

# Nuffield Health Bristol - The Chesterfield

## Quality Report

3 Clifton Hill

Bristol

BS8 1BN

Tel: 0117 911 6840

Website: [www.nuffieldhealth.com/hospitals/bristol](http://www.nuffieldhealth.com/hospitals/bristol)

Date of inspection visit: 14 April 2016

Date of publication: 04/08/2016

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

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Not sufficient evidence to rate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

We carried out an unannounced inspection the Nuffield Bristol hospital on 14th April 2016. The purpose of this inspection was to follow up on our last inspection in February 2015 where we found concerns with the services for children and young people.

The concerns were inadequate provision of resuscitation equipment for children under the age of 12 years and there were insufficient numbers of staff trained in paediatric life support. There was only occasional practice at the hospital which limited staffs ability to maintain their skills and experience. Some consultants were only engaging in occasional practice with respect to services for children and young people. National guidance identifies occasional practice should not occur. We also found the competency tool used to train staff to manage the care of children and young people was poor and did not properly assess the skills needed. The hospital did not have appropriate staffing or skill mix to provide safe care and treatment for children and young people.

We carried out this focused inspection of the hospital to follow up on the areas rated as inadequate in our inspection in February 2015. The inspection team inspected the Children's and Young Peoples service.

### **Are services safe at this hospital/service**

We found that there were sufficient suitably qualified, competent and experienced staff managing the care of children and young people and there was sufficient equipment available to respond in an emergency. Patient records were filled in correctly and assessments based on the clinical need of patients.

### **Are services well led at this hospital/service**

We found that there was sufficient oversight and senior leadership to provide the expertise and accountability to ensure that the children's and young people's service was well led. Governance processes were children and young people focused and there was sufficient time given in the MAC for children and young people.

Our key findings were as follows:

- There was adequate resuscitation equipment for children and young people.
- There were suitable numbers of qualified, competent and experienced staff for children and young people.
- Records and risks were appropriately managed to meet the needs of children and young people.
- There were sufficient governance processes in place to ensure that children and young people had adequate oversight on the MAC.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Services for children and young people

### Rating

### Summary of each main service

Due to the low numbers of children and young people who were provided a service at the Nuffield Bristol we were unable to rate all areas of this service. We rated the service to be good because:

- There were adequate numbers of suitably skilled, qualified and competent staff working with children and young people in the hospital. There were a bank of children's nurses who were always on duty when a child was seen.
- All staff in the hospital had received children's basic life support training and could describe learning from the last inspection and subsequent cardiac arrest scenarios.
- Records were appropriate and had completed risk assessments.
- Nurses responded appropriately to risk and this was clearly documented.
- There were clear governance arrangements in place with children and young people taking sufficient priority in medical advisory committee (MAC) meetings.
- Staff could describe governance processes and there was clear accountability and responsibilities for children and young people in the hospital.

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Nuffield Health Bristol - The Chesterfield	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
Information about Nuffield Health Bristol - The Chesterfield	6

---

Good



# Nuffield Health Bristol - The Chesterfield

**Services we looked at**

Services for children and young people

# Summary of this inspection

## Background to Nuffield Health Bristol - The Chesterfield

Nuffield Health Bristol -The Chesterfield is an independent hospital which is part of the Nuffield Health corporate group. It provides outpatient services to adults and children from birth upwards and surgical services to adults and children over the age of 12 years.

The hospital had one 30 bedded ward and seven day-case beds. The 30 rooms included two rooms with access for disabled people.

There were three operating theatres and a separate endoscopy unit which had six patient bays and one theatre. There was also a recovery (post-anaesthetic) area in the theatre suite. The hospital had 11 outpatient consulting rooms, a small pathology laboratory and an on-site pharmacy. Although diagnostic imaging facilities were available on-site, they were provided by a third party and were not reviewed as part of this inspection.

## Our inspection team

The team included two CQC inspectors.

## Why we carried out this inspection

This inspection was unannounced following a previous inspection in February 2016. Two CQC inspectors spoke

with staff, reviewed care records, and reviewed documentation. We also reviewed information sent to us since the last inspection in response to previous concerns.

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

## Information about Nuffield Health Bristol - The Chesterfield

Nuffield Health Bristol – The Chesterfield has 30 inpatient beds and seven day case beds providing services for both NHS and private patients. The hospital has a workforce of 30.5 whole time equivalent nursing staff and 11.88 whole time equivalent healthcare assistants. There is a resident medical officer, employed by an agency, on site at all times. The hospital has 218 consultants who have "practicing privileges". This means that they have been approved to work at the hospital, although they are not




directly employed. From the period 1st April 2015 to 1st April 2016 there were 4178 visits to theatre. There were 3 surgical procedures carried out on children over the age of 11 years between April 2015 and April 2016.

The hospital had a low bed occupancy rate, had low mortality rates and there had been 0 incidents of MRSA (methicillin-resistant *Staphylococcus aureus*) or MSSA

# Summary of this inspection

(methicillin-sensitive *Staphylococcus aureus*) in the 12 months prior to our inspection. There had been 0 cases of *Clostridium difficile* at the hospital between April 2015 and April 2016. The Registered Manager had been in post since May 2016.

# Services for children and young people

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

## Information about the service

The children's and young people's service at Nuffield Health provided outpatient consultations and surgical procedures. Only private patients were treated. At the time of the inspection only one consultant performed surgical procedures with the support of paediatric bank nurses. There were a total of three procedures conducted at Nuffield Health between February 2015 and April 2016. Patients from birth upwards were seen in the outpatients department.

## Summary of findings

Due to the low numbers of children and young people who were provided a service at the Nuffield Bristol we were unable to rate all areas of this service. We rated the service to be good because:

- There were adequate numbers of suitably skilled, qualified and competent staff working with children and young people in the hospital. There were a bank of children's nurses who were always on duty when a child was seen.
- All staff in the hospital had received children's basic life support training and could describe learning from the last inspection and subsequent cardiac arrest scenarios.
- Records were appropriate and had completed risk assessments.
- Nurses responded appropriately to risk and this was clearly documented.
- There were clear governance arrangements in place with children and young people taking sufficient priority in medical advisory committee (MAC) meetings.
- Staff could describe governance processes and there was clear accountability and responsibilities for children and young people in the hospital.



# Services for children and young people

## Are services for children and young people safe?

Good 

We rated safe to be good because:

- There was adequate resuscitation equipment for children and young people in all areas. This was checked daily. Resuscitation scenarios had been completed and were described as being well managed by an external assessor.
- Records were complete and accurate and were all audited by the matron. Risk assessments were completed by an appropriately trained member of staff.
- There were appropriate numbers of bank staff who were adequately trained and experienced to manage the needs of children and young people.

### Incidents

- There were no incidents relating to children and young people since the last inspection in February 2015. We reported in the last inspection report that staff were confident to report incidents.

### Environment and equipment

- Staff were able to access appropriate equipment for children in the event of an emergency.
- The previous inspection in February 2015 identified there was not adequate cardiopulmonary resuscitation equipment available for children and young people under the age of 12. During this inspection we checked three of the four resuscitation trolleys within the hospital and found they had dedicated paediatric resuscitation drawers with the appropriate equipment for children and young people under the age of 12.
- We found all of the resuscitation trolleys were appropriately checked and signed for daily by a nurse or radiographer. Where there were resuscitation trolleys between areas there were clear processes and protocols in place to ensure they were always checked. Staff spoken with were clear about the processes and which departments check the trolley on which day.

### Records

- Of the three children and young people who had surgical procedures since December 2015 (the time at which surgical procedures were commenced) we looked in two of the records. We found they were clear, accurate, legible and up-to-date.
- Records included nursing assessments, care plans, nutrition and hydration charts, medicine charts and pain relief records and were completed by an appropriately trained paediatric nurse.
- We saw evidence that all children and young people had their records audited by the hospital matron for compliance against the standards expected by the hospital. We found two of the three records were 100% compliant. The third audit showed it had not been documented that the patient was not appropriate for adult nurse care.. It was discussed that this was an oversight rather than a risk to patient safety, as a result additional training had been provided.

### Safeguarding

- The hospital produced an annual safeguarding report with named staff that were accountable and responsible for protecting children clearly documented. This included the responsibilities of the matron and the named children and young person's nurse. There had been no safeguarding alerts raised for children and young people in the 12 months prior to inspection.
- The report identified actions to improve the links between the hospital and the local authority and safeguarding boards, and to increase training. We saw adequate progress with this action plan.
- We reviewed compliance records for mandatory training for the hospital. Out of 107 staff requiring the training 99 (93%) had completed level one safeguarding children and young adults training. All 40 staff requiring level two training had received it and one member of full time staff had level three training. This was in line with the intercollegiate document for safeguarding children and young people 2014.
- We looked at the records for the consultant who performed the surgical procedures and found they had appropriate children's and young adults safeguarding training and had completed a child protection course.

# Services for children and young people

## Mandatory Training

- The previous inspection in February 2015 identified that staff did not have the appropriate mandatory training to provide safe care for children and young people. During this inspection we saw mandatory training records for all staff. Of the 107 who required paediatric basic life support (PBLs) 98 (94%) of them had received the training. Of the 40 staff who were identified to require paediatric intermediate life support 33 (83%) of them had received the training. We saw email evidence which showed the remaining seven staff requiring intermediate life support training had sessions booked for the end of April 2016.
- Bank nurses who provided care for children all had appropriate mandatory training to look after children including paediatric basic life support, paediatric intermediate life support, and safeguarding children and young people. The bank paediatric lead nurse had advanced paediatric life support training qualification as required by the Royal College of Nursing and the Department of Health.
- An external organisation provided patient basic life support training for both clinicians and non-clinicians. This involved a two hour practical workshop and provided learning based on national guidelines. Staff who attended this course received certification to perform PBLs for a year before they required an update.
- We looked in the records for the consultant who performed the surgical procedures and found they had appropriate PBLs training.
- We saw evidence which showed the hospital was working closely with the local children's acute NHS hospital to discuss additional training and staff rotations. This ensured awareness of the needs of children and young people was raised.

## Assessing and responding to patient risk

- We looked in two patient records and found risk assessments, administration documentation, and paediatric early warning scores (PEWS) were completed appropriately by a children's nurse. PEWS are generated by combining the scores from a selection of routine observations of patients such as pulse, respiratory rate, respiratory distress, conscious level to determine the condition of the patient. We saw one example where a child's PEWS was raised and therefore checks were

appropriately increased from every 30 minutes to every 15 minutes. We also found increased nursing checks immediately after the child had recovered based on increased clinical risk.

- For both of the patient records we looked in we found the five stages of the World Health Organisation's safer surgery checklist was completed appropriately and signed by all relevant staff members.
- We found allergies were clearly documented in medical records and care plans.
- There were strict policies in place to ensure there were adequately trained staff when children were attending for either an outpatient appointment or a surgical procedure. This was initially coordinated by the bookings team using the allocated dates where appropriate staff were available. All inpatient bookings were authorised by a Senior member of the clinical team to ensure appropriate staff are available prior to booking being confirmed.
- There were two paediatric cardiac arrest scenarios performed since the last inspection which was organised and assessed by an external organisation. This scenario involved members of staff from the paediatric nursing establishment, ward nurses, and non-clinical teams. The report from this highlighted that "the overall effectiveness/ management of the arrest was excellent" and "the resident medical officer assumed the role of the team leader and the team as a whole worked effectively and competently through the scenario. This was enhanced by the effective communication skills being displayed by the team." The report summary said "an excellent standard of care was provided by the team."

## Nursing staffing

- On the previous inspection we found staff providing care to children and young people did not have the appropriate qualifications, skills or experience to safely manage the care of children and young people. During this inspection we found the hospital had employed six bank children's nurses to manage the care of any child attending the hospital. This included the appointment of a senior paediatric critical care bank nurse from the local children's hospital.

# Services for children and young people

- Both patients we saw at the time of the inspection had a named paediatric nurse and records showed this person was responsible for the patient's care throughout the entire pathway.
- All bank staff had the appropriate qualifications, safeguarding training, and paediatric intermediate life support training. We also found all bank staff had several years' experience of working with paediatrics in other NHS acute hospitals.
- All ward staff we spoke with could describe the processes involved with caring for a child or young person and recognised their psychological, social, and physical needs were different than that of an adult.
- Where consultants requested children and young people to attend the hospital for a surgical procedure, seven days' notice was required to ensure the appropriate staff were available.
- Plans were being put into place to utilise the paediatric bank staff to assist the local children's hospital in the management of their winter pressures.

## Medical staffing

- There was an agreement with the local children's hospital for a 24 hour a day, seven days a week hotline available for nursing staff to use to gain medical advice. We also saw an emergency transfer policy for a patient to go to the local children's hospital if they deteriorated.

### Are services for children and young people effective?

Not sufficient evidence to rate 

Due to the low numbers of children and young people seen at the Nuffield Bristol we were unable to rate the effectiveness of this service.

However:

We looked in two patient records and found consent processes were clear, informative, and included the patient in the decision making process.

## Consent

- During our last inspection we looked in four sets of medical records. In all cases the child's parent or guardian had signed the consent form. We saw no

evidence in the medical record that the child's view had been taken into account or that the child was able to express their view with regards to the procedure. During this inspection we found that children were an integral part of the consent process and that documentation was tailored to suit their needs. As part of this inspection we looked in two sets of medical notes and found consent forms were signed by the child and there was evidence of child engagement by the nurses and doctors. We also saw care record assessments had been completed by the child with consideration of Gillick Competency's and Fraser Guidelines.

### Are services for children and young people caring?

Not sufficient evidence to rate 

Due to the low numbers of children and young people seen at the Nuffield Bristol we were unable to rate the caring of this service.

### Are services for children and young people responsive?

Not sufficient evidence to rate 

Due to the low numbers of children and young people seen at the Nuffield Bristol we were unable to rate the responsiveness of this service.

### Are services for children and young people well-led?

Good 

We rated the service to be good for well-led because:

- Children and young people's service had the required oversight and senior leadership to provide accountability and expertise for quality and safety.
- Governance procedures ensured risks, trends, and incidents were managed robustly with a clear escalation process to the medical advisory committee and the hospital's director and matron.

# Services for children and young people

Checking systems had been established to ensure clinicians had the appropriate training and experience to perform surgical procedures on children and young people at the hospital.

## Governance, risk management and quality measurement for this core service

- The Nuffield Health children's services policy stated the medical advisory committee (MAC) should include a paediatric consultant of any speciality to advise and support the MAC and the children's services team. During the last inspection in February 2015 we found this was not the case. At this inspection there was clear accountability and specialist knowledge of children and young people on the MAC. The MAC included a consultant who worked with children and young people and a paediatric anaesthetist. We looked at several sets of minutes from the MAC and found that there was a paediatric anaesthetist and consultant present on all occasions.
- Children and young people appeared as a standard agenda item on the MAC. We looked in three MAC meeting minutes and found them all to have documented detailed discussions about children and young people.
- A children and young people expert advisory group had been established to monitor governance, risks, trends and hazards. The terms of reference for this forum stated they reported to the MAC and the board and provided yearly reviews of the children's service to ensure compliance with standards. We saw meeting minutes which showed discussion of the CQC action plan, the patients' pathway, audits, safeguarding, resuscitation training, the critical care transfer policy and other discussions with the local children's hospital.
- The children's policy stated consultants should have appropriate experience in the care and treatment to

fulfil the requirements of the Nuffield Health Group Practising Privileges Policy. On our previous inspection in February 2015 we found occasional practice on children and young people was standard practice. During this inspection we found there were clear processes in place to assess and monitor all consultants who were undertaking work on children and young people.

- There was a clear checklist process in place for all consultants which was required to be signed off by the matron and the hospital director. This checklist went through the proposal of children and young people's services, evidence of regular practice on children and young people, evidence of mandatory training, and ability to provide accessible out of hours support for children and their parents.
- During the inspection there was only one consultant who was performing children and young people services carrying out care and young people. We found the checklist was fully completed and there was clear evidence of continual training available. We also found the consultant performed regular children and young people practice in another hospital.
- We saw lessons learnt at Nuffield Bristol were shared within the larger Nuffield Group and they were fully supported to improve by their senior managers.

## Leadership / culture of service

- Following our last inspection we informed the hospital director and matron of our safety concerns and requested a statement to provide assurance that children's services were safe. The statement they provided showed lack of insight and understanding of the issues raised. During this inspection we found a shift in culture with all staff we spoke with. It was clear that children and young people had become a focus of the director, and the matron and all staff groups.