained feedback from patients via the friends and family test (FFT). In the last 12 months, the score for 'involved in decisions' was between 90 and 100%.

Staff talked with patients, families and carers in a way they could understand. The service gained feedback from patients via the friends and family test (FFT). In the last 12 months, the score for 'consultant explained everything in a way that was easy to understand' was between 95% and 100%.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients and their families could give feedback via the FFT and via google reviews online.

Staff supported patients to make informed decisions about their care. Patients told us that staff clearly explained the risks and benefits of treatment to them before admission. Patients told us they had opportunity to ask questions about their treatment.

Are Surgery responsive?

Good

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services to meet the needs of those who chose to use the service. Admissions to the surgical ward were all elective and planned in advance. The hospital had an admission criteria and surgical pathway which meant only patients that could have their needs met were admitted to the hospital.

Most patients who attended the hospital were privately funded or insured patients. Between April 2020 and 31 March 2021 51% of surgical patients were non-NHS funded and 49% were NHS funded. The hospital had been working with the wider system by supporting the local NHS trusts during the pandemic by providing support undertaking elective procedures such as orthopaedic, gynaecological and general surgical procedures.

Facilities and premises were appropriate for the services being delivered. There were no facilities for emergency admissions; commissioners and the local NHS trust were aware of this. The hospital had service level agreements in place with the local NHS trust for transferring patients for medical reasons.

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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff received training on dementia, and we saw that 100% of staff in the theatres and outpatient area had completed it. The hospital used the 'Butterfly Scheme' which was a nationally recognised system to identify patients with dementia or memory problems and to discreetly identify them to staff.

Good

Surgery

Wards were designed to meet the needs of patients living with dementia. There was one dementia friendly room on the ward. This included dementia friendly signage, coloured rails and a dementia friendly clock. This room was located next to the nurses' station so that staff could access quickly if there were concerns.

The service had information leaflets available in languages spoken by the patients and local community. Staff could access information leaflets in languages spoken by patients as needed.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to a translation and interpreting service.

Patients were given a choice of food and drink to meet their cultural and religious preferences. We spoke to catering staff who were proud of the variety of food and drink choices that could be offered. They were not aware of any patient whose needs had not been met.

The service had staff who were dedicated to supporting patients with additional needs. An additional needs nurse was available to support patients through their journey. Examples were given where the additional needs nurse met with patients at pre-assessment as they were suffering with PTSD and needed desensitisation to the service before their procedure.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff working in the surgery service used a colour coding system to identify patients who needed more support. Staff told us this was a good visual reminder for them that they might need to use a different communication style when caring for the patient. This included dietary requirements.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. As per NHS guidelines, NHS patients attending the hospital had their referral to treatment time (RTT) recorded. The service monitored RTT performance and data we reviewed showed that the service ensured that patients generally received timely care and treatment.

Insured or self-funding patients were booked into the next available and convenient outpatient appointment to discuss whether surgery was the correct pathway for them. The hospital told us that from that point, referral to treatment time averaged between two and four weeks.

Managers and staff worked to make sure patients did not stay longer than they needed to. We reviewed length of stay data for the hospital and saw that the provider performed well in the length of time patients spent in hospital after their operation.

Managers worked to keep the number of cancelled operations to a minimum. The hospital cancelled 607 procedures from December 2020 to November 2021. Of these, the majority (507) were cancelled for non-clinical reasons. Of the non-clinical

reasons, the majority were cancelled due to patient personal reasons (206), consultant request (155) patients not attending (54) or bookings made in error (46). The service monitored cancellations to look for trends, themes and contributing factors. During this time period the highest factor in non-clinical cancellations was due to personal reasons, followed by consultant request.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The hospital followed the Circle Health Group complaints policy which gave clear processes and timeframes for dealing with complaints. The hospital's executive director had overall responsibility for the management of complaints. Patients could make complaints in various ways, verbally, by telephone and in writing by letter or email. There was a hospital leaflet explaining the complaint procedure and the Circle Health Group website had a detailed page explaining the complaint procedure and how to make a complaint.

Staff understood the policy on complaints and knew how to handle them. Staff were aware of the complaints procedure. Clinical staff told us they always tried to resolve any issues or complaints at the time they were raised. If this was not possible, patients could be referred to the nurse in charge in the first instance.

Managers investigated complaints and identified themes. They could benchmark against other hospitals. The hospital received 62 complaints between December 2020 and November 2021 with 10 complaints relating to the surgery service, one from the ward and three from theatres. No complaints had been referred to the ombudsman or the Independent Healthcare Sector Complaints Adjudication Service (ISCAS). Managers had access to a range of clinical dashboards where they could compare and benchmark to other Circle Health Group hospitals.

Are Surgery well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The hospital had a clear management structure with defined lines of responsibility and accountability. A senior management team led the hospital. This included an executive director, a director of clinical services, a quality and risk manager, and an operations manager.

The executive team for the company had set up a 'hotline' number so that staff could contact them directly. This could be to ask a question, raise concerns, or suggest an idea to improve the service.

Good

Surgery

Staff told us managers and the senior management team were visible, approachable and engaged with everyone. A staff survey conducted in March 2021 asked staff if they had confidence in the leadership skills of the senior management team, and over 60% of staff said they agreed. They had set up a wellbeing hub. This ensured staff had immediate access to resources to support their physical, mental and financial wellbeing. Wellbeing was considered at all meetings and business as usual.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Staff were involved in the creation of the vision and values.

The company's vision and strategy was to provide high quality, safe and compassionate care. It was developed by listening to patients and responding to their needs. The document included their four key principles which were underpinned by their eight values. The four key principles were people, quality, infrastructure and technology and the values were people who were selfless, compassionate, collaborative, committed, agile, brave, tenacious and creative. Staff had been involved in the discussion and creation of the values, prior to the Circle Health Care Group taking over BMI. The work completed by staff was taken forwards and aligned with the Circle Health Care group values.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Staff were welcoming, helpful and professional in their communication with each other, patients and visitors. Staff described good teamwork and respect amongst their colleagues, and we could see this in practice.

Staff we spoke with felt supported, respected and valued in their working environments. Staff told us they felt supported as individuals in their roles but also as part of the wider hospital too. Staff spoke positively and passionately about the care and the service they provided.

Staff told us managers and the senior management team were visible, approachable and engaged with everyone. They had set up a wellbeing hub. This ensured staff had immediate access to resources to support their physical, mental and financial wellbeing. Wellbeing was considered at all meetings and business as usual. Staff could self-refer for confidential support such as counselling. Staff wellbeing was high priority.

The service collected data relating to the Workforce Race Equality Standard (WRES). This was a programme that supported continuous improvement through robust action planning to tackle the root causes of discrimination. Independent healthcare providers have been required to publish their WRES data since 2017.

The hospital had a freedom to speak up guardian to ensure they could raise concerns in a safe and supportive way. A corporate level speak-up guardian was accessible to the post holder at the hospital. They provided support, and regular meetings were held with other role holders in the Circle Health Care Group.

A staff survey was distributed to staff in March 2021 asking a variety of questions regarding staff satisfaction and wellbeing at work. The survey found that the majority of staff were satisfied and engaged.

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.

Staff at all levels were clear about their roles and accountabilities. They had regular opportunities to meet, discuss and learn from the performance of the service. Circle Health Group had launched a new governance assurance framework in May 2021. The framework set out how the company governed transparently from ward to board and how this drove the continuous improvement of their clinical, corporate, staff, and financial performance. The framework included terms of reference, and the attendees required for each meeting that fed into the framework. Each meeting had a purpose, and there were clear lines of accountability.

The hospital appointed a clinical chair in 2021 as part of a Circle Group measure to strengthen medical and clinical governance. The role included oversight of medical performance and provision of clinical leadership at the site to enhance a culture of safety, quality and continuous improvement. The service told us that they felt the addition was important and ensured an extremely robust governance system.

The hospital clinical governance committee met monthly. Meeting minutes included evidence of audit feedback, incidents and complaints, information security, policies, the risk register and business continuity being discussed. Subcommittee reports, such as those from health, safety and environment, medicines management, and infection prevention and control (IPC), fed into the hospital governance meetings.

There were regular, monthly, staff meetings. They were recorded and discussed key topics, such as safeguarding, staffing, quality and risk, IPC, and learning from incidents. Minutes we reviewed confirmed these discussions took place.

The medical advisory committee (MAC), oversaw clinical governance issues, the granting and renewing of consultants' practicing privileges, and monitored patient outcomes. The MAC had good representation of different specialities which included diagnostic imaging.

Arrangements were in place to manage and monitor contracts and service level agreements with partners and third-party providers. Contracts were reviewed on an annual basis, which included a review of quality indicators and feedback, where appropriate.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service used a process to help identify and manage risk. This was known as 'Stop the Line.' The process was developed by the car industry. The principle was that if any member of staff found an issue, they should 'stop the line.' For example, stop a procedure. Stop the Line was about resolving an issue as a team, and as it happened, to create and keep a strong safety culture.

This activated a collective problem-solving process called a 'Swarm.' A Swarm was the providers approach to solve a problem or explore an opportunity. A Swarm could be called by anyone and enabled the right group of people to come together quickly to discuss an issue. The purpose was to understand an issue fully and agree steps to resolve it. A recent example of this was when the patient satisfaction survey response rates had dropped, and following some small changes, the service managed to triple the response rate within three months.

Good

Surgery

A risk register was used to identify and manage risks to the service. The risk register included a description of each risk, alongside mitigating actions, and assurances in place. An assessment of the likelihood of the risk materialising, its possible impact, and the review date were also included. The risk register was reviewed monthly. It was also discussed during communication calls and tabled for review at other meetings. Risks for review or closure were tabled at the relevant committee for agreement of the suggested changes.

Information Management

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

The service ensured data or notifications were sent to external bodies as and when required. Policies and procedures, and data about performance were stored electronically. Staff were able to access easily.

The service collected, analysed, managed and used information to support the service, using secure electronic systems. There were effective technology systems to monitor and improve the quality of care. Access to information systems was restricted to only those who needed it, and this kept patient and confidential information secure.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

The hospital and surgery service actively encouraged patients to give feedback about their experience to help improve services. For example, through patient satisfaction questionnaires, feedback, and to complete reviews on search engine websites. The hospital reviewed and monitored patient satisfaction through their clinical governance committee and used the information to inform improvement and learning and to celebrate success.

The service had a number of different initiatives to support the mental and physical wellbeing of staff, and to ensure effective communication with staff. These included, six monthly staff forums, workplace health and wellbeing assessments for staff, Staff recognition wall, a “People Development” newsletter to staff and recognition awards including gift vouchers.

The service engaged with the local community through a number of ways. These included collaborating with local charities, and a newsletter that was distributed to local residents.

A staff survey conducted in March 2021 asked staff if they felt they made a valuable contribution to the success of the organisation, of which 80% of staff agreed.

The hospital was setting up a group and support packages for staff who were menopausal after it had been identified that a large proportion of staff were going through the menopause.

Learning, continuous improvement and innovation

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

Good

Surgery

The hospital promoted a culture of patient safety. The Circle operating system (COS) had been launched at the hospital in 2021. This was an established methodology that empowered all staff to work together and put patient safety at the heart of everything they did. Staff told us of tools that had been introduced to them such as Stop the Line and SWARM. Stop the Line empowered anyone who met a situation that might have caused harm to a patient or other damage to immediately make a report to the person in charge requesting that the activity is ceased. SWARM was used to problem solve at the time and place of an issue by the people who were affected.

The service told us it commenced a Quality Improvement Programme ("QIP") in 2019. The QIP is led by the site's frontline teams, who identify where and how improvements to their services can be made. The resulting action plans are "sponsored" by the senior management team and implemented. The QIP seeks to consider the service from every angle, from patient satisfaction and the look and feel of the hospital, to staff wellbeing and initiatives to achieve clinical excellence.

The service was in the process of obtaining AfPP accreditation at the time of our inspection. Accreditation provides services with the opportunity to demonstrate their commitment to high standards of perioperative care by ensuring their educational material meets AfPP's standards. Following the inspection, the service confirmed that the confirmatory inspection was completed on 3 February 2022 and the service had achieved accreditation.

The hospital had developed a national conscious sedation course in house supported by practice based educators and learning and development.

The hospital received a NJR Data Quality Award 2019/20.

The hospital had a joint risk register with the NHS trust that they undertook work for as part of their NHS contracts.

Good

Medical care (Including older people's care)

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

Are Medical care (Including older people's care) safe?

Good

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.

Staff received and kept up-to-date with their mandatory training. The provider had a target of 90% of staff attending mandatory training. Compliance rates for information governance was 92% and 100% for all other mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Modules on the mandatory training provided were aligned to the core skills training framework.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us they received an email alert which informed them when their mandatory training was due to be completed.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. The provider had a target of 90% of staff attending safeguarding vulnerable adults and children level one and two training. In the 12 months before the inspection 100% of staff had attended safeguarding training. The safeguarding lead for the hospital had been trained to level 4 in safeguarding vulnerable adults and children.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with clearly identified who could be at risk of abuse and the actions needed if a safeguarding concern was identified.

Good

Medical care (Including older people's care)

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Corporate and local safeguarding policies were available electronically and reflected current national guidance. The hospital had a named safeguarding lead who was the director of clinical services. Staff could explain how they would respond if they witnessed or suspected abuse. They knew who their safeguarding lead was, how and why to make a referral.

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 areas for endoscopy patients were clean and had suitable furnishings which were clean and well-maintained. The clinical areas were compliant with Health Building Note 00-03 Clinical and clinical support spaces. All areas we visited were visibly clean and had furnishings which could be easily cleaned.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Records showed 100% compliance with infection prevention and control measures in the three months before the inspection.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff we observed were bare below the elbows and had access to PPE which included masks, aprons and disposable gloves. Clinical hand washing sinks were available and had laminated prompts to remind staff of best practice hand washing techniques. We observed staff decontaminating their hands and equipment before and after patient care.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. A clear decontamination pathway for endoscopes was in place. Decontamination processes followed Health Technical Memorandum 01-06: Decontamination of flexible endoscopes. All equipment test reports were validated by an independent authorising engineer in decontamination.

Environment and equipment

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

The design of the environment followed national guidance. Patients attending for an endoscopy were cared for in the inpatient ward or day surgery area, the endoscopy suite (within the operating theatre) and the recovery area. Access to these areas was controlled by an electronic lock with a passcode only known to approved personnel. Water was tested and reported to the water committee as required by the water safety management regime HTM 04-01.

Staff carried out daily safety checks of specialist equipment. Records showed daily checks were completed on the emergency equipment in day surgery and the operating theatres.

The service had enough suitable equipment to help them to safely care for patients. The provider followed Health Building Notice 52 Volume 2 – Accommodation for day care Endoscopy Unit. Records showed there was a robust tracking and tracing system which recorded each stage of the decontamination process for each endoscope, the persons involved, storage and subsequent patient use. All accessory items were marked as single use and used appropriately in accordance with Medicines and Healthcare Products Regulatory Agency guidance (2013). Staff had access to appropriate accessories for any immediate procedure related bleeds.

Staff disposed of clinical waste safely. Clinical and non-clinical waste was separated and stored safely until disposal. All sharps disposal bins were correctly assembled and disposed of safely.

Good

Medical care (Including older people's care)

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The provider used an endoscopy pathway document for all endoscopy patients. The document included a monitoring section for during and after the procedure which would identify a deteriorating patient. During the inspection we reviewed five pathway documents and found them completed correctly.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The endoscopy pathway document had a section for risk assessments which was completed with the patient on admission for their procedure.

Staff knew about and dealt with any specific risk issues. The hospital had an admissions and exclusion policy which screened out patients who were medically high risk. The pre-assessment staff assessed the following patient risks: past medical history, previous infection, alcohol intake, smoking and female menstrual history. Any risks were allocated a risk score and rated 'at risk', 'medium' or 'high risk'. In case of a patient deterioration the service had a service level agreement to transfer the patient to the local NHS hospital.

Staff shared key information to keep patients safe when handing over their care to others. As the patient went from the admission ward to the endoscopy area and recovery ward key medical information was shared with the staff.

Staffing

The service had enough 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 staff a full induction.

The service had enough staff to keep patients safe. The hospital used a staff planning tool to establish the staffing needed in relation to patient dependency. Records showed there were enough staff to look after patients attending the hospital for an endoscopy. Medical consultants worked in the hospital under a practising privilege agreement. Resident medical officers worked at the hospital on a rotational basis.

Managers accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance. The staffing tool was used to plan staffing for five days in advance. The endoscopy staffing requirement was predictable as the department ran the endoscopy list on set times and days. The endoscopy list was run by an endoscopist, an operating department practitioner and a decontamination technician.

The service had low vacancy, sickness and turnover rates. More information can be found in the main surgery report.

Managers limited their use of bank staff and requested staff familiar with the service. Any gaps in the endoscopy staff were filled by the theatre staff who were skilled in endoscopy.

Managers made sure all bank staff had a full induction and understood the service. Bank staff were given a full orientation of the service when working on shift. Bank staff we spoke to had been working at the hospital for several years and were familiar with the service.

Good

Medical care (Including older people's care)

Records

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

Patient notes were comprehensive, and all staff could access them easily. Staff used a patient pathway document for patients having an endoscopy. All the notes needed were in one document and could be easily accessed by staff. The hospital stored the patient notes in a notes trolley when not in use and were planning to implement an electronic patient record.

When patients transferred to a new team, there were no delays in staff accessing their records. The patient pathway document accompanied the patient between departments on the day of the endoscopy.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The endoscopy area had medicines for sedation, pain relief and oxygen which is a medical gas. Medicines required were prescribed in the patient endoscopy pathway document. Nitrous oxide, a medical gas for pain relief, was administered under a patient group direction. Patient group directions are written instructions that allow health professionals to administer medicines to patients, usually in planned circumstances.

Staff completed medicines records accurately and kept them up-to-date. Records we reviewed on the day of the inspection were fully completed and up to date. Medicine compliance was reviewed at the 'Medicines Management Group.' They met on a quarterly basis to ensure all staff were working in accordance with the most up to date guidance and legislation. Audit results for compliance to the Medicine Policy were completed quarterly. Results for July and October 2021 were 100%

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored securely and at the correct temperature.

Staff learned from safety alerts and incidents to improve practice. Medicines safety alerts were shared with the endoscopy staff promptly and used to improve practice.

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.

All staff knew what incidents to report and how to report them. Staff we spoke with could describe what incidents to report and the process for reporting incidents.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff reported incidents using a web-based form. They felt confident raising concerns, received feedback and support. The culture was one of learning, not blame.

Good

Medical care (Including older people's care)

Staff reported serious incidents clearly and in line with Circle Healthcare Group's policy. Staff we spoke with described the process for reporting a serious incidents and reported them in line with the providers policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. All staff we spoke with understood duty of candour and gave us a recent example of when it had been used after a serious incident. Staff apologised to the patient on the day of the incident, followed this up in writing the following day and were offered an opportunity to meet with the team to discuss any concerns or queries further.

Staff received feedback from investigation of incidents, both internal and external to the service. Feedback and learning from incidents was discussed at meetings in all areas of the hospital. Learning from incidents was shared during a daily safety huddle, a daily staff communication update by email, and during staff meetings, which were minuted.

Staff met to discuss the feedback and look at improvements to patient care. More information can be found in the main surgery report.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The senior leadership team described a recent serious incident and how the patient and their family was included in the investigation.

Managers debriefed and supported staff after any serious incident. Staff told us that their managers debriefed and supported them following incidents.

Are Medical care (Including older people's care) 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.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

The staff had access to the providers national electronic database of guidelines and policies. These were monitored and updated as new guidance became available. Policies that needed local guidance had been adapted.

The hospital collected and submitted performance data to benchmark themselves against peer services. For example, they monitored clinical outcomes, patient satisfaction, cleanliness and incidents.

The endoscopy suite used the British Society of Gastroenterology guidelines for their procedures.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

Good

Medical care (Including older people's care)

Staff made sure patients had enough to eat and drink. Patients were not allowed to eat and drink for a set period of time before the procedure, but staff offered them a light snack and drink after the procedure. During the post discharge telephone check the nurse checked they were tolerating food and drink.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The endoscopy patient pathway document included a pain screening section for both during and after the procedure. The endoscopy service had policies, procedures and systems in place to monitor, report and optimise the comfort of patients undergoing a procedure.

Staff prescribed, administered and recorded pain relief accurately. Records we reviewed during the inspection show that pain relief was prescribed, recorded and administered accurately.

Patient outcomes

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

The service participated in relevant national clinical audits. The results of the audits were collated into a quality dashboard and used to improved performance. We saw the hospital's audit programme for 2021-22 and saw that it was comprehensive and included what the audit was, the frequency of the audit, and what standards or guidelines the audit was linked to. Some of the audits included were the World Health Organisation checklist audit, the National Early Warning Score audit and Situation Background Assessment Recommendation audit.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The endoscopy service monitored and reviewed individual endoscopist performance against key performance indicators and had feedback systems to improve practice. The service participated in the hospital's audit programme which demonstrated compliance and identified areas for improvements to patient care, treatment and outcomes. Results from audits were monitored and discussed at the hospital's clinical governance and medical advisory committees and at corporate level.

The service was accredited by Joint Advisory Group on Gastrointestinal Endoscopy (JAG). The endoscopy suite had achieved JAG accreditation in June 2019 and had recently had a reassessment of their endoscopy suit which found it was meeting the standards needed to maintain accreditation. Accreditation provides independent and impartial recognition that a service demonstrates high levels of quality. This means that patients can feel confident in their endoscopy service and be assured of receiving high quality consistent care.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers made sure staff received any specialist training for their role. All staff working in the endoscopy suite were qualified to do so. All endoscopy staff had received sedation training which was in line with the British Society of Gastroenterology guidelines.

Good

Medical care (Including older people's care)

Managers gave all new staff a full induction tailored to their role before they started work. Staff we spoke with told us all new staff had an induction in line with the providers policy.

Managers supported staff to develop through yearly, constructive appraisals of their work. Records showed that 100% of endoscopy staff had received an appraisal in the 12 months before the inspection.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The endoscopy staff attended the theatre staff meetings. Minutes of the meetings were available via email or in the staff rooms for staff who could not attend the meeting.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Records showed that staff training needs were discussed with managers in regular performance reviews.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff worked closely with providers who referred patients. This helped to provide a seamless treatment pathway. There was effective communication between services, and opportunities to contact other providers for advice, support and clarification.

Patients had their care pathway reviewed by relevant consultants. A consultant was always on call to provide senior medical support.

There was a daily morning huddle at 8.15 am. All staff were encouraged to attend. There was always representation from endoscopy. The heads of each department met for a daily huddle later in the morning. Managers ensured key messages, operational information, and shared learning were disseminated from the meetings.

The department held monthly staff meetings for the team. The agenda included risks, policies and guidance, and health and safety matters. The agenda was circulated in advance of meetings. Staff were expected to contribute and were asked if they wanted any items added to the agenda. Managers ensured meetings were inclusive, multidisciplinary and learning was shared.

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Patients admitted for an endoscopic procedure had their alcohol intake assessed and advice was given as needed. This information was gathered as part of the pre-assessment documentation. Advice on reducing alcohol intake was given as appropriate.

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.

Good

Medical care (Including older people's care)

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Dementia and consent training were mandatory for all clinical staff. Training records showed 100% of endoscopy staff had completed this training.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. All patients were required to give written consent to the endoscopic procedure before the procedure commenced. Consent discussions happened in a private room before the procedure.

Staff made sure patients consented to treatment based on all the information available. Up to date clinical information about the planned procedure, including risks and benefits was provided to patients before seeking their consent.

Staff clearly recorded consent in the patients' records. Staff documented patient consent in the endoscopy patient pathway documentation admission and pre-procedure checklist.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. 100% of endoscopy staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training in the 12 months before inspection.

Are Medical care (Including older people's care) 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.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Although we were unable to observe a procedure on the day of the inspection, we observed many patient interactions with the staff. We saw staff of all grades were polite, responsive and caring when dealing with patients. Curtains were pulled around bed areas while care was being carried out to maintain patient privacy and dignity.

Patients said staff treated them well and with kindness. Patients told us they had been treated well and staff often went above and beyond what was expected of them. Many patients had been attending this hospital for a long time and had developed good relationships with the staff.

Staff followed policy to keep patient care and treatment confidential. Staff did not discuss confidential patient information in public areas. Private rooms were available for sensitive discussion between staff and patients.

Emotional support

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

Good

Medical care (Including older people's care)

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff interactions with patients were compassionate and understanding. Some staff were trained in mental health first aid and could provide emotional support to those who needed it.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. A private room was available to communicate a serious finding during the endoscopy procedure.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff described a holistic model of care which enabled them to consider the whole patient and their family when caring for a patient undergoing an endoscopic procedure.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff checked the patients understanding of the procedure at all stages of the endoscopy pathway. Private areas were available to discuss the process of assessment, consent and general confidential questions.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients and their families were encouraged to provide feedback using an online form on the hospital website. Feedback was used to improve care and drive improvement. The service gained feedback from patients via the friends and family test. In the last 12 months, the score for 'given privacy when discussing care and treatment' and 'treated with respect and dignity' were between 90% and 100%.

Staff supported patients to make informed decisions about their care. Patient information leaflets about endoscopic procedures were provided by staff at all stages of the endoscopy pathway.

Patients gave positive feedback about the service. The feedback about the endoscopy suite was consistently positive. An example of recent feedback included *'Visited Goring Hospital for an endoscopy procedure, after feeling quite nervous about the day, I was treated by a nurse that was admitting me, she was very friendly and I was soon made to feel at ease. After a little wait I soon had the procedure and was back resting on the ward and was given food and water and a cup of tea. Overall experience was fantastic and couldn't highly recommend the hospital.'*

Are Medical care (Including older people's care) responsive?

Good

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

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

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

Good

Medical care (Including older people's care)

Managers planned and organised services so they met the changing needs of the local population. The endoscopy service ran on set days and times throughout the week. Staff told us there was no demand for additional lists during the week or weekend.

Facilities and premises were appropriate for the services being delivered. Patients undergoing an endoscopy were admitted to a day unit and their procedure was undertaken in a dedicated endoscopy suite.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff told us they had the equipment and skills to care for patients who needed additional support. Any additional needs would be identified at the pre-assessment and action taken to arrange additional support. If a patient had needs that could not be accommodated by the hospital, they would be signposted to a more appropriate provider. Staff gave us examples of when patients were signposted to alternative providers during their initial outpatient appointment.

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 hospital departments had been designed to meet the needs of patients living with dementia. More information can be found in the main surgery report.

The service had information leaflets available in languages spoken by the patients and local community. Staff could access information leaflets in languages spoken by patients as needed.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff we spoke to were aware of how to book an interpreter or signer as needed by patients.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients undergoing an endoscopy were given a light snack and hot drink before being discharged home. Food was available to meet the cultural and religious needs of patients.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The hospital had no patients waiting six weeks or longer from referral for their endoscopy procedure. This included both self-funding and NHS patients.

Managers and staff worked to make sure patients did not stay longer than they needed to. Patients undergoing an endoscopy procedure were discharged on the same day and did not need to be admitted onto the ward.

Managers worked to keep the number of cancelled treatments to a minimum. Managers coordinated the waiting list for endoscopy. There had been no endoscopy patients cancelled in the 12 months before the inspection.

Good

Medical care (Including older people's care)

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Staff encouraged patients to raise concerns as they occurred. More information can be found in the main surgery report.

The service clearly displayed information about how to raise a concern in patient areas. During the inspection we saw laminated posters informing visitors how to complain or raise concerns. The hospital held a quarterly patient forum whose membership was available to all.

Staff understood the policy on complaints and knew how to handle them. Staff could describe the complaints policy and the action they would take in the event of a complaint being made by a patient, carer or relative.

Managers investigated complaints and identified themes. More information can be found in the main surgery report.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. More information can be found in the main surgery report.

Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback from complaints was shared widely within the hospital and throughout the provider partner hospitals and used to drive improvements to care.

Are Medical care (Including older people's care) well-led?

Good

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

Leadership

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

The hospital had a clear management structure in place with defined lines of responsibility and accountability. More information can be found in the main surgery report.

Staff in endoscopy told us managers and the senior management team were visible, approachable and engaged with everyone. They had established a wellbeing hub. This ensured staff had immediate access to resources to support their physical, mental and financial wellbeing. Wellbeing was considered at all meetings and business as usual.

Within the endoscopy team the roles and responsibilities of individuals in the leadership team were well defined and the team was supported by a leadership and organisational structure with clear lines of accountability.

Good

Medical care (Including older people's care)

Vision and Strategy

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

More information can be found in the main surgery report.

Culture

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

Staff were consistently positive when they described the culture within the service. They felt supported by all leaders and colleagues. Staff felt respected and valued. They were happy in their role, and stated the service was a good place to work. Staff interacted and engaged with each other in a polite, positive and supportive manner.

All staff we met during our inspection were welcoming, friendly and helpful. We spoke to staff across most grades and various disciplines. They described healthy working relationships, where they felt respected, and able to raise concerns without fear. The culture was one of learning, not blame. They were encouraged to be open and honest with service users, and staff when things went wrong.

There was good communication in the service from local managers and at corporate level. Staff were kept informed by various means, such as newsletters, team meetings and emails.

The service promoted equality and diversity. It was part of mandatory training and their training compliance was 100%. Managers and staff promoted inclusive and non-discriminatory practices.

More information can be found in the main surgery report.

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.

Staff at all levels were clear about their roles and accountabilities. They had regular opportunities to meet, discuss and learn from the performance of the service.

More information can be found in the main surgery report.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

More information can be found in the main surgery report.

Good

Medical care (Including older people's care)

Information Management

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

The service ensured data or notifications were sent to external bodies as and when required. Policies and procedures, and data about performance were stored electronically. Staff were able to access easily.

The service collected, analysed, managed and used information to support the service, using secure electronic systems. There were effective technology systems to monitor and improve the quality of care. Access to information systems was restricted to only those who needed it, and this kept patient and confidential information secure.

Within the endoscopy service the team had sufficient technical support to organise and deliver the service efficiently.

Engagement

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

There were systems in place to engage with staff. The wellbeing of all staff was prioritised by senior leaders.

Team meetings were monthly and provided dedicated time for the department to share information and review performance. Clinical and non-clinical staff came together to encourage partnership working. The agenda was designed by the team to meet their needs. The team were asked what they wanted to focus on. Meetings reviewed learning about how other teams work to better understand the overall patient pathway.

The service engaged with patients and sought feedback to improve the quality of the services provided. Patient feedback forms provided areas of open text for qualitative information. Patient feedback was displayed and shared with the team and used to improve the service.

There was representation from the endoscopy clinical lead at the medical advisory committee (MAC).

More information can be found in the main surgery report.

Learning, continuous improvement and innovation

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

Staff in theatres were offered the opportunity to train as surgical first assistants and the preoperative assessment degree course.

All contracted staff had either completed or were studying towards the Level 3 Healthcare Award and Care Certificate.

More information can be found in the main surgery report.

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

Mandatory training

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

More information can be found in the main surgery report.

Safeguarding

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

Staff could explain how they would respond if they witnessed or suspected abuse. They knew who their safeguarding lead was, how and why to make a referral. The Safeguarding Vulnerable Adults policy was up-to-date, with clear guidance for staff. They were familiar with their safeguarding policy and knew how to keep patients safe.

More information can be found in the main surgery report.

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.

Staff followed infection control principles including the use of personal protective equipment (PPE). PPE was stored on wall mounted dispensers. Hand gel and PPE were readily available. Staff used them in line with guidance. They were bare below the elbows, wore face masks and cleaned their hands between patient contacts.

Good

Diagnostic imaging

The department was visibly clean and had suitable furnishings which were smooth and seamless and easy to clean. Staff cleaned equipment after every patient contact and labelled it to show when it was last cleaned. The service performed enhanced and more frequent cleaning of surfaces to prevent transmission of COVID-19, in line with government guidelines. This included increased frequency of cleaning the environment and equipment in patient areas, including frequently touched points, and shared communal facilities.

Cleaning records demonstrated all areas were cleaned regularly.Audit results for compliance with IPC measures for equipment were 100% for the past three months.

Hand washing posters were in several areas of the department. This included the waiting room, hallways, boards, and treatment rooms. They demonstrated best practice hand washing techniques. Hand hygiene audit results for October 2021 were 100%. The audit results were shared at team meetings.

There were three patient areas that were segregated with disposable curtains. However, two curtains had not been replaced for over six months. We highlighted this to a senior member of staff who advised they would attend to this immediately.

More information can be found in the main surgery report.

Environment and equipment

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

The design of the environment followed national guidance. A radiation-controlled area light illuminated to indicate the scanner was operational and to warn staff to not enter.

The imaging department was located on the ground floor. The reception area provided ample waiting area, with comfortable seating that was well spaced. There were single sex toilet facilities for patients and their relatives. A board introduced the team with their names, role and photographs. There was an information board and patient feedback forms were available.

The service had enough suitable equipment to help them to safely care for patients. There was enough space for staff to move around the scanner, and for scans to be carried out safely. During scanning, all patients had access to a panic alarm button, ear plugs and ear defenders. Patients could have music played whilst being scanned. There was a microphone which always allowed contact between the radiographer and the patient.

The magnetic resonance imaging (MRI), room was equipped with oxygen monitors to maintain safe oxygen levels and identify any leaking gas. For example, liquid nitrogen or liquid helium. The hospital followed the Medicines and Healthcare products Regulatory Agency national guidance.

An MRI safe wheelchair and trolley were available for patients that may need transfer in an emergency. Unauthorised access to the scanning room was restricted. Warning signs and lights were in use on the day of our inspection. This ensured people in the immediate vicinity of the equipment were not exposed to unnecessary magnetic fields.

All relevant equipment in the MRI unit was labelled in accordance with MHRA recommendations. For example, “MR Safe” or “MR Unsafe.” This confirmed which equipment was safe or unsafe to use in line with MHRA safety guidelines for MRI equipment.

Good

Diagnostic imaging

The x-ray room was accessed off the main reception. The room where radiation exposure took place was clearly marked with warning signs and lights. Lead screens were in place to protect staff from radiation. These were checked on an annual basis by their medical physics expert. There was clear signage reflecting fire exits and fire extinguishers were in date.

Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. All non-medical electrical equipment was electrical safety tested. There were systems in place to ensure repairs to machines or equipment were completed and that repairs were timely. The generators were tested monthly on a planned schedule to ensure patient scanning was not affected. The hospital took measures to help prevent delays to care and treatment, due to faulty equipment. Resuscitation equipment was available in the waiting area in the imaging department. It was serviced and tagged to confirm it had not been tampered with. Staff completed daily checks of resuscitation equipment.

Sharps bins were signed, dated, secured and not filled above the fill-line in accordance with Health and Safety Executive 'Health and Safety (Sharp Instruments in Healthcare), Regulations 2013'.

Staff disposed of clinical waste safely. They used the correct system to handle and sort different types of waste. They were labelled appropriately. Waste was handled and disposed of in a way that kept people safe.

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 completed risk assessments for each patient on arrival, using a recognised tool. For example, the service used a magnetic resonance imaging (MRI), patient safety questionnaire. Risks were managed and updated in line with any change in the patient's condition.

Processes were in place to ensure the correct patient received the correct radiological scan at the right time. The service displayed the Society of Radiographers (SoR), 'pause and check' poster within the unit. They were used as a reminder for staff to complete them.

Staff checked three-points of demographic checks to correctly identify the patient. Completing the 'pause and check' process provided assurance the radiographer used the correct imaging modality, identified the correct patient, and correct part of the body was scanned.

There were procedures for the emergency removal of a patient from the MRI scanner. An emergency evacuation had been practiced in the last 12 months. Each imaging area contained an emergency alarm cord to use in the event of transfer. Staff would call 999 if a patient required urgent treatment. The patient would be transferred as an emergency to the local hospital.

Staff compliance for basic life support was 100%. Staff who administered contrast/drugs were trained in immediate life support and completed anaphylaxis training. They also completed resuscitation evacuation training due to the MRI environment being a potential hazard during an emergency.

Good

Diagnostic imaging

The service had a nominated radiation protection supervisor (RPS) in post. The RPS ensured compliance with the Ionising Radiations Regulations 2017 (IRR17), for work carried out in an area subjected to Local Rules. The Local Rules summarised the key working instructions intended to restrict exposure in radiation areas. They monitored the environmental testing through their audits. They reviewed any implications on the protection to the room, if there were any changes to practice.

Clear signage was in place to warn patients of areas where radiation exposure took place. This limited the risk of accidental exposure. Local Rules were in place in line with the Ionising Radiations Regulations 2017 (IRR 17). They ensured the health and safety of patients and staff in areas where ionising radiation was in use.

Pregnancy status was routinely checked prior to any imaging taking place. They displayed the Society and Committee of Radiographers latest version of the pregnancy poster. This was to raise awareness of the effects of ionising radiation for individuals capable of childbearing.

Staffing

The service had enough 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 staff a full induction.

Managers made sure all bank staff had a full induction and understood the service, their policies and procedures. The service had enough staff to keep patients safe. Staffing levels were planned and reviewed in advance to ensure that an adequate number of suitably trained staff were available for each clinic.

The manager could adjust staffing levels daily according to the needs of patients. The service had a low vacancy rate, and there was a good ongoing recruitment drive.

Staff had access to a medical physics expert if advice was required regarding diagnostic reference levels (DRLs). DRLs are a tool to optimise levels of radiation.

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.

The service had enough medical staff to keep patients safe. There was a resident medical officer (RMO), with the relevant experience on site 24 hours, seven days a week. Staff had on-call access to patients' consultants out of hours and over weekends. Staff told us consultants were easy to contact, and responsive to requests.

The RMO was trained in advanced life support and held a bleep for immediate response, for example, in the case of cardiac arrest.

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.

Good

Diagnostic imaging

Patients completed a safety consent checklist in advance of a procedure. This included the answers to safety screening questions and the patients' consent to care and treatment. This was later scanned onto the electronic system and kept with the patients' electronic records.

GP referrals were made by email. Internal referrals were paper. Referrals were then scanned onto their electronic software system and stored. Reports were sent by post. This was not as efficient or secure as electronic referrals and reporting.

Patients' personal data and information were kept secure. Only authorised staff had access to patients' personal information. Each member of staff had their own password to access the information system. Staff training on information governance was part of the mandatory training and indicated a compliance rate of 92%.

Staff confirmed patients had consented, prior to completing a scan. They submitted the images to a radiologist, and then completed a report. The audit results for October 2021 were 100%. This included evidence of informed consent before the day of the procedure, evidence of signed consent forms, and legible consent forms.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. They followed current national practice to check patients had the correct medicines.

Staff followed Patient Group Directions (PGDs). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PGDs were clear and up-to-date.

Staff stored and managed medicines and prescribing documents, in line with the provider's policy. Medical gases were checked and stored safely to prevent them from falling. This was in well ventilated areas, away from heat and light sources, in an area that is not used to store any other flammable materials.

The ambient room temperature was regularly monitored which ensured the efficacy of medicines. Medicine compliance was reviewed at the 'Medicines Management Group.' They met on a quarterly basis to ensure all staff were working in accordance with the most up to date guidance and legislation. Audit results for compliance to the Medicine Policy were completed quarterly. Results for July and October 2021 were 100%.

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.

Staff knew what incidents to report and how to report them. They reported incidents using an electronic reporting system. They understood their responsibilities to raise concerns, to record safety incidents, investigate and record near misses.

Good

Diagnostic imaging

They used a specific form to record and report radiation doses greater than the intended dose. The service had a named radiation protection advisor (RPA). They reviewed any incidents relating to radiation. There had been no radiation incidents in the 12 months prior to our inspection.

Staff received feedback following the investigation of incidents. This included incidents specific to diagnostic imaging, other departments within the hospital, across the company, and nationally.

Are Diagnostic imaging effective?

Inspected but not rated

We do not rate effective in diagnostic imaging service but during our inspection we noted the following;

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.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidelines. They referenced guidance from professional organisations such as the National Institute for Health and Care Excellence (NICE), Medicines, the Healthcare Products Regulatory Agency (MHRA), and the Department of Health (DoH). Clinical outcomes were monitored in accordance with guidance from NICE.

The service had Local Rules based on national guidelines. They provided clear guidance on areas relating to hazards and safety. This included the responsibilities of staff to ensure work was carried out in accordance with them. The MRI and X-ray unit had its own Local Rules. They were all in date and understood by staff.

All provider policies and procedures were available online and in paper form. Staff knew how to access them. Managers emailed staff to advise when there was an update to policies and guidance. Staff acknowledged they had read and understood the policy and confirmed they would adhere to guidance. Understanding of policies and procedures was included in appraisals.

Local audits were completed monthly, quarterly and annually to assess clinical practice in accordance with local and national guidance. For example, infection and prevention control, patient experience, waiting times, and image quality assurance

Nutrition and hydration

Staff ensured patients had enough drinks to meet their needs and improve their health.

Patients had access to fresh water and a variety of hot drinks. Guidance was given on fasting in advance of specific procedures. Radiographers checked this guidance had been followed when speaking with patients. They were advised that food was not available in the department in advance of diagnostic procedures. Patients and relatives could plan for any special dietary requirements in advance of attending.

Good

Diagnostic imaging

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

All patients attended as an outpatient or from a ward. Staff assessed patients' pain both before and during imaging procedures. Patients attending from home were advised to bring any medication they might require during their attendance. Inpatients would be returned to wards as a priority if their pain was not controlled for pain relief to be administered.

Patient outcomes

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. For example, they audited compliance to their radiation protection standards, compliance with their clinical practice standards, their documentation and consent policy. They shared the results, and made sure staff understood information from these audits.

The service participated in the hospital's audit programme which demonstrated compliance and identified areas for improvements to patient care, treatment and outcomes. Results from audits were monitored and discussed at the hospital's clinical governance and medical advisory committees and at corporate level. Any required actions were quickly shared with the department.

The service audited their clinical standards and reported any discrepancies. A discrepancy was reported when a retrospective review or subsequent information about patient outcome, led to a different opinion from that expressed in the original report. Discrepancies were reported to the clinical services manager. The case was reviewed, and any learning was shared with the department. Staff were encouraged to complete and record a personal reflection following any discrepancies. They were flagged and reviewed to maintain quality outcomes and drive improvement.

They maintained a detailed action plan to ensure the standards outlined by the Royal College of Radiologists were consistently met. The standards focused on improving reporting by promoting a culture of shared learning, not blame in order to improve outcomes for patients.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role. This included specific learning requirements. Their competencies were assessed, and they were clinically supervised for as long as needed. For example, a member of staff had recently learnt how to cannulate. They were required to complete 10 (under supervision), to have their competency authorised. They were not confident to be signed-off until they had completed more than 10 under supervision. They felt well supported. They used a buddy system to ensure new staff had continuous support.

Staff skills were assessed as part of the recruitment process, at induction, through the probation period and then ongoing as part of the continuous professional development process. Thirty three percent of the department also held post graduate training MRI certificates.

Staff had the opportunity to discuss training needs with their line manager. They were supported to develop their skills and knowledge. The staff appraisal completion rate was 100%. Cannulation competency formed part of the annual appraisal cycle. They were asked to keep reflective records of a minimum of 10 cannulation episodes per year. Individual learning and development needs were discussed and agreed as part of the annual personal development plan.

A member of staff had been supported in their application to complete a two-year course to become an assistant practitioner. The provider was supporting their clinical requests to ensure the academic work was manageable for them. The clinical educator also supported the learning and development needs of staff. The provider demonstrated a strong commitment to staff development and provided examples of how they achieved this,

Managers made sure staff attended team meetings or had access to full notes when they could not attend. They ensured staff had the training and knowledge to maintain and develop their knowledge and skills.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked closely with providers who referred patients. There was effective communication between services, and opportunities to contact other providers for advice, support and clarification. The provider felt these close working relationships had a positive impact on the treatment pathway.

The service had systems and processes in place to communicate and refer to local hospitals, or the referring clinician, if further examination or treatment were required. Staff in the ultrasound department worked closely with local GP's to improve referral information.

Consultants were on call to support and provide a second opinion when it was required. There was a consultant authorisation spreadsheet which outlined what scans each consultant were authorised to complete. There was also a radiologist preference spreadsheet. This outlined their preference/expertise for reviewing specific body parts. They did not have a radiologist who specialised in MRI scans of the small bowel, but they had an arrangement for an NHS consultant to complete these. They told us this arrangement did not cause unnecessary delays in referrals and receiving results.

Staff told us they had a good working relationship with the physics team. They were described as responsive and helpful, and they shared learning and expertise.

The department held monthly staff meetings for the team. The agenda included risks, policies and guidance, and health and safety matters. The agenda was circulated in advance of meetings. Staff were expected to contribute and asked if they wanted any items added to the agenda. Managers ensured meetings were inclusive, multidisciplinary and learning was shared.

Good

Diagnostic imaging

There was a daily morning huddle at 8.15 am. All staff were encouraged to attend. There was always representation from diagnostic imaging. The heads of each department met for a daily huddle later in the morning. Managers ensured key messages, operational information, and shared learning were disseminated from the meetings.

Seven-day services

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

Appointments were flexible to meet the needs of patients, and available at short notice during normal working hours. There was an on-call system for out-of-hour requests. A senior manager was always on-call out of usual office working hours.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. The hospital used laminated health promoting posters related to COVID-19. These reminded patients of the importance of social distancing, hand washing and wearing mask to reduce the risk of transmission of the virus.

Information leaflets were provided for patients on what was expected of them prior to a diagnostic procedure, and what the procedure would involve. The service also provided information to patients on self-care following procedures.

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.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. They had access to an electronic records system that they could all update.

Patient consent was sought on the day of the appointment. Staff were aware of the requirements relating to mental capacity and consent. They understood that consent could be withdrawn at any point, either before or during a scan, and explained this to patients. The provider audited the consent process regularly to ensure compliance with national standards.

They understood how and when to assess whether a patient had the capacity to make decisions about their care. Training compliance rates for consent and dementia awareness were 100%. Staff made sure patients consented to treatment based on all the information available. They were clear about their responsibilities with obtaining and documenting consent.

Are Diagnostic imaging caring?

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

Good

Diagnostic imaging

Compassionate care

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

Staff took time to interact with patients and those close to them, in a respectful and considerate way. They introduced themselves by their first name to patients, and asked patients how they would like to be addressed. They had an up-to-date Equality and Diversity Policy, and 100% of staff had completed training in equality and diversity.

Staff ensured that patients' privacy and dignity was maintained during procedures. Patients had designated cubicles where they could change and maintain their privacy. The cubicles had call bells. They were provided with a gown if required. Staff ensured patients were covered as much as possible during procedures to preserve their modesty and dignity. Patients were offered a chaperone for all appointments and asked if they had a gender preference. They were asked to sign a disclaimer if they declined a chaperone.

However, two patients could simultaneously check in at reception as there where two check- in points and two members of staff. They completed the patient's safety questionnaires with administrative staff. This meant confidential information such as address, date of birth and the procedure the patient had booked for, might be overheard.

Patient feedback was captured through the friends and family test (FFT) survey. Details on how to give feedback was displayed on notice boards throughout the department. Managers reviewed patient feedback and shared results with staff during monthly meetings. Any dissatisfied patients would be contacted to try and resolve any issues raised.

Patient feedback was consistently positive. We reviewed the FFT results for October 2021 and 76.2% of patients reported a very good experience of the service, and 23.8% reported a good experience. Negative comments were scrutinised for opportunities to drive improvement in the service.

Patient feedback was displayed in the waiting area of the department. This included actions the department had taken to make improvements related to their feedback.

Staff regularly checked whether patients were comfortable throughout the scanning process. Staff in MRI clinics applied ear protection to protect patients against the noise of the MRI machine. Patients could either listen to the radio or bring their own music.

After the inspection we spoke to five patients who had received care and treatment within the diagnostic imaging department. All five patients were positive about the care they had received comments from patients included " *was made to feel comfortable and restful asked if wanted to listen to music during scan" and "staff very pleasant especially the nurses, they were comforting and reassuring".*

Emotional support

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

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing, and on those close to them. They supported patients with anxieties. For example, needle phobia was discussed during the booking process for any related procedures. This gave staff advanced notice the appointment time would need to be extended.

Good

Diagnostic imaging

Administrative staff arranged an appointment with a radiographer if they identified a patient was anxious about their procedure during the booking process. They would also offer an appointment to look around the department in advance of their appointment.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Patient feedback for October 2021 included, ''very reassuring, comforting and attentive team.'' Administrative staff had a call bell under their desk. They would use this to call for assistance so patients could be immediately supported, in one of the private patient cubicles.

After the inspection we spoke to five patients who had received care and treatment within the diagnostic imaging department. Comments from patients included, "*staff made a very unpleasant procedure more bearable" and "everything clearly explained everything was frankly very good 10 out of 10".*

Understanding and involvement of patients and those close to them

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

Staff made patients as comfortable as possible. They ensured the patient was in control throughout the scan. They gave them an emergency call buzzer to allow them to communicate with staff if they needed to. The MRI scanner had a built-in microphone. This enabled a two-way conversation.

Staff made sure patients and those close to them understood their care and procedures. They recognised when they needed additional support to help them understand. For example, they used interpreting and translation services.

Staff explained how and when the results would be sent to the referring clinician. The service supported a parent, family member or carer to remain with the patient for their scan, if this was necessary. Staff ensured patients and their family were supported.

Are Diagnostic imaging responsive?

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

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

The service planned and provided care in a way that met the needs of local people and the communities served.

Facilities and premises were appropriate for the services being delivered. The service encouraged patients to give feedback about their experience. Patients could provide online feedback to the company. The department also used their own questionnaires to collect feedback from patients who had used diagnostic services. Patient feedback forms were available at reception and the waiting area. There was a secure collection box to post the forms.

Good

Diagnostic imaging

Managers reviewed feedback every morning. They shared key messages as part of the daily communication to all staff. Themes were included as part of the monthly staff meetings. Staff were made aware about patient feedback, and any related service improvements.

Staff prioritised patients living with dementia and learning disabilities. They were offered times to suit their needs and given longer appointment times. Visitors and families were not permitted due to COVID-19 restrictions. However, the department encouraged carers to support patients who had additional needs such as patients living with dementia.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff and patients could get help from interpreters or signers when needed. Staff would identify if patients needed an interpreter or signer at the time of booking appointments. Interpreters were planned for each part of the patient journey.

Patients with hearing or sight impairments were flagged during booking appointments. Staff could provide leaflets in larger print. They ensured patients could access information according to their needs.

They used the butterfly symbol to support staff to easily and discreetly identify people whose memory was permanently affected by living with dementia. Eligible patients, assisted by their carer, could choose to use a butterfly symbol. The symbol helped to ensure patients received more effective and appropriate care, reduced their stress levels, and increased their safety and well-being.

They used the hidden disabilities sunflower symbol to support staff to identify people with a hidden disability. They only used the symbol with the patient's permission.

Staff used questionnaires that were gender neutral and accessible to transgender and non-binary patients. They demonstrated respect and validation by using a person's correct pronouns (consistent with how they identified) and chosen names.

Access and flow

People could access the service when they needed it and received the service promptly.

Managers monitored waiting times and made sure patients could access services when needed. Patients had the option to book appointments either by telephone, self-booking services or the 'patient portal'.

The Patient Referral Centre booked the patient into the next available appointment using a checklist to establish basic patient information, including questions regarding mobility, ability to consent, transport arrangements, height/weight, and any service specific pre-booking questions. Any issues were brought to the attention of the clinical team who advised the patient referral centre if any special arrangements needed to be made. Information about the appointment, including preparation required, was either posted or emailed to the patient.

Patients were advised not to attend more than 10 minutes before their appointment time. This was enough time for patients to complete the required paperwork and minimised the footfall within the department.

Managers monitored waiting times and made sure patients could access services when needed. Patients were offered a choice of appointment. Staff told us there was no issue with providing appointments in timely way.

Good

Diagnostic imaging

The average wait time for imaging, across all modalities, over the last 12 months was three days. The department monitored their reporting times for each modality. For example, the reporting times for MRI was 2.1 days for September to December 2021, 0.8 days for breast scans and 1.5 days for scans Staff were guided by their Prioritisation and Waiting List Management policy during COVID-19.

All diagnostic tests were undertaken in line with national NHS guidance and guidance issued by professional bodies. Diagnostics were only offered following either a remote or face-to-face consultation.

The department ran a weekly breast clinic. This was a one-stop service for women. The clinic was equipped and staffed so that patients could have a range of diagnostic tests whilst in the department. They could have their results reviewed by specialists, receive a diagnosis, and sometimes have treatment on the same day, without referral back to the GP.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible, and within national targets and guidance.

Learning from complaints and concerns

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

The service had introduced protected time known as 'Patient Hour.' This was dedicated to reviewing patient feedback and experience, as a team. They used the time to explore whether patients received the best possible experience, and if they gained and retained their loyalty. The time was used to challenge their practice, to learn and drive improvement.

More information can be found in the main surgery report.

Are Diagnostic imaging well-led?

Good

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

Leadership

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

The service had a national lead for diagnostic imaging, a clinical services manager for imaging, a radiation protection supervisor, and a lead radiographer specialised in CT and MRI.

More information can be found in the main surgery report.

Good

Diagnostic imaging

Vision and Strategy

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

Following the recommendations of the Francis report, the service considered the ability for radiologists to improve the standard of the service provided to patients imperative. They aimed to do this by using a process of learning, self-reflection, and personal development.

Realm meetings were outlined by the Royal College of Radiologists (RCR), as a way of improving the standard of reporting, by actively promoting a culture of shared learning without the pressure of blame. The RCR updated their processes and formulated a document entitled Standards for Radiology Events and Learning Meetings Document by the RCR (2020). The service had a detailed action plan to ensure these standards were consistently met.

More information can be found in the main surgery report.

Culture

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

Staff were consistently positive when they described the culture within the service. They felt supported by all leaders and colleagues. Staff felt respected and valued. They were happy in their role, and stated the service was a good place to work. Staff interacted and engaged with each other in a polite, positive and supportive manner.

All staff we met during our inspection were welcoming, friendly and helpful. We spoke to staff across most grades and various disciplines. They described healthy working relationships, where they felt respected, and able to raise concerns without fear. The culture was one of learning, not blame. They were encouraged to be open and honest with service users, and staff when things went wrong.

Staff described healthy working relationships where they felt respected, and able to raise concerns without fear. We were given several examples of how staff had felt able and supported to professionally challenge clinical decisions. This included junior members of staff. The culture was one of learning, not blame.

More information can be found in the main surgery report.

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.

Staff at all levels were clear about their roles and accountabilities. They had regular opportunities to meet, discuss and learn from the performance of the service.

Good

Diagnostic imaging

There were regular, monthly, staff meetings. They were recorded and discussed key topics, such as safeguarding, staffing, quality and risk, IPC, and learning from incidents. Minutes we reviewed confirmed these discussions took place. The service completed quality audits of its IRMER procedures. The compliance results for 2021 were 100%.

The medical advisory committee (MAC), oversaw clinical governance issues, the granting and renewing of consultants' practicing privileges, and monitored patient outcomes. The MAC had good representation of different specialities which included diagnostic imaging.

Arrangements were in place to manage and monitor contracts and service level agreements with partners and third-party providers. Contracts were reviewed on an annual basis, which included a review of quality indicators and feedback, where appropriate. They had a clear process for evaluating and managing discrepancies. This enabled discrepancies to be flagged and reviewed to maintain quality in clinical outcomes. Reflection was encouraged and learning was shared from reviews. The service was committed to continually improving.

More information can be found in the main surgery report.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The service had emergency contingency back up processes in the unlikely event that picture archiving and communication system (PACS) failed to ensure and risks to patients care was mitigated. The PACS system electronically stores images and reports.

A risk register was used to identify and manage risks to the service. The risk register included a description of each risk, alongside mitigating actions, and assurances in place. An assessment of the likelihood of the risk materialising, it's possible impact, and the review date were also included. The risk register was reviewed monthly. It was also discussed during communication calls and tabled for review at other meetings. Risks for review/closure were tabled at the relevant committee for agreement of the suggested changes.

There was a systematic programme of clinical audit covering the department's requirements. Audits were linked to national standards/guidance such as IR(ME) R guidance, NICE guidance and the Health and Social Care Act.

More information can be found in the main surgery report.

Information Management

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

More information can be found in the main surgery report.

Engagement

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

Good

Diagnostic imaging

There was representation from diagnostic imaging at the medical advisory committee (MAC). The most recent meeting invited sub-speciality leads to present their vision and needs for the future in their area. The members made a positive contribution. For example, urologists requested more time for diagnostic tests on the CT scanner. The case was presented to the MAC by the consultants and a plan developed.

More information can be found in the main surgery report.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving the service.

We saw noticeboards that displayed comments from patients and staff, and actions the service had taken to improve the service.

The diagnostic imaging department offered apprenticeships and training opportunities. This helped to develop skills and offered career progression to individuals in the team. The service was committed to developing their own talent. This also helped with staff retention.

Good

Outpatients

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

Are Outpatients safe?

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

Mandatory training

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

Nursing staff received and were 100% compliant with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Staff told us their training prepared them for their roles.

Managers monitored mandatory training and alerted staff when they needed to update their training. The training system alerted staff when their training was due. Managers reminded staff when they needed to complete their training individually and provided group reminders at team meetings.

More information can be found in the main surgery report.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Records showed staff compliance was 100% with both safeguarding vulnerable adults and safeguarding children training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff had a clear understanding of how to identify and report abuse.

More information can be found in the main surgery report.

Good

Outpatients

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.

Staff received training in infection prevention and control. Compliance with this training was 100% for staff in the outpatient's department.

We saw all areas in the outpatient department were visibly clean. The waiting room and clinic areas had chairs made with a wipeable material to promote effective cleaning. We saw staff wipe down chairs between patients and place a sign on the chair to indicate it had been cleaned.

We looked at furnishing throughout the outpatient's department which was all well maintained. Well maintained furnishings make cleaning more effective as dents and rips in furnishings can prevent thorough cleaning.

Cleaning records were up-to-date and demonstrated that all areas in outpatients were cleaned regularly. Staff completed cleaning records for each room with clear areas of responsibility for cleaning staff and clinic staff.

The hospital had taken additional precautions to protect patients and staff from COVID-19. At the entrance to the hospital they had placed signs to instruct patients, visitors and staff to use the hand sanitiser gel and put on a clean mask. Patients attending the outpatient's department were booked in at the reception desk which had clear plastic screens to separate patients and staff to reduce the risk of COVID-19 transmission.

We saw many signs reminding people to clean their hands, keep a safe social distance and of the symptoms of COVID-19. We heard staff reminding patients to put masks on to cover their noses and sanitise their hands. Seats in the waiting area had been spaced so that they maintained a safe distance between those waiting. This information was available on the hospital's website and was sent to patients prior to their attendance. Visitors were minimised by asking patients to only bring companions with prior approval to reduce the numbers of patients in the waiting rooms. Staff performed lateral flow tests twice a week, which was recorded on a central system.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff we saw during the inspection were 'bare below the elbows' and dressed in line with the service's policy. The services policy was in line with national guidance at the time of the inspection.

All staff cleaned their hands before, during and after patient care in line with the World Health Organisation guidance on the "five moments for hand hygiene". We saw posters reminding staff of these five moments.

More information can be found in the main surgery report.

Environment and equipment

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

The service had suitable facilities to meet the needs of patients. The consulting suite comprised of six consulting rooms, one ophthalmic suite, a consulting room and treatment room, three pre-assessment clinic rooms, and a physiotherapy unit.

Good

Outpatients

There were several waiting areas in outpatients, so patients could wait near the specific area for their consultation. Chairs were available to meet patient's needs.

The ophthalmic suite had specialist laser equipment for treating eyes. Staff followed procedures for keeping people safe whilst the laser was in use. This included following local rules, by locking the treatment door, putting a warning sign on the door and wearing protective equipment. The service held a list of authorised personnel to use the laser, complying with the Ionising Radiations Regulations 2017(IRR17).

Staff carried out daily safety checks of specialist equipment. The trolley was sealed with security tags to ensure people could not tamper with the products within them without staff knowing. Staff carried out daily and weekly checks on these.

The service had enough suitable equipment to help them to safely care for patients. Staff told us they always had the equipment they needed. The department had an equipment register for their medical equipment, which tracked when each item was last service, when it was next due a service, electrical testing, items name, serial number and hospital identification number. During the inspection all equipment looked at in the outpatient department was stored in an organised way, was clean, dust-free and had the required up-to-date checks.

Consumables were stored neatly in trolleys in the consulting and treatment rooms. We looked at a number of items all of which were within date, dust free and sealed.

Staff disposed of clinical waste safely. Staff correctly segregated waste into clinical and non-clinical waste. The service had clinical waste bins with clear indication about what should be disposed of in them. They also had domestic waste bins for non-clinical waste which had signs on to remind people what could and could not be put into these bins.

The service had and maintained fire safety equipment to reduce the risk to patients from fire. The service had carried out yearly checks on fire extinguishers and these were secured to the wall where staff could access them quickly. All fire doors were in good condition and doors with "Fire door keep locked" signs were locked. This reduced the risk of fire spreading in the event of a fire.

Assessing and responding to patient risk

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

The service assessed and responded to patient risks. Leaders from each department in the hospital held a meeting each day at 9 am which discussed the pressures, risks and staffing across the hospital. We saw this included consideration of outpatient activity including any additional risks within outpatients.

Staff knew about patients with a medical history which represented an increased risk. Staff knew in advance when patients with additional needs were attending and planned to meet these needs and reduce risks posed to them. For example, this included patients with reduced mobility, those with additional health needs and those who requiring interpreting services.

Staff were trained to respond promptly to any sudden deterioration in a patient's health. Staff were 100% compliance in basic life support training.

Good

Outpatients

Staff completed risk assessments for each patient during clinic appointments when needed. We saw patients being assessed for risks of general anaesthesia, venous thromboembolism and allergic reactions to medicines. We looked at patient records which when needed had risk assessments completed. Not all outpatient appointments would require the completion of risk assessments.

Samples taken from patients in the department were clearly labelled and recorded. This ensured patient's samples were tested correctly and prevented delays in results to inform the patient's ongoing treatment plan.

All referrals received in the department were triaged, so that patients only 'low risk' patients would be seen in the outpatient department.

Staffing

The service had enough 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, agency and locum staff a full induction.

There are no agreed national guidelines as to what constitutes 'safe' nurse staffing levels in outpatient departments.

Staffing levels and skill mix for each day were planned by the head of outpatients based on the type and number of clinics running and the number of patients attending. Clinical services in outpatients were supported by registered nurses and healthcare assistants.

The manager could adjust staffing levels daily according to the needs of patients. Staff told us they worked flexibly to meet the needs of their patients. The manager attended a hospital wide meeting at 9am to discuss staffing pressures in other departments. They then offered or requested staff to work together across departments to ensure all areas had safe staffing levels.

There were enough staff numbers in the physiotherapy department to cover the outpatient physiotherapy services.

The service had enough reception staff to book in patients for outpatients. We saw there was not a long wait to speak with them even at busy periods.

The outpatient department had access to a range of medical consultants, who were granted practising privileges to provide an outpatient service at the hospital. Practicing privileges is a system of checks and agreements whereby doctors can practice in independent hospitals without being directly employed by them.

There was a resident medical officer (RMO) on-site 24 hours a day seven days a week. When needed they provided support to outpatients with medical care. This included reviewing patients that deteriorated during their outpatient appointment.

The service had one health care assistant vacancy at the time of inspection and used no agency or bank nurses.

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 securely. Patient records were paper and were stored in the medical records department on site. The medical records team prepared the records the day before clinic and transferred them to locked cupboard in the outpatient department on the day of the clinic. We saw patient records were returned to the medical records department at the end of clinics. An electronic tracking system was used, so records could easily be located when they were onsite and after nine months, when they were transferred to an offsite storage facility.

Patient records were comprehensive, and all staff could access them easily. Staff told us records were always easily assessable from their onsite medical records department. Staff told us for new patients they created a new folder and then this was sent to medical records after their first appointment.

We looked at five patient records which all had the relevant information within them including; medical history, risk assessments, observations, treatment plans, and tests carried out. All entries in the records we looked at were legible, dated and signed.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We saw medicines in the department were stored securely. Medical staff prescribed medicines for patients on private prescriptions. Patients could either have these filled by the onsite pharmacy or take them to any external pharmacy.

We saw prescriptions included the patients name, address, and their known allergies. The prescription pads were stored securely. We looked at a record that logged against each script serial number the patient's name and which consultant had issued it. This prevented unauthorised use of these prescriptions, in line with NHS Counter Fraud Authority: management and control of prescription forms: A guide for prescribers and health organisations (March 2018).

We saw staff in outpatient clinics explained options of medicines including the risks and side effects to patients and their relatives. Staff reviewed patient's medicines at follow up appointments.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. The department stored medicines in a room which was temperature controlled. We saw records showing staff had monitored the temperature in this room and in the medicine fridge. Storing medicines at the correct temperature ensures medicines have a consistent effectiveness.

Staff followed current national practice to check patients had the correct medicines. We saw staff checking patients' name, date of birth, and address before administering medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Any medicine safety alerts were shared with the outpatient department manager at the hospital wide meeting held daily at 9 am.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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.

Good

Outpatients

Staff knew what incidents to report and how to report them. Staff knew how to access the service's incident reporting tool on their intranet. Staff told us they would ask their manager for support if they were unsure how to complete any parts of the form.

Staff had reported incidents in the outpatient's department. The service graded incidents depending on if they were considered a serious incident and then on the level of harm. Serious incidents had additional oversight from the managers at corporate group level.

Staff in the outpatient department had reported 119 incidents in the 12 months prior to inspection. These were categorised into two moderate harm, 117 low/no harm.

Learning was discussed at meetings to share learning from incidents. We saw minutes showing hospital leaders discussed incidents quality and safety meetings. Staff in outpatients discussed learning from incidents at their team meetings held every two months.

More information can be found in the main surgery report.

Are Outpatients effective?

Inspected but not rated

We do not rate effective in outpatients service but during our inspection we noted the following;

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. Staff protected the rights of patients' subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We looked at policies related to outpatient care including; duty of candour, safeguarding adults at risk and management of medicines. These were up to date with consideration of national guidance from the Nursing and Midwifery Council and the National Institute for Clinical Excellence.

Leaders monitored national guidance and best practice changes which were reviewed in the clinical governance meeting. We saw minutes of meetings showing guidance was reviewed for relevance to hospital services and updates made to policies where needed. Staff then were prompted to read updates to policies in their team meetings. This was a standing agenda item for team meetings in outpatient's department.

Staff had easy access to policies to support them in caring for patients. Staff showed us how they accessed policies on the service's intranet. They then signed a form to indicate they had read the policy, which we saw.

The outpatient's department participated in the hospitals audit programme including monitoring their; documentation, prescription pad usage, medicines storage and security, and use of the surgical safety checklist.

Nutrition and hydration

Patients had access to food and drink to meet their nutrition and hydration needs.

Staff made sure patients had enough to eat and drink. Staff would offer bottles of water to patients when requested or if they felt patients needed them. Staff also provided hot drinks and food from the hospital restaurant for patients on request.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The physiotherapy team offered acupuncture to patients for pain relief.

Staff prescribed, administered and recorded pain relief accurately. We looked at private prescriptions given to patients by the department which included all the required information including; the patients details, known allergies, the medicines name, dose, frequency and route. We saw staff administered local anaesthetic safely.

Patients received pain relief soon after requesting it. Medical staff when needed wrote a prescription for pain relief medicine which nursing staff took to the onsite pharmacy to be dispensed which they then administered to the patient. If patients were in large amounts of pain in outpatient, then they would be admitted to the ward or referred to the local NHS trust for pain management and investigation into the cause.

Patient outcomes

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers and staff used the results to improve patients' outcomes. We saw where necessary actions were identified and performance over time was monitored. These audits included infection prevention and control, waiting times, patient satisfaction, record keeping and medicines management.

Managers shared and made sure staff understood information from the audits. We saw records showing audit results and learning points were shared with staff at their team meetings.

The physiotherapy staff recorded patient reported outcome measures to assess the impact and effectiveness of treatment interventions.

More information can be found in the main surgery report.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Patients said staff had the skills to meet their needs.

Good

Outpatients

Managers gave all new staff a full induction tailored to their role before they started work. Staff we spoke to told us they had completed an induction when starting which fully prepared them for their role. Staff also had a period of shadowing before working independently in the department.

Managers supported staff to develop through yearly, constructive appraisals of their work. Records showed all staff had completed an appraisal in the last 12 months.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us their appraisals were used to talk about how they wanted to develop their skills. The department manager was committed to developing the skills of their staff to continually improve the service offered to patients.

Managers made sure staff received any specialist training for their role. Managers kept records of competencies and supported staff to complete training and competency assessments to broaden their skill set.

Multidisciplinary working

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

Patients could access multiple health professionals involved in their care during one visit to the hospital. Staff worked across health care disciplines and with other agencies when required to care for patients.

We saw nursing and medical staff worked closely together including taking on some roles traditional completed by medical staff. This was made possible with the support and education from medical staff.

More information can be found in the main surgery report.

Seven-day services

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

The outpatient department had appointments available from Monday to Friday from 8am to 8pm, and Saturday 8am to 4pm.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support, which had been removed from communal areas at the start of the pandemic, to minimize the risk of infection. Staff gave out health promotion information to patients and their families on an individual basis, in the consultation room.

There were signs, posters and floor stickers reminding patients and staff about COVID-19 precautions and how to help everyone stay healthy.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Patients were offered advice or signposted to the relevant services to meet these needs.

Good

Outpatients

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.

Staff could describe and knew how to access policy on Mental Capacity Act. The service had an up-to-date policy for safeguarding adults at risk which included consideration of the Mental Capacity Act. Staff told us they accessed their policies on the hospital intranet. Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Compliance with this training was 100% for outpatients' staff.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, and the Mental Capacity Act and they knew who to contact for advice. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us they did not often have to carry out a formal capacity assessment as they assumed patients had capacity unless there was a reason to question this. This was in line with the first principle of the Mental Capacity Act which is to presume capacity.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records. We saw consent was recorded clearly in outpatient records for minor procedures carried out in outpatients and for elective surgery carried out in the hospital on a day in the future as an inpatient.

Are Outpatients caring?

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff followed policy to keep patient care and treatment confidential. Clinic and treatment rooms had signs on the doors to indicate if the room was vacant or occupied. We saw staff using these signs when taking patients into rooms. Staff knocked and waited before entering closed doors. Reception staff were also discreet when talking with patients to prevent their conversations being overheard by other patients.

Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff took time to explain treatment options and answer patients' questions. All staff we saw interacted in a respectful way with patients and relatives.

Good

Outpatients

Patients said staff treated them well and with kindness. Patients told us staff were kind to them. Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with complex health needs.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw staff providing emotional support to their patients. Staff were passionate about providing a patient centred approach to care and being there to support patients.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff told us they took patients into a private room, sat with them to listen, provide emotional support and provided them with a quiet space if they preferred. We saw in a recent compliment the patient described how staff had been very supportive when they became distressed in the waiting room after their appointment.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff told us they understood that patients may expect to receive or receive bad news in their clinic appointments so providing emotional support to their patients was always important.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. We saw staff ensuring patients' relatives were involved in clinic appointment when patients wanted this. We saw staff communicated in a clear, kind and compassionate way with patients and those close to them.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients told us consultants took time to explain everything clearly in a way they could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff told us they supported patients to speak out about any concerns they have about their care. The staff collected patient feedback which included overall satisfaction with the hospital's service.

Staff supported patients to make informed decisions about their care. Staff in clinic appointments carefully explained treatment options to their patients and helped them to come to an informed decision about their care.

Patients gave positive feedback about the service. We spoke to four patients that all provided positive feedback about the staff and the service. Staff recorded compliments on an electronic system. We looked at compliments from patients that described how caring the staff had been to them.

Are Outpatients responsive?

Good

Outpatients

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. The hospital services were structured to allow joint working which allowed patients to have appointments for different services to be booked together.

Most patients that used the services were funded by health insurance or were personally funded by the patients. The service also worked with local NHS service to treat NHS patients when the local NHS trusts were unable to keep up with needs of the local population. Managers told us they had increased their work for NHS trusts during the pandemic as pressures had been higher on NHS trusts.

Staff made patients aware of costs related to treatments and care. Staff in clinic appointments explained treatment options to patients including details on cost related with different treatment options. Staff told patients about additional costs related to their treatment including those for tests, hospital care, and medical care.

The hospital's website listed the treatments and services available to patients and had details on how to contact the hospital to discuss services offered. Patients could book their initial appointment by calling the hospitals booking team or by using the hospital's website. Patients were able to choose between face to face or video call appointments.

Facilities and premises were appropriate for the range of services being delivered.

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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff told us how they provided support to patients living with a mental health condition. They told us how they worked with the patient, their family and carers to make plans that meet the patients' needs and keep them safe during their visit.

Staff told us additional needs including patients needing an interpreter was identified during the booking process. This information was recorded and shared with outpatient's staff before patients visited the department.

The department was designed to meet the needs of patients living with dementia. The department had clear signs with bold easy to read print and a smooth single colour flooring. Flooring with multiple colours can appear to patients living with dementia as holes in the floor.

Good

Outpatients

The service had facilities to meet the need of patients with reduced mobility and patients using a wheelchair. The hospital had dedicated parking spaces for patients with a disability and step free access to the hospital. In the hospital there were level floors with no steps between the entrance and the clinic rooms. The waiting areas had toilets which were accessible for wheelchair users including alarm cords that reached to the floor which was in line with national guidance.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff told us they were informed if patients attending clinic needed an interpreter and that the service had services to provide telephone interpreters.

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.

Patients were referred to the outpatient's department from the patients' GPs, by the NHS and by self-referral. Patient could book appointments by phone or messaging via the hospital's website. Patients were offered the most convenient appointment with their preferred consultant.

The outpatient's department was open Monday to Sunday from 8 am to 8pm. Consultants had regular slots when they held their clinics however if patients needed to attend on a different day the department arranged for them to see another consultant with the same speciality. The service did not provide an emergency service however same day and next day appointments were arranged for patients when needed.

Reception staff greeted patients as they arrived in the hospital, checked them in on the hospital computer system and gave them directions to where to wait for their appointment. We saw patients were seen quickly after arriving in the hospital. On the day of our inspection the outpatient's department was calm and well organised even at times of peak activity.

When patients required a follow-up appointment or to be booked in for tests, staff completed this before they left the hospital. Staff arranged for outpatient's appointments and diagnostic tests to be completed on the same day to reduce the number of times patients needed to travel to the hospital.

Patient feedback on access to the service was positive. Patients we spoke with and feedback we read was positive about the waiting times and flexibility in receiving an appointment.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. Managers told us they would ensure patients had another appointment arranged immediately and booked for as soon as possible.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Patients that we spoke with said that they knew how to raise concerns and would be happy to do so if necessary.

Good

Outpatients

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Records showed that complaints were logged, investigated and causes addressed.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Are Outpatients well-led?

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

Leadership

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

The service had a clear leadership structure for the outpatient's department. This was led by the acting clinical service manager, and each outpatient area had a nurse in charge. Staff spoke highly of their leadership at all levels and described them as visible, approachable and knowledgeable.

Leaders supported staff to develop their skills and take on more senior roles. Staff told us how they had been supported to develop their skills. Nursing staff had been supported to develop their skills and was continuing to progress their career, supported by their leaders.

Vision and Strategy

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

The hospital's values were displayed in the main stairwell and were: We value people who are selfless and compassionate; we value people who are collaborative and committed; we value people who are agile and brave; we value people who are tenacious and creative.

Leaders monitored their progress against their strategy. Managers monitored each aspect of their strategy in departmental meetings and hospital leadership meetings.

Culture

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

Good

Outpatients

Staff felt respected, supported and valued. All staff we spoke with told us they felt leaders and other staff respected them. They told us they were proud to work at the hospital, felt valued by staff in their department and by staff from across the whole hospital.

Staff were focused on the needs of patients receiving care. We saw staff worked together as one team to meet the needs of their patients. Staff were welcoming and professional in communication with their patients and each other.

The service had an open culture where patients, their families and staff could raise concerns without fear. Staff told us they raised concerns, and these were viewed as opportunities to improve the service. We saw managers had responded positively to complaints raised by patients with a focus on learning how to improve their service.

More information can be found in the main surgery report.

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.

Leaders operated effective governance processes, throughout the service and with partner organisations. Leaders held clinical governance meetings, which included attendance by a local trust. Although these metrics did not focus on outpatient's care as there were ones that looked at the whole patient journey or the hospital overall which included the care provided in outpatients.

The service held meetings to discuss and learn from the performance of the service. Which fed into hospital wide meetings.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The outpatient's department held staff meetings every two months and attended the hospital wide daily hospital meeting. These allowed staff to discuss changes in detail every two months and any immediate changes to practice daily. Staff we spoke to were clear on their role and what they were responsible for and who they reported to when things were beyond their level of accountability.

Management of risk, issues and performance

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

Leaders and teams used systems to manage performance effectively. They shared performance information with staff via notice boards, in a variety of shared rooms in the outpatient department and via team meetings. The number of patients to be seen in the department was discussed with staff daily at their huddles and staff were able to ask and offer support to each other.

Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. We saw records showing risks were discussed and the service monitored the number of risks overdue for review at their clinical governance meeting. The service held a quality and safety meeting weekly, when all actions and mitigations were reviewed for current risks. Staff we spoke to knew about the top risks in the outpatient's department.

Good

Outpatients

The service had plans to cope with unexpected events. Staff told us these plans included an adverse weather plan resulting in staff being unable to attend the hospital. Staff were clear on their responsibilities during these events. Leaders told us they had practiced these plans to see how quickly they were able to arrange additional staff to maintain safe staffing numbers.

Information Management

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

The service collected reliable data and analysed it. Staff and leaders collected and analysed data on staffing, quality and safety. This included monitoring of compliance with; hand hygiene, cleanliness, use and availability of personal protective equipment.

The information systems were integrated and secure. All outpatient records were kept in locked cupboards when not required by clinicians. Digital information was kept on computers that were secured with usernames and passwords for each member of staff preventing unauthorised access. Staff logged out of computers when not in use.

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Staff told us information was displayed clearly and was easily accessible including information on paper records.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

Leaders and staff actively and openly engaged with patients. Staff collected feedback from patients and leaders analysed this for trends which was then shared with staff. The hospital had a website where the public could see information about the hospital including services offered in the outpatient's department.

Their website contained hospital news, patient stories and information on how to contact the hospital. Patients and visitors were encouraged to give feedback via a variety of mechanisms; in person, with a feedback form or using social media. Feedback was shared within the outpatient department and also across the hospital.

Leaders engaged with staff. We observed a hospital wide meeting where leaders were encouraged to identify teams of members of staff who had excelled. We saw interactions between staff and their leaders was friendly and supportive.

Learning, continuous improvement and innovation

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

Staff and leaders were committed to continually learning and improving services. The service used information to improve care. Staff we spoke to in the outpatient's department were passionate and committed to continuous improvement. Staff told us they saw any concerns, complaints or incidents as an opportunity to make their service better.

Good

Outpatients

The service told us that the ophthalmology service had been working in partnership with the Macular Society for five years. This was initiated by the service in its drive to deliver the very best quality service for its patients. In 2019, the service gained an excellence award from the Macular Society for Outstanding patient care / Clinical Service of the Year, which noted in particular the service's ability to provide individual patient care within a high volume service.

More information can be found in the main surgery report.