

Aspen Healthcare Limited

# Parkside Hospital

## Inspection report

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Date of inspection visit: 20 September to 7 October  
2021  
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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

Parkside Hospital has been providing healthcare for 33 years and is part of Aspen Healthcare Limited. A team of nurses, healthcare assistants and administrative staff were responsible for coordinating the delivery of outpatient clinics. Clinics are led by surgeons, doctors, nurses and allied health professionals (AHP). The hospital has 75 beds. Facilities include operating theatres, a five-bedded high dependency unit (critical care unit), an X-ray department, endoscopy unit, outpatient and diagnostic facilities.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection of the service on 20 September 2021. To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The Hospital mainly provides privately funded treatments, but also undertakes some work for the NHS. Most of the hospital patients live in and around the South West London area. The Hospital offers a range of surgical procedures, including orthopaedics, uro-gynaecology and plastics. It also offers cancer care, diagnostic and imaging and a physiotherapy service in its own dedicated and fully equipped physiotherapy suite and hydrotherapy pool. Children and young people are treated at the hospital, but only those above aged three are admitted. Patients are admitted for elective surgery, day case or receive outpatient care. There are no urgent admissions.

*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 report of the service.*

# Summary of findings

## Our judgements about each of the main services

### Service

#### Medical care (Including older people's care)

### Rating

Good



### Summary of each main service

Our rating of medical care 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. 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.

# Summary of findings

## Outpatients

Good



The outpatients department is located in a dedicated building on the site of the main hospital. The service has 33 rooms, comprising consulting rooms, treatment rooms and phlebotomy rooms. Two treatment rooms are equipped for gynaecology treatment. The service has an ear, nose, and throat room, an audiology booth, an ophthalmology room, a plaster room and a naso-gastric endoscopy service. The service offers minor procedures including plastics, dermatology, and cardiac monitoring. The physiotherapy outpatients department is located on site, a short walk away. Radiology services are offered in the same building. The outpatients department is typically open six days per week from 8am to 8.30pm.

Between January 2021 and August 2021, 57,324 patients were seen in the department and there were 1047 GP visits.

The outpatients department is a small proportion of the hospital activities. The main service provided was surgery. Where arrangements were the same, we have reported the findings in the surgery section.

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 collected safety information and used it to improve the service.
- Staff provided excellent care and treatment, delivered by highly trained, professional staff who received specialist development. 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 flexibly and at short notice.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them

# Summary of findings

understand their conditions. They provided emotional support to patients, families and carers. The service constantly asked people for feedback, which was persistently and overwhelmingly positive and exceeded the provider's expected standards. Such standards were furthered by the team's internal audit system and care ethos that focused on patient centred, compassionate care.

- The service planned care to meet the needs of 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. The complementary range of clinical specialties available made many care pathways available on a 'one-stop' basis. Physiotherapy services focused unwaveringly on improving quality of life and patient mobility through a constant drive for excellence.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values and applied them effectively and innovatively 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.

## Surgery

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- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers

# Summary of findings

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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However:

- Patient temperatures were not consistently documented intra-operatively every 30 minutes in line with NICE guideline CG65: Hypothermia prevention and management in adults having surgery.
- Junior doctors' workload was not consistent with their role and support from consultants was not structured and managed.
- The staff changing room in the theatre was congested with minimal space to allow adequate cleaning of the room.

## Critical care

Good



The hospital had a small, specialised ward which they called the High Dependency Unit (HDU). During our inspection we determined and agreed with the hospital's senior management the ceiling of care did

# Summary of findings

not reach that of a level 2 HDU. The ward was providing a level of enhanced ward care, such as one to one nursing, for those patients requiring it. This report is written on this basis.

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- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, 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 children and young people 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 children and young people, advised them and their families 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.
- The service planned care to meet the needs of local people, took account of children and young people's 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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# Summary of findings

## Contents

### Summary of this inspection

Background to Parkside Hospital

Page

10

Information about Parkside Hospital

10

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### Our findings from this inspection

Overview of ratings

12

Our findings by main service

13

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# Summary of this inspection

## Background to Parkside Hospital

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 20 September 2021.

During the inspection, we visited the operating theatres and recovery areas on both floors and the surgical wards. We spoke with 13 staff including registered nurses, health care assistants, operating department practitioners, medical staff and senior managers. We spoke with three patients and reviewed 10 sets of patient records.

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>.

## How we carried out this inspection

Our rating of this service stayed the same. We rated it as good because:

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# Summary of this inspection

## Outstanding practice

- Staff were empowered to drive training and professional development according to the needs of patients, the service, and their career plans. For example, healthcare assistants had completed specialist breast care training that included breaking bad news and physiotherapists completed training that enabled them to develop specialist services, such as facial acupuncture.
- Staff had a sustained, dedicated focus on health promotion that aimed to improve people's lives significantly beyond their presenting complaint. Staff at all levels worked together to harness multidisciplinary opportunities through joint working between medical specialties, therapists and community-based services.
- Policies and procedures were underpinned by an exhaustive review of national and international standards set by specialist, credible organisations. Such reviews went above and beyond the most common agencies in the UK to ensure patients were central to care delivery and efficiency.
- Specialist physiotherapists had built a range of highly specialised, innovative care pathways and services for patients. These offered to bridge gaps in care across London and nationally and reflected leading edge practice and research. They were evidence-based and reflected leading edge research and development in patient outcomes and improvements to care and treatment.
- Specialist physiotherapists had established a women's health clinic using ultrasound to improve pelvic floor muscles and trans-abdominal muscle exercises using non-invasive, holistic processes. The service measured patient outcomes and was evidence-based and reflected the innovation staff felt empowered to harness for the betterment of care.
- A partnership between the outpatients department and physiotherapy led to the implementation of a multidisciplinary 'long COVID-19' service that reflected the developing nature of understanding of the condition. This bridged a significant gap in local services and reflected the appetite for innovative service development.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (Including older people's care)	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Inspected but not rated	Good	Good	Good
Services for children & young people	Good	Good	Inspected but not rated	Good	Good	Good
Overall	Good	Good	Good	Good	Good	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 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.**

Nursing staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of staff. Most staff had completed their mandatory training and we noted staff who were yet to complete their training had been booked onto future training sessions. Mandatory training included basic life support and adult immediate life support, health and safety, infection control, manual handling, national early warning score (NEWS 2) safeguarding adults and safeguarding children. Managers monitored mandatory training and alerted staff when they needed to update their training.

Resident medical officers (RMOs) completed their training through their agency. The provider stated all permanent RMOs at the hospital had completed their mandatory training.

#### 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. Staff had completed the right level of safeguarding training for both children and adults. The training provided also raised awareness of issues related to female genital mutilation (FGM).

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. 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. The hospital had three safeguarding leads and staff found them approachable and supportive.

# Medical care (Including older people's care)

## 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 service controlled infection risks well, including following the relevant COVID-19 guidelines at the time and taking appropriate measures to reduce its transmission. Ward areas and the endoscopy unit were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff had easy access to personal protective equipment (PPE) such as masks, gowns and gloves. There was also sufficient access to antibacterial hand gels, as well as handwashing and drying facilities.

Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing and using hand sanitisers when entering and exiting the unit and bed spaces and wearing PPE when caring for patients.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

All patients on the ward were accommodated in single occupancy rooms to prevent the spread of infection.

We saw that new admissions were screened for infections such as COVID. We saw the endoscopy unit had appropriate decontamination processes in place.

Data received from the provider showed had been no cases of Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C-diff) in the month prior to our inspection.

## 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.**

Patients could reach call bells and staff responded quickly when called. The design of the environment followed national guidance.

The service had completed a rebuild of its endoscopy unit since our last inspection. The unit was JAG (Joint Advisory Group) accredited. It had a bay area for admitting patients prior to their procedure and recovery following their procedure.

The service had enough suitable equipment to help them to safely care for patients. Equipment, including resuscitation equipment had been safety checked and was subject to monitoring. Staff carried out daily safety checks of specialist equipment.

However, we saw that one of the store rooms used to store equipment was very small and overcrowded and cluttered, meaning it could be difficult for staff to locate equipment when needed.

There were adequate arrangements for handling, storage and disposal of clinical waste, including sharps.

# 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 the National Early Warning Score 2 (NEWS2) tool to identify patients at risk of deterioration. NEWS2 observations were recorded in all patient records we reviewed, and we saw information which confirmed monitoring of staff's completion of these assessments was carried out regularly.

Staff were aware of the process for escalating deteriorating patients to the resident medical officer (RMO) or intensive care team.

The endoscopy unit had a comprehensive care plan which included a procedure checklist (an adapted World Health Organisation surgical safety checklist). Staff completed the procedure checklist in notes reviewed within the endoscopy unit.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. During the inspection, we reviewed five sets of notes. We saw risk assessments for venous thromboembolism (VTE), pressure sores and falls were regularly completed. This was an improvement from the last inspection where we found risk assessments were not always completed. The Medical Care KPI Dashboard showed 100% of patients were risked assessed for VTE within 24 hours of admission in August 2021.

Staff followed a sepsis pathway for the management of patients whose condition met the criteria. Patient notes reflected staff administered antibiotics in line with the provider's guidelines.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe.

Patient pathways were in place for the referral and transfer of patients to local NHS hospitals in the event of an emergency.

## 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. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift in accordance with national guidance.

The ward manager could adjust staffing levels daily according to the needs of patients. The number of nurses and healthcare assistants matched the planned numbers.

The hospital quality governance dashboard showed staff sickness rate (approximately 5%) was slightly above the provider's target of 4%.

Recruitment of theatre and nursing staff was one of the risks listed on the hospital wide risk register. Managers told us they filled gaps in rota with bank staff. Managers limited their use of agency staff and requested staff familiar with the service. They made sure all bank and agency staff had a full induction and understood the service.

# Medical care (Including older people's care)

## 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. The service had a good skill mix of medical staff on each shift and reviewed this regularly.

The hospital employed resident medical officers (RMOs) via an agency. RMOs worked on a seven days on, seven days off rota. There was always one RMO on duty on a 12-hour shift.

Consultants provided out of hours support and were available to respond to queries related to individual patients. There were designated on call rotas that specified who was to provide support for radiology, pathology, pharmacy or physiotherapy.

## 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.**

Patient notes were comprehensive and all staff could access them easily. Patient records reflected input from a multidisciplinary team of professionals including physiotherapists, occupational therapists, dieticians, nurse specialists and medical staff.

During the inspection, we reviewed five sets of patient notes. Patient records were detailed and staff had signed and dated all entries. All inpatient records had care plans which identified all their care needs. Care plans had been reviewed when required.

Records were stored securely.

## 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.

Medical, nursing and pharmacy staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. We saw medication records of patients were legible and completed. Drug allergies were clearly documented in the patient records reviewed. All prescriptions were signed and dated by relevant staff.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medicines (including controlled drugs) were stored securely in locked cabinets and fridges. We checked a random sample of medicines with the ward area and endoscopy unit and found them in date.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.



## Medical care (Including older people's care)

We reviewed controlled drug (CD) records on the ward and in the endoscopy unit. We observed two members of staff had signed for all controlled drugs in line with national standards for medicines management. Only authorised staff could access CDs using individual keys.

Staff checked fridge temperatures daily in most areas visited. However, we noted staff did not check the fridge temperature in the theatre of the endoscopy unit for three days in September 2021.

### 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.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with trust/provider policy. Staff reported 23 incidents between January 2021 and August 2021. The service had no never events or serious incidents reported.

Managers investigated incidents and shared learning about incidents with their staff. We saw information displayed in the staff room regarding actions and learnings following a medication incident.

Staff understood the duty of candour. They told us it involved being open and transparent and giving patients and their families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents. They met to discuss the feedback and look at improvements to patient care.

### Safety Thermometer

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

Although the service was not required to report under the NHS Safety Thermometer programme, they collected relevant information and used it for measuring, monitoring and analysing patient harms and 'harm free' care.

The medical care KPI dashboard showed the service had had no incident of falls resulting in harm or hospital acquired pressure ulcers between May 2021 and August 2021.

## Are Medical care (Including older people's care) effective?

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. Managers checked to make sure staff followed guidance.**

# Medical care (Including older people's care)

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Guidelines were developed in line with the National Institute of Health and Care Excellence (NICE) and national best practice.

Clinical guidelines and policies were available on the hospital intranet. We reviewed a sample of the hospital policies and found they were compliant with current guidance and best practice. We noted all policies and guidelines reviewed were in date.

Staff informed us they routinely referred to the psychological and emotional needs of patients, their relatives and carers at handover meetings. We noted staff completed psychological and social assessments in patient notes.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.**

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.

Staff used a nationally recognised screening tool called the malnutrition screening tool (MST), to monitor patients at risk of malnutrition. Staff completed patients' fluid and nutrition charts where needed.

Specialist support from staff such as dieticians was available for patients who needed it. We saw patients were regularly reviewed by dieticians and had dietary supplements and specific diets prescribed as needed.

We saw that patients had their meals adjusted to allow for religious, cultural and personal preferences.

## 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. Assessments of patient's pain were included in all routine sets of observations.

Staff prescribed, administered and recorded pain relief 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.**

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. This included venous thromboembolism (VTE), consent, records, pain, NEWS2, complaints, privacy and dignity, consultant notes, safeguarding, resuscitation, privacy and dignity and transfusion compliance.

# Medical care (Including older people's care)

Outcomes for patients were positive, consistent and met expectations, such as with national standards. Managers and staff used the results to improve patients' care. Managers discussed audit results at the quality governance and departmental heads meetings and ensured results were shared with staff.

The service had completed an upgrade of its endoscopy unit since our last inspection. The endoscopy service was accredited by the Joint Advisory Group (JAG).

## 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 before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers made sure staff received any specialist training for their role, including competency training for nursing staff. The hospital had a practice development nurse, who supported the learning and development needs of nursing staff.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Medical staff completed specialist training for their role including mandatory training with their substantive employer. The Medical Advisory Committee (MAC) reviewed consultant practising privileges in line with the provider's policy.

## Multidisciplinary working

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

Throughout the inspection, we saw evidence of good multidisciplinary working in all areas. We observed positive interaction between professionals.

Staff worked across health care disciplines and with other agencies when required to care for patients. We saw that information was appropriately shared with community teams such as GPs district nurses and hospices.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff told us nursing staff, allied health professionals and consultants attended these meetings.

Patients had their care pathway reviewed by relevant consultants.

## Seven-day services

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

Staff could call for support from doctors and other disciplines, including diagnostic tests, 24 hours a day, seven days a week. The service had designated on-call rotas and RMOs could escalate any urgent concerns to relevant consultants.

## Medical care (Including older people's care)

### Health promotion

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

The service had relevant information promoting healthy lifestyles and support on wards/units.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Staff provided patients with information leaflets after their procedure or care, that provided information about aftercare.

### 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 understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They clearly recorded consent in patients' records. Our review of patient notes showed consent forms were completed correctly with all appropriate sections completed.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff could describe and knew how to access the policy and get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

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

All staff had access to patients records and electronic systems. Patient records were comprehensive and appropriately completed.

## Are Medical care (Including older people's care) caring?

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.**

## Medical care (Including older people's care)

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 followed policy to keep patient care and treatment confidential.

Patients said staff treated them well and with kindness. Patients told us they were happy with their care. They confirmed staff were professional and friendly.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

The recent inpatient satisfaction survey (July 2021), showed 97.6% of patients rated the quality of care as excellent or very good, while 93% indicated they would recommend the service.

### 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. 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.

Patients told us staff put them at ease and minimised their distress. One patient told us staff were "re-assuring and comforting". Patients were referred to counselling services and specialist nurses if required. A quiet room was available to discuss bad news with patients and relatives if this was required.

### 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. Most patients told us they were given clear information regarding the benefits and risks of their treatment and were given the opportunity to ask questions. Patients were also aware of the cost of their treatment.

Patients confirmed they were informed about their care and were regularly updated by staff. Our review of patient records showed staff obtained consent before carrying out assessments/procedures.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

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

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

# Medical care (Including older people's care)

## 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.**

Managers planned and organised services so they met the changing needs of the communities served.

Patients admitted for medical care were accommodated on the second floor during our inspection. All patients' rooms were en-suite with wall mounted television, WIFI and other conveniences in each room.

Patients within the endoscopy unit were admitted in separate male and female bay areas.

Facilities and premises were appropriate for the services being delivered. The service had suitable facilities to meet the needs of patients' families. The service could provide portable beds for families to use. There was a family/day room available for patients and their families to use.

The service had systems to help care for patients in need of additional support or specialist intervention.

## 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.**

Staff could access interpreting services for patients, this enabled patients to make informed decisions about their care.

There were dedicated therapy staff to support the rehabilitation needs of patients on the ward.

Patients were given a choice of food and drink to meet their cultural and religious preferences or dietary needs.

Patients could reach call bells and in most cases, staff responded quickly when called.

The hospital was part of the local cancer network and met regularly with leaders from local NHS trusts, private hospitals, hospices and social health organisations. This meant patients using the services were known to the local network, and treatment was co-ordinated locally amongst providers.

Ward staff had support and advice from dementia champions and the senior nurse for people living with dementia and those with learning disability.

## 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.**

Endoscopy staff worked efficiently to ensure patients did not have to wait unnecessarily for their procedure. We observed good patient flow within the endoscopy unit from admission, through to the procedure and recovery. Managers worked to keep the number of cancelled appointments to a minimum. They made sure any cancelled appointments were rearranged as soon as possible and within national targets and guidance.

## Medical care (Including older people's care)

There was no waiting list for admissions to the medical ward, and staff were able to admit all patients referred to the service. Patients and relatives we spoke with did not have any concerns about their admission, waiting times or discharge arrangements.

We saw that discharge planning was initiated during admission to determine how many days patients would need to stay on the ward. Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs.

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

Managers shared feedback from complaints with staff and learning was used to improve the service.

The medical care dashboard showed there were two complaints reported for medical care between January 2021 and August 2021. The provider completed annual complaints report for the all complaints regarding care at the hospital. We reviewed the most recent report for the year 2020 and noted the report the key themes were regarding administration errors, communication and cost. The report highlighted key learnings from complaints and improvements made. This included development of COVID guidance information leaflet for patients attending the hospital.

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

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. They supported staff to develop their skills and take on more senior roles.**

The hospital was led by a senior management team including the hospital director and the director of nursing and clinical services. The service had designated heads of department for various services.

The local leadership team were experienced and demonstrated a good understanding of the performance challenges and risks within medical services. Senior members of staff we spoke with had been in post for several years and had good knowledge of the hospital and its systems and processes.

# Medical care (Including older people's care)

Staff were positive about the leadership team and felt they were visible and approachable. Staff told us they felt supported by their immediate line managers and the senior management team. Senior leaders worked together to support staff and improve patient experience with daily briefings to ensure key messages were shared across the hospital.

## 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 had a clear mission "...to provide first class, independent healthcare for the local community in a safe, comfortable and welcoming environment, one in which we will be happy to treat our own families".

The hospital had five organisational values "beyond compliance, personalised attention, partnership and teamwork, investing in excellence, and always with integrity". Staff attended and participated in a 'values workshop' which aimed to give staff a good understanding of organisational values.

Staff were familiar with the organisational values and the department's purpose to deliver safe, effective oncology and medical care. They informed us they were committed to providing excellent care for patients.

## 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 informed us there was a positive culture within the service. They felt respected, supported and valued. The service had an open culture where patients, their families and staff could raise concerns without fear.

The service had a whistleblowing policy and staff informed us they were aware of the policy and procedure to raise concerns. Staff informed us they had access to the hospital's freedom to speak up guardians and could approach them if required.

The service engaged staff through a staff survey. Where improvement was needed, they had an action plan developed to address areas of concerns.

## 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.**

The hospital had allocated responsibilities for overseeing quality and performance to various committees or governance groups and working parties or forums. There was a quality governance committee and a medical advisory committee. The work of these committees were coordinated by the group quality governance committee.

There were established committees that oversaw medicines management, infection prevention and control and health and safety issues.



# Medical care (Including older people's care)

The service held monthly quality governance meetings and clinical heads of department meetings. From the minutes reviewed, there was a standardised agenda which covered risks, incidents, patient experience, audits and guidelines. Feedback from governance meetings were disseminated to staff during handovers and ward meetings. We saw information on staff notice boards highlighting details of recent incidents and learnings.

There were named leads responsible for preparing performance monitoring reports and ensuring specific audits were carried out and results presented at the clinical quality governance meetings. The hospital had a dedicated quality team and quality leads within each of the departments.

## 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.**

The hospital had a risk register which was updated regularly. The risks highlighted on the risk register were current and aligned with the risks we identified on inspection. The top three risks on the risk register included the recruitment of theatre and nursing staff, risk of missing clinical information as the patients in the hospital have two numbers and the risk regarding medical oxygen. There were controls in place to mitigate the risks and the risks were regularly reviewed by senior staff. There was a named member of staff responsible for each risk.

The service had regular departmental meetings in addition to daily operational huddles where issues related to day to day management were discussed. There were other decision making and performance monitoring forums such as quality governance and corporate meetings.

The service had a medical KPI dashboard which provided oversight on performance for medical care indicators. The dashboard gave an indication of themes and trends that could be picked up if there were concerns.

## 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.**

Staff had access to information on patients' care and treatment. Access to individual patient's records was restricted to authorised staff in accordance with their job role.

The service used information available through performance reports and local audits to inform and improve service planning.

Staff shared information through a variety of ways including at daily ward meetings, multidisciplinary meetings and governance meetings. We saw relevant information displayed on notice boards. These included incidents, trends and training dates.

The intranet was available to all staff and contained links to guidelines, policies and procedures. All staff we spoke with knew how to access the intranet and the information contained therein.

Electronic devices were password protected and we observed staff signing out of computer systems when they were not in use.

# Medical care (Including older people's care)

## 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.**

The service engaged patients by encouraging them to complete patient questionnaires. Results of surveys were discussed at staff meetings and informed improvements.

Staff had access to information about the service through newsletters and on the intranet. We observed the staff notice board highlighted clinical information, incidents and trends, as well as opportunities for training.

Staff told us they felt engaged in the day to day operations of the department and could influence changes. They had regular staff meetings which they used to share information related to incidents or complaints and examples of good practice.

The service used an electronic employee recognition scheme to identify and learn from episodes of excellence, good care and teamwork.

The provider engaged staff through an employee survey. The latest survey from 2020 showed the hospital was able to improve staff participation in the survey in the midst of the pandemic with 84% response rate. Overall, 83% of staff at the hospital indicated they were confident the provider was able to make the right decisions throughout the pandemic.

The provider had a wellbeing and engagement strategy with initiatives to support staff engagement and wellbeing. Part of the action plan was to increase employee survey response rate, relaunch employee forum group, set up and promote staff feedback and suggestion scheme and develop clear communication channels with staff.

The provider won Gold at the 2021 UK Employee Experience Awards in the 'Health and Wellbeing of Employees' category.

## 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.**






The service had systems to monitor staff training and development. Staff informed us they wanted to learn, develop and improve their skills.

The provider had received several awards for its services including the UK Business Awards 2021, South London Community Star & Care Awards, UK Employee Experience Awards 2021 and UK Customer Experience Awards 2020 (Aspen).

The service had a new JAG accredited endoscopy unit with specialist equipment for the sterilisation and storage of endoscopes.

The hospital also had several accreditations including the Macmillan Quality Environment Mark accreditation (MQEM), and CHKS Oncology and End of Life Care Accreditation.

# Outpatients

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

## Are Outpatients 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.**

Staff received and kept up-to-date with their mandatory training. At the time of our inspection, 87% of staff were up to date with mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Staff told us standards of training were good although they were concerned by a heavy reliance on e-learning and hoped for the resumption of in-person training as soon as possible.

Managers monitored mandatory training and alerted staff when they needed to update their training. This process was audited monthly and reviewed quarterly by the senior management team.

### 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. All staff were trained to safeguarding adults and children level 2 as a minimum. Nurses and clinicians were trained to at least level 3 and the designated lead held advanced level 5 training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Safeguarding incidents were rare in the outpatients department and staff used case studies and scenarios to ensure they remained vigilant and aware.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff had training to recognise patients at risk of self-harm, self-neglect or suicide and discussed how they would respond in such scenarios.

# Outpatients

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Four named members of staff were safeguarding leads and were available for staff to contact at any time the service was in operation. A safeguarding escalation system was in place and staff we spoke with knew how to use this.

Staff followed safe procedures for children visiting the department. Paediatric nurses were always available to attend the department from the main hospital. A dedicated paediatric waiting area was available for children awaiting phlebotomy.

All staff were trained to act as chaperones on request. The booking team checked this in advance so that a chaperone could be arranged, and patients could request this at the time of the appointment. Staff requested chaperones where they felt this was necessary. Chaperones signed and dated patient visit documentation when they had been present for an appointment.

## 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 service controlled infection risks well, including following the relevant COVID-19 guidelines at the time and taking appropriate measures to reduce its transmission. Clinical areas were clean and had suitable furnishings which were clean and well-maintained. A named member of staff was responsible for each room and took ownership for cleanliness and maintenance. Rooms were audited quarterly using a 10-point specification for cleanliness and staff practice, assessed through observations. The most recent data available were from June 2021 and found 95% compliance with provider standards. The audit highlighted two factors for improvement; stock levels of disposable gloves in clinical areas and consistent wipe-downs of patient examination surfaces.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Dedicated housekeeping staff were always on shift when the department was open, and we observed this team worked diligently and in accordance with best practice.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff adhered the provider's bare below the elbows policy and reminders were posted around the department. Disposable privacy curtains in consulting and treatment rooms were labelled with expiration dates and all of the curtains we checked were within their safe use date.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw this worked well in practice and all of the equipment labelled as ready for use was clean and sanitised.

Two healthcare assistants (HCAs) and a nurse led infection prevention and control (IPC) in the department and carried out audits and hand hygiene assessments. This audit process applied to all staff regardless of their role or frequency of work in the department. This ensured standards were consistent. In the previous three months, hand hygiene audits indicated 100% compliance.

The outpatients lead had established a Covid-19 screening system at the main entrance. A dedicated member of staff spoke with each patient and checked for recent risk factors, such as exposure to an infected person. We observed this process in practice and our inspection team were screened to be able to enter the building. The process worked well and offered assurance for staff, patients, and visitors.

# Outpatients

An on-call IPC team was available at all times the department was open to carry out deep cleans in the event of a contamination risk or biological spill.

## 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.**

Consultation rooms were fitted with call bells. The nature of the service meant it would be rare a patient was left alone and needed to use the call bell. However, the system was maintained as a best practice safety measure.

The design of the environment followed national guidance. Staff demonstrated how they had access to evacuation routes and emergency equipment. Staff had identified infrequently used water outlets and sinks and flushed these to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.

Staff carried out daily safety checks of specialist equipment. Staff documented a range of safety checks on emergency equipment, including the resuscitation trolley and automatic emergency defibrillator (AED). These items were located in main outpatients department and the physiotherapy centre. Checks included daily, weekly, monthly, and annual audits to ensure equipment, consumables and guidance were up to date. The senior team had updated printed guidance on the use of emergency equipment with the Resuscitation Council UK's August 2020 amendments to provide life-saving treatment during the Covid-19 pandemic.

Emergency oxygen was available on both floors of the clinic. Staff documented daily checks on oxygen cylinders to ensure they were stored in line with safe guidance and maintained at a minimum volume.

The service had suitable facilities to meet the needs of patients' families. All areas of the department were accessible by wheelchair. Waiting rooms were spacious and well equipped.

Staff disposed of clinical waste safely. Waste preparation and disposal areas were segregated in line with national guidance and waste disposal flowcharts adhered to Department of Health and Social Care Health Technical Memorandum HTM 07-01, in relation to the management and disposal of healthcare waste.

Staff carried out aerosol generating procedures (AGPs) for naso-endoscopy treatment in a properly ventilated room with air filters and changes in line with best practice guidance issued by ENT UK and standards outlined in the Department of Health and Social Care Health Technical Memorandum (HTM) 03-01 specialised ventilation for healthcare premises.

Staff completed practical fire safety and evacuation training that included the use of support equipment such as evacuation chairs. A fire warden was based at reception at all times the service was open and was responsible for coordinating an evacuation. In the physiotherapy centre, staff had trained in evacuation techniques for patients using the gym and hydrotherapy pool.

Each member of staff was allocated a room for which they were responsible. This meant they documented medicines storage, equipment, IPC and consumables expiry dates on a schedule that provided assurance of safe practice.

The service had enough suitable equipment to help them to safely care for patients. The physiotherapy team used specialist equipment including a well-equipped gym and hydrotherapy pool. Maintenance was planned in advance and in line with manufacturer guidance. The head of physiotherapy led contingency plans in the event of equipment failure.

# Outpatients

## 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 responded promptly to any sudden deterioration in a patient's health. A high dependency unit (HDU) was based in the main hospital and consultants and GPs could transfer patients directly. Doctors said this enabled them to provide immediate care to a patient with acute needs and the transfer took place faster than waiting for an ambulance. Transfers to the HDU or other facilities in urgent situations was guided by an up to date standard operating procedure that helped mediate risks.

All staff were trained as chaperones and this could be requested, by the patient or their clinician, at short notice.

The service had access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. All staff we spoke with understood how to initiate this process and clinicians understood how to escalate mental health care in the case of an acute crisis.

Staff shared key information to keep patients safe when handing over their care to others. Consultants, nurses, and physiotherapists provided handover information in line with clinical requirement and according to patient consent.

All staff were trained in life support to a level commensurate with their role. Non-clinical staff and HCAs completed basic life support (BLS) training and nurses and consultants completed immediate life support (ILS) and paediatric immediate life support (PILS) training. Physiotherapists and physiotherapy assistants were trained in BLS for adults and children.

The provider embedded a visible, collaborative safety culture facilitated by a team of six safety ambassadors, including the head of outpatients. This was part of a targeted programme designed to encourage staff to 'spot, talk, examine, prevent' with regards to safety risks.

## 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 all staff a full induction.**

The service had enough nursing and support staff to keep patients safe. The service operated over six days with a nursing, HCA and phlebotomist establishment of 29.4 whole time equivalent (WTE) staff. Five registered nurses and one charge nurse was the basic establishment per shift to ensure both floors of the department were well staffed, with additional capacity for patients with additional needs. Consultants planned clinics in advance and pre-booked patient slots. A team of seven GPs provided a rapid access service. There was always at least one GP available when outpatients was in operation.

The outpatients manager planned the service with a 50/50 balance of nurses and healthcare assistants (HCAs).

Although the department met the minimum establishment on a daily basis, all staff we spoke with said the clinic was constantly busy and challenging to work in.

The manager could adjust staffing levels daily according to the needs of patients. The head of nursing reviewed planned and actual staffing before the start of the service each day. They redeployed staff from other hospital departments if possible, to keep the service safe and running to time.

# Outpatients

The number of nurses and healthcare assistants matched the planned numbers at the time of our inspection. Staff said the numbers of nurses and HCAs on shift routinely matched the planned numbers, but their concerns were that the establishment itself was too low.

The service had low vacancy rates. Between September 2020 and August 2021, the average vacancy rate for registered nurses was 6%. Two HCAs were enrolled in medical school and would leave their posts in the future. Senior staff used a succession plan to ensure staff numbers remained consistent.

The service had low turnover rates. Between September 2020 and August 2021, the average turnover rate was 2%.

The service had low sickness rates. Between September 2020 and August 2021, the average sickness rate was 4%.

A team of 11 outpatient physiotherapists provided the equivalent of nine whole time equivalent (WTE) hours and were supported by four inpatient physiotherapists. Two physiotherapy assistants, a bank neurophysiotherapist and two lymphodaemotherapists complemented the overall therapy establishment.

A small team of bank staff provided dedicated supported to the nursing team, HCAs and phlebotomists. All bank staff had previously worked full time in the hospital, which meant they had a good understanding of service and safety standards.

The service had low rates of agency nurses. The outpatients lead had recently scheduled agency support for the first time. This was to avoid clinic cancellations caused by staff unavailability related to Covid-19. The lead worked with the agency to ensure nurses were suitably vetted and qualified to provide the level and quality of care required.

Managers could access locums when they needed additional medical staff. The Medical Advisory Committee (MAC) maintained oversight of consultants working under practicing privileges, including those providing additional capacity for NHS patients during the pandemic. At the time our inspection, biennial reviews of this consultant group were 75% complete due to pressures and delays relating to COVID-19. All consultants had up to date medical indemnity coverage and had documented evidence of inductions.

Managers made sure locums had a full induction to the service before they started work.

The service had a good skill mix of medical staff on each shift and reviewed this regularly. The senior team had a developmental approach to the service and actively sought new clinical specialties when these were in demand by patients.

The working model at the time of our inspection meant patients saw a named clinician at a pre-planned time and handovers between shifts were unnecessary. However, some patients saw physiotherapists and nurses on the same visit, and we saw evidence of effective ad-hoc handovers between teams.

## 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.**

# Outpatients

Patient notes were comprehensive, and all staff could access them easily. The hospital audited a sample of patient records every month for standards of completion in line with guidance from six key organisations, including the Nursing & Midwifery Council and the General Medical Council. The most recent audit took place in August 2021 and found overall 97% compliance. Areas for improvement typically related to the consistency of signatures and full completion of patient personal details.

When patients transferred to a new team, there were no delays in staff accessing their records. For example, consultants, GPs and physiotherapists could readily access care records. Similarly, clinical staff provided transfer or discharge summaries to professionals providing onward care.

Clinicians used an electronic patient records system (ERS) to document and track patient care. The system was shared between primary and secondary care services, which meant clinicians could access each other's notes for more efficient appointments and care planning.

Consultants dictated patient notes and their medical secretary copied these to the patient, the client services team and the patient's GP. This system enabled any clinician to access notes for an appointment, enabling patients to see any specialist available. Nurses audited a sample of consultant clinic letters weekly to ensure they were processed in a timely manner and contained mandatory information set by the provider.

Physiotherapists worked from a range of different types of records. For example, consultants and GPs could hand write referral slips, which patients presented in the department. Where patients underwent surgery on site and followed up with outpatient physiotherapists, surgeons sent hand-written summaries from theatre directly to the therapy team. Staff said this system worked well because it meant they were always working with the process that was most appropriate to the patient's care and treatment.

Records were stored securely. Hard copy records were stored in a locked, fire-proof facility for a short time before being digitised and archived. Electronic systems were digitally encrypted with restricted access.

## 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. Staff audited standards of prescribing in the outpatients department monthly to check compliance with best practice guidance issued by the British National Formulary, Nursing & Midwifery Council and provider group medicines management policy. The most recent audit took place in August 2021 and found 99% compliance with expected standards.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medicines were stored in locked, static cupboards and fridges in treatment rooms that were also locked when not in use. Eye drops were stored securely in a locked fridge in the ophthalmology room. Staff recorded temperatures in each area daily to ensure medicine storage adhered to the recommendations of the manufacturing pharmaceutical company, including for refrigerated medicine. A named member of staff carried out a full stock check for each treatment room's medicines each week. From looking at audit documentation, we saw stock was well managed with only rare discrepancies.

Staff followed current national practice to check patients had the correct medicines.



# Outpatients

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. The head of outpatients led this process and ensured updates were understood by the pharmacy team and prescribers.

The hospital had a safe use of medicines policy which was in date and all staff worked within the parameters of the policy. Senior nurses held the keys to the medicines cupboard which was in line with best practice.

An on-site pharmacy and dispensing team ensured patients received their medicines before leaving the department. The pharmacy team monitored all outpatient drug administration sheets to ensure safe practice. Nurses cross-checked patient identification and medicine expiration date before taking these to consultants. Where nurses administered items such as eye drops or injections, two individuals cross-checked and signed the records to ensure it was a safe process.

Clinicians said the pharmacy team were readily approachable and it was easy to resolve any prescribing queries with them.

Prescription pads were kept in a locked medicines cupboard until they were needed for a consultant's clinic.

## 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.**

Staff knew what incidents to report and how to report them. Between January 2021 and August 2021, the service reported no never events, no serious incidents and six incidents. Each incident was an independent occurrence and there were no themes between them.

Staff used an electronic system to document and report incidents. The senior team operated this as a learning tool and encouraged staff to report near misses or observations of risk. These were discussed in team meetings and contributed to improved working practices and risk management.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff reported positive, confident attitudes towards incident reporting. In the 2020 staff safety survey, 80% of staff said they reported near misses and 84% reported incidents where no harm or impact was caused. In the same survey, 80% of staff said they felt incidents led to practice improvements.

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. Clinicians said the threshold for the duty of candour was set by the medical director and head of nursing.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care. This took place in team meetings and through provider communications.

# Outpatients

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Changes to practice took place as a result of learning from incidents. For example, processes to protect staff from abuse had been reinforced after an incident in which a patient behaved inappropriately.

The head of outpatients and quality received central alerting system (CAS) notifications. They reviewed each alert to identify local policies or procedures affected and updated them accordingly. Governance leads supported this process. We saw evidence of changed practice as a result of alerts. For example, the lead physiotherapist changed how their team used steroid injections as a result of a change in legislation.

The provider had measured staff knowledge of safety and incident reporting in the 2020 survey and found 90% felt confident in submitting a report.

## Safety Performance

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

The service continually monitored safety performance. The monthly quality governance meeting included standing agenda items relating to patient safety. The most recent meetings indicated a consistent focus on monitoring incidents and learning from them.

The outpatients department was a low risk clinical area and serious incidents were rare. Staff typically reported slips, trips, and falls and reduced this risk through more consistent chaperoning.

Safety was clearly embedded in all elements of the service. The provider carried out two-yearly surveys with staff to gauge their perception of patient safety and identify strengths and weaknesses in existing systems. The most recent survey took place in 2020, in which staff gave the hospital an overall safety score of 77%. This reflected an increase of 6%, since the previous survey in 2018.

## Are Outpatients effective?

Inspected but not rated 

We do not currently rate effective for Outpatients.

## 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. Policies, training, and corporate standards were unfailingly based in extensive research of best practice guidance and care and treatment standards. Staff worked exhaustively to ensure care policies were based on the latest understanding of a condition or aspect of care delivery including those issued by the National Institute of Health and Care Excellence (NICE), NHS England/Improvement and the Royal College of Nursing (RCN). Staff recognised the findings from national reviews and research in policies, such as from the National Forum of People with Learning Disabilities and non-profit organisations in the betterment of providing care for people living with a learning disability.

# Outpatients

Consultants and GPs worked to General Medical Council (GMC) guidance on co-working best practice, to work collaboratively and show effective leadership.

Staff demonstrably used evidence-based practice to enhance person-centred care and treatment. Policies we reviewed were holistic and humanistic by nature and staff detailed, extensively, how they applied to individuals. Such work triangulated national codes of practice and charters to apply policies and guidance in way that enhanced patient empowerment and independence.

Clinicians followed national best practice when prescribing selective serotonin reuptake inhibitors (SSRIs) to treat a significant increase in patients experiencing depression connected with the pandemic.

Staff said clinical audits mostly took place in medical inpatients and surgery and that consultants were able to audit specific elements of care and treatment.

Staff planned audits in advance using a hospital level schedule. In outpatients and physiotherapy, audits included privacy and dignity, safeguarding, prescribing standards, and patient records.

## 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.**

Patients reported consistently good pain management in the rolling feedback survey. Between April 2020 and August 2021, 94% of patients who received outpatient care following surgery said staff managed their pain well. This was better than the organisation's target of 92%.

Staff prescribed, administered and recorded pain relief accurately. The on-site pharmacy team dispensed pain medicine immediately, when prescribed during the patient's consultation. A dedicated pain relief team provided care for patients who experienced chronic pain, including interventional pain relief techniques.

## 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 clinical pathology laboratory was accredited by the United Kingdom Accreditation Service (UKAS) International Organization for Standardization (ISO). This accreditation reflects the pathology service's safety and practice standards.

Each patient had a care outcomes sheet for each clinical appointment. The client services team tracked these centrally to ensure onward care, treatment, and referrals were timely.

Physiotherapists planned patient outcomes in line with Chartered Society of Physiotherapy (CSP) national guidance. This included working with referring physicians to deliver complex orthopaedic care. A new women's health service that offered trans-abdominal scanning and pelvic floor muscle therapy used the Australian pelvic floor outcome measures and pre- and post-natal bladder outcome measures to assess benefits to patients.

# Outpatients

Consultants and medical professionals provided care and treatment within the guidelines and outcome measures set by the accrediting agencies in their specialty. Consultants in the cardiac service provided outcome monitoring directly, including 24-hour, 48-hour and seven-day electrocardiogram (ECG) monitoring and 24-hour blood pressure monitoring.

## 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. Healthcare assistants (HCAs) were extensively trained in the specialist fields offered by the department. For example, HCAs were trained in phlebotomy, suture removal, cardiac monitoring, visual fields and ophthalmic review and underwent practical competencies in each. This was part of a long-term strategy by the outpatients manager to maintain and develop a highly qualified clinical work force. Many HCAs were registered nurses in other countries and brought with them a wealth of experience and clinical competencies.

Two phlebotomy trainers worked in the department and supported staff to maintain competencies and skills.

Physiotherapists were required to maintain registration with the Health and Care Professions Council (HCPC) and the CSP.

In line with General Medical Council (GMC) guidance, consultant appraisals had been suspended for six months during the pandemic. These had resumed and 89% of consultants had undergone an appraisal. Amongst other staff groups, including nurses and HCAs, the appraisal rate was 100%.

Managers gave all new staff a full induction tailored to their role before they started work. This included consultants working under practicing privileges, of whom 100% had completed an induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff underwent monthly supervision and told us this process was positive and conducive to their development. For example, staff said senior colleagues asked them what was working well and what needed improvement as part of a structured process.

Staff used their annual appraisal to review continuing professional development. Where staff maintained mandatory registration, such as nurses and physiotherapists, they used appraisals to identify training and development opportunities to support this.

Clinical educators supported the learning and development needs of staff. Staff were responsible for managing their own training and ensuring it was up to date. Managers ensured staff had protected time for training and the tracking system reminded them when training was due for renewal. Staff told us they were pleased in-person training had resumed after Covid-19 restrictions, which meant they had improved access to interactive instruction and development.

Physiotherapists received two hours of protected learning and development time per month and used this for specialist opportunities. For example, rheumatology consultants had recently delivered training on total knee replacement. There was considerable focus on facilitating specialist development amongst the physiotherapy team. For example, one individual specialising in temporomandibular joint pain (TMJ) therapy had completed training in facial acupuncture and was undertaking a Masters-level qualification. The senior team supported staff development with training funding support or paid time off for study.

# Outpatients

Managers made sure staff received any specialist training for their role. The senior outpatients team were demonstrably focused on the upskilling and development of the HCA team. All HCAs we spoke with spoke enthusiastically about the specialist training they could access. For example, some individuals had completed external training in optical anatomy and physiology to support the ophthalmology service. Some HCAs had accessed specialist breast care training with an external provider and subsequently worked with breast consultants in the department.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. All staff in the department were Dementia Friends. This meant they had completed nationally recognised training to provide care, support, and understanding to people living with dementia.

## Multidisciplinary working

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

Evidence of multidisciplinary working was widespread across the service and often led by the physiotherapy team. A number of specialist workstreams and care pathways are detailed elsewhere in this report, including with rheumatology, respiratory and gynaecology medicine. For example, a specialist physiotherapist was working with ear, nose, and throat (ENT) consultants to build comprehensive treatment plans for patients with jaw and neck pathology who also experienced hearing symptoms.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Specific teams held multidisciplinary meetings where they provided shared care and treatment to patients. For example, sports medicine and orthopaedic teams held regular joint meetings to plan and review care. The physiotherapy team had introduced an orthopaedic multidisciplinary meeting with consultants, podiatrists and other therapists specialising in both upper limb and lower limb work. The lead physiotherapist described this as a forum for shared learning.

Patients could see all the health professionals involved in their care at one-stop clinics.

Staff provided detailed handovers to each other when patients moved between teams or when care was shared, such as between GPs, consultants, and physiotherapists.

Staff worked across health care disciplines and with other agencies when required to care for patients. GPs worked with consultants to keep track of patient's care and treatment following a referral. Consultants sent written updates and met with GPs to discuss on-going treatment.

Staff referred patients for mental health assessments when they showed signs of mental ill health including depression. This included where patients disclosed, or staff suspected, self-harm or suicidality.

Clinicians provided details of referrals, treatment, and discharge to patients' preferred care provider, including doctors with other organisations and NHS GPs. In all cases, clinicians ensured patients accessed the care they needed from their preferred providers.

Allied health professionals provided a range of services to outpatients. This included physiotherapy, occupational therapy, dietician and speech and language therapy (SaLT). The dietician worked closely with the gastroenterologists and rheumatologists and represented outpatients on the provider's wellbeing committee.

# Outpatients

## Seven-day services

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

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests.

A duty sister was always available in the hospital. Patients could contact them when the outpatients department was closed through the switchboard. This service meant patients always had access to advice and support about care and treatment.

## 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.

A range of health promotion materials were provided in each clinical specialty. These provided information and signposting to support services appropriate to certain conditions such as Arthritis Research UK.

Physiotherapists led an enhanced recovery programme for patients after surgery and a falls review service to support people at risk of injury.

Nurses led a blood pressure drop-in service that encouraged patients to undergo regular monitoring.

The physiotherapy team had participated in a Nordic walking session delivered by a specialist trainer. Nordic walking is a health promoting activity designed to condition the whole body and the team took part to be able to support their own patients with the technique. Staff said this was indicative of the team's approach to thinking holistically about health promotion.

The physiotherapy team were demonstrably focused on health promotion and the improvement of patient wellbeing. Specialists linked with community service providers such as personal trainers and Pilates instructors to build holistic treatment programmes that incorporated patient's wishes for their lifestyles. Staff were incorporating areas such as facial acupuncture and stress management into care planning and service development.

## 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 understood how and when to assess whether a patient had the capacity to make decisions about their care. Two psychologist consultants worked in the service and provided as-needed support and consultations following referrals. Consultants and GPs referred in to this team and ensured patients received mental health care alongside physical care and treatment.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Receptionists captured initial consent by asking patients to sign an appointment sheet when they first checked in. Clinical staff then obtained consent for specific treatment at the time of assessment.

# Outpatients

Staff made sure patients consented to treatment based on all the information available. Consent was taken in writing when patients arrived for an appointment and then noted by clinical staff once a patient's treatment plan was discussed. Staff clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. The key principles of the MCA were displayed at nurses stations and in clinical areas as quick reference guides for staff.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. The clinical team had implemented new processes to obtain rapid support in the event a patient became acutely mentally unwell. A previous incident occurred with a GP needed to carry out a Section 136 assessment of the Mental Health Act with a patient who was acutely psychotic. The local mental health liaison team refused to provide support and the clinical team relied instead on police support. As a result, new links were established with an independent mental health service. This worked effectively and staff had admitted two patients with sub-acute needs, which ensured they received timely care.

Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards. Policies were stored electronically and were readily accessible by all staff.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. Staff said they had noticed significant and profound changes in patient's mental health during the pandemic and had increased their ability to secure ad-hoc mental health support. They had developed new links with local mental health services, including crisis services.

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

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

## Are Outpatients caring?

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.

Senior staff undertook 'sit and see' observational audits in the department. This process enabled them to understand how staff communicated with patients and adapted their approach to individual needs. The most recent data from this audit was from June 2021 and demonstrated an excellent standard of care. For example, in 100% of interactions staff treated people with dignity and respect and used appropriate, individualised communication.

# Outpatients

Patients said staff treated them well and with kindness. Between April 2021 and August 2021, 100% of patients said they were treated with dignity and respect.

Staff followed policy to keep patient care and treatment confidential. Staff carried out a six-monthly privacy and dignity audit. Results from the previous year showed staff consistently achieved above 90% compliance.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff repeatedly told us how proud they were of the kindness and compassion the whole team provided to patients and their loved one. One nurse said, “Everyone is so dedicated to compassion and kindness. It’s palpable and not like other hospitals I’ve worked in at all.”

## 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. This was reflected in consistently excellent feedback in the patient survey. Between April 2020 and August 2021, 99% of patients said they had confidence in the staff who provided care. This met the organisation’s target of 99% in this measure of care.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Some healthcare assistants had completed specialist breast care training that included breaking bad news. They provided onward signposting after a difficult diagnosis and supplemented the work of breast consultants by providing time for women to have important conversations.

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. Between April 2020 and August 2021, 96% of patients said they were given details of who to contact for support if they were worried when the clinic was closed. This was better than the organisation’s target of 95%.

During the June 2021 ‘sit and see’ audit, staff were observed to anticipate care needs and empower patients to direct their care.

## 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. Between April 2020 and August 2021, over 99% of patients said staff clearly explained their care and treatment. This was better than the target of 98%.

Receptionists worked with patients to ensure they understood the appointment sequence and other aspects of their visit, such as waiting times and payment. They supported patients who were confused about insurance payment processes and did so with compassion so that the focus of their attendance remained on care.



## Outpatients

The reception team had implemented processes to support patients who wished to have a family member or carer accompany them to appointments, whilst adhering to Covid-19 safety restrictions. For example, patients were encouraged to attend appointments alone to reduce the number of people in the building. However, if a relative or carer wanted to attend, staff provided outside, sheltered space in which to wait or would call them in, once the appointment was ready to begin.

Staff supported patients to make informed decisions about their care. Between April 2021 and August 2021, 100% of patients said staff had involved them in their care as much as they wanted to be. This was better than the organisation's target of 98%.

Physiotherapy assistants had completed competencies to support elderly patients nervous to get involved in therapy classes. They helped patients to understand more about their therapy plans and get involved in the classes more confidently.

Patients gave positive feedback about the service. Between April 2021 and August 2021, 100% of patients said they were likely or extremely likely to recommend the service.

### Are Outpatients responsive?

Good 

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

### Service delivery to meet the needs of people

**People's individual needs and preferences were central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. The services were flexible, provided informed choice and ensured continuity of care. Facilities and premises were innovative and met the needs of a range of people who use the service.**

Managers planned and organised services so they met the changing needs of demand from patients. This led to a range of additional training and development opportunities for staff to deliver services such as eye vision tests and naso-gastric endoscopy.

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.

Facilities and premises were appropriate for the services being delivered. The head of outpatients carried out a monthly 'sit and see' observational audit of the department. This involved a visual check of the facilities and premises to ensure they were in a good condition. We reviewed the most recent outcomes from this audit and found attention to detail that aimed to improve patient experience. For example, the audit found a build-up of leaves at the department entrance that impacted on tidiness and excess background noise caused by a shared radio channel. Staff addressed both issues after the audit with new ongoing processes to ensure they did not recur.

# Outpatients

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia. Clinical staff referred patients to in-house psychologists or to external providers where they found they were not coping with their treatment or where they noted an acute distress or crisis episode.

Consultants provided direct referral to the on-site physiotherapy service that incorporated review, treatment planning, physical rehabilitation and hydrotherapy. The physiotherapy team provided air boots, crutches, and other physical mobility equipment on referral from the clinical team. The outpatients team provided ongoing care for dressings.

A paediatric plastics consultant was based in the department for pre-planned appointments. A dedicated child waiting area was available and a paediatric nurse from the main hospital attended each appointment.

The phlebotomy service provided a dedicated paediatric service with three nurses trained to take bloods. During such appointments, a nurse trained in paediatric chaperone was always present.

GPs had developed a hybrid model of care and treatment that had adapted during the pandemic. They had moved from seeing primarily long-term patients or those passing through the area from overseas to providing short-notice appointments for patients who could not see their NHS GP.

Junior physiotherapists had blocked time with senior colleagues to review patient results and therapy plans. This helped to review the extent to which their therapy was achieving good results and meant they had structured space to discuss opportunities for improvement.

## Meeting people's individual needs

**There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promotes equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who were in vulnerable circumstances or who had complex needs.**

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff undertook extensive training in caring for people living with dementia. This was part of a dedicated dementia care pathway that ensured staff adhered to national best practice guidance in line with National Institute of Health and Care Excellence (NICE) 2018 guidance, Department of Health and Social Care 2018 training and the Royal College of Nursing 2013 professional guidance. This was reflective of the provider's approach to ensuring systems in place to provide additional support were up to date, evidence-based, and grounded in high quality staff training. For example, the policy to support staff in delivering care to people living with a learning disability was based on best practice guidance, research, and care-centred directives from multiple appropriate organisations, including those with specialist remits to provide care.

Staff supported patients living with dementia and learning disabilities by using patient passports or equivalent. Where a patient presented without a learning disability communication passport or equivalent, staff had access to an instant digital download and were trained to complete this at the point of care delivery. This was incorporated into the provider's comprehensive, up to date policy and staff we spoke with demonstrated good understanding.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Policies were up to date, evidence-based, and reviewed regularly by an appropriately

# Outpatients

experienced team member. Staff used a wide range of evidence, including leading-edge research, to ensure policies reflected the latest understanding of care and communication. For example, the policy that guided staff in delivering care to people living with a learning disability incorporated findings from national non-profit health promotion campaigns and accepted standard of how learning disabilities impact capacity, understanding, and care needs.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The booking team planned this service in advance. Staff could access immediate translation through an on-demand telephone service. An Arabic interpreter worked in the hospital's surgery department and provided in-person support when needed.

Consultants had restarted a memory clinic as Covid-19 restrictions eased. This was a one-stop service in which patients received physical and mental health reviews by staff with specialist training. Specially trained staff accompanied patients if the attended without a chaperone.

The service had systems to help care for patients in need of additional support or specialist intervention. A multidisciplinary group of staff formed a dedicated dementia care group and met quarterly. While patients did not attend the service for dementia care, staff noted it was common for people to attend for clinical treatment who happened to be living with dementia.

A dementia link nurse was available in the hospital. Staff said they were easy to reach and provided support to patients on demand. The link nurse provided GPs and consultants with chaperone and other support, such as helping to ensure effective communication.

Specialist physiotherapists had built a range of highly specialised, innovative care pathways and services for patients. These offered to bridge gaps in care across London and reflected leading edge practice and research. The new services were a women's health clinic, a respiratory physiotherapist-led 'long COVID-19' service that was led jointly between physiotherapy and outpatients and a temporomandibular joint (TMJ) pain service. The women's health team worked with the gynaecology outpatients service and local specialists such as Pilates and fitness instructors to provide a non-invasive ultrasound service to help women regain pelvic floor muscle strength during postnatal care. The long COVID-19 service was a multidisciplinary venture to support patients suffering from the little-understood condition with therapy-based recovery. The TMJ service provides assessment and management for patients with jaw and/or facial pain under the umbrella term of Temporal Mandibular Disorders.

The specialist TMJ physiotherapist had established a fortnightly clinic with rheumatologists and oral and maxillofacial consultants to ensure care planning reflected a range of clinical indicators. This service reflected a significant gap in outpatient services for orofacial pain and the physiotherapist worked with colleagues at an NHS trust to develop understanding of the condition.

Two physiotherapy assistants provided dedicated support in the physiotherapy outpatients centre. They assisted patients poolside, and in and out of changing rooms. They had undertaken hydrotherapy assistance training to ensure patients had more support and they were in the process of planning hip and knee therapy classes. This team also supported inpatient clinical staff to fit therapy boots on request. This multidisciplinary coverage meant there was extensive, cross-cutting support for patients.

Physiotherapy assistants were preparing to launch classes for patients who experienced muscle deconditioning after an injury or illness. This was in response to demand and demonstrated the focus of the team on constantly adapting and developing the service.

# Outpatients

## Access and flow

**People could access services and appointments in a way and at a time that suits them. Technology was used innovatively to ensure people had timely access to treatment, support and care.**

Staff organised care and treatment as a 'one-stop' service. This meant they could undergo blood tests, diagnostic scanning, therapy assessments and consultant reviews in the same visit. The diagnostics service offered on-site x-rays and consultants had access to these in consulting rooms. A consultant and physiotherapist-led rapid access knee clinic, enabled patients to undergo an assessment, magnetic resonance imaging (MRI) and receive a treatment plan on the same day. This meant patients received rapid diagnosis and treatment planning.

A satellite pharmacy was based in the department and patients could collect prescriptions before they departed.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. GPs were based in outpatients and offered same-day appointments. They provided rapid referral to consultants and these were often available on the same day. For example, a patient could secure a same-day appointment with a GP who could then refer them to a cardiologist within hours.

An on-site laboratory meant blood results were available to clinicians within three hours.

A dedicated team of porters was available in the main hospital and assisted patients move between departments, such as between outpatients and physiotherapy. All areas were wheelchair accessible with step-free access.

Physiotherapists provided a standard 48-hour referral system and shortened this if they had capacity.

We spent time with the reception team and saw they went to considerable lengths to meet patient's preferences for appointment times. This team managed up to 22 clinical diaries each day, some of which could only be accessed by communicating with medical secretaries. The team worked with patients, consultants and secretaries to secure the most convenient appointments for patients whilst adhering to clinical requirements for follow-up times.

The physiotherapy team followed Chartered Society of Physiotherapy (CSP) guidance during the pandemic, to ensure they could still see patients in need of treatment. This involved an initial virtual assessment followed by in-person therapy for those most at risk of deterioration.

The physiotherapy centre was well equipped with a range of facilities to support access for people with complex needs. This included a fully equipped therapy gym, a hydrotherapy pool, a Pilates room and AstroTurf in a private, peaceful courtyard for Pilates in warmer months.

Managers monitored and took action to minimise missed appointments. Patients received automatic reminders about appointments and offered alternatives where their plans were affected by the pandemic.

Managers ensured that patients who did not attend appointments were contacted. Staff automatically began the safeguarding process in the event of a missed appointment where a patient was known to be vulnerable, until the reasons for this could be established.

The service relieved pressure on other departments when they could treat patients in a day. This included the GP service, which aimed to provide on-demand appointments where possible.

# Outpatients

## Learning from complaints and concerns

**People who used the service and others were involved in regular reviews of how the service managed and responded to complaints. The service could demonstrate where improvements had been made as a result of learning from reviews and that learning was shared with other services.**

**Investigations were comprehensive and the service used innovative ways of looking into concerns, including using external people and professionals to make sure there was an independent and objective approach.**

Patients, relatives and carers knew how to complain or raise concerns. Between January 2021 and August 2021, the service received seven formal complaints. Most complaints related to individual issues and there were no overarching themes in relation to clinical care. However, complaints regarding restrictions on visiting due to COVID-19 was a repeated complaint.

The service clearly displayed information about how to raise a concern in patient areas and on their website.

Staff understood the policy on complaints and knew how to handle them. Staff were empowered to resolve or escalate minor concerns at the time they were raised.

Managers investigated complaints and identified themes.

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

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff said they regularly heard from senior colleagues with information about learning opportunities as a result of feedback.

Staff could give examples of how they used patient feedback to improve daily practice. For example, they briefed patients before they arrived on what to expect in relation to COVID-19 measures after finding patients presented with a range of different expectations and tolerance levels for safety measures.

## Are Outpatients well-led?

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

## Leadership

**There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning, which aims to ensure that the leadership represents the diversity of the workforce.**

**Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.**

# Outpatients

Staff said there was consistent and visible leadership in the department. They said they were on first name terms with the director of nursing and hospital director, both of whom regularly visited to talk with them.

Staff respected the leadership team and spoke positively of collaborative work in all aspects of work. Senior staff supported their teams to be ambitious and persistent in their career goals. They helped staff to flourish in new roles, such as a joint healthcare assistant (HCA)/physiotherapy assistant and supported staff when they wanted to implement innovative new clinics and services. This was evidenced in the wide range of care HCAs could provide and in the advanced, new services provided by the physiotherapy team.

## Vision and Strategy

**The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.**

**There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. Plans were consistently implemented, and have a positive impact on quality and sustainability of services.**

Staff said they worked to the ethos of giving care to every patient as if they were a member of their family. Several staff told us patients were human beings, not numbers, and they worked to maintain this work ethic in all aspects of interaction.

Staff demonstrably delivered care and treatment according to the provider's mission statement and ethos and were supported to contribute new ideas and ways of working. Physiotherapists told us it was a very positive environment in which to develop new evidence-based clinics.

The corporate behaviour of the provider was evidence of their belief in staff abilities and in the standards they delivered. This was reflected in the long-term, sustained engagement approach from all levels of the senior team.

## Culture

**Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce.**

**Staff were proud of the organisation as a place to work and speak highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.**

**There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.**

Staff were unwaveringly positive about working in the service. "Some of us have been here for more than 20 years. We're treated fairly and it's like being amongst family not colleagues." Staff consistently told us the happiest element of working in the department was teamwork and support from management. For example, one clinician said, "I come here, and I can practice good medicine. I enjoy being a doctor here. It's a supportive environment with nice people providing excellent care."

# Outpatients

Staff said morale had been maintained during the pressures of the pandemic and they felt this was the benefits of a small, close-knit team. The head of outpatients had significantly increased mental health support available to staff during the pandemic in recognition of the additional pressure under which they worked. The system meant there was always a designated senior person staff could access on demand during a shift, to provide formal or informal one-to-one support. Staff spoke highly of this and said they had been able to maintain their work commitment because they had been so well supported.

Three Freedom to Speak Up Guardians worked across the site to support staff in raising anonymous concerns through a well-established whistleblowing policy. Senior staff promoted this system as part of a culture of openness and honesty and the guardians actively worked to break down barriers to reporting concerns.

In the 2020 staff survey, 80% of respondents in the outpatients department said they were proud to work for the organisation. This was a significant improvement from the result of the previous survey in 2017 and similar to results for the provider as a whole.

## Governance

**Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes**

Policies, standard operating procedures (SOPs) and guidance were stored online. All staff we spoke with knew how to access these, including those who worked in the service only occasionally or whose main employment was with another organisation. This meant care and standards were maintained consistently in line with expectations and best practice.

A medical advisory group (MAC) met quarterly with broad representation, including from clinical specialties, senior clinical leadership and a GP representative. We reviewed minutes from two previous meetings and found consistent, appropriate representation and input across medical specialties. The committee discussed safety and governance matters in depth, including a review of temporary practising privileges granted to consultants to support NHS work during the COVID-19 pandemic. One attendee said the meetings were, "...a pleasure to attend" and (the meetings) significantly benefited the operation and safety of the service. They said the input of the responsible officer was of particular use to their work.

The governance team proactively involved staff in quarterly quality and governance meetings and processes. They presented findings from meetings, root cause analyses from local investigations and evidence of reviews to check compliance with the National Institute of Health and Clinical Excellence (NICE). GPs said this hybrid model of governance was highly effective and meant everyone had a part to play and reflect on their own area of work.

Policies reflected the culture of consistent governance based on best practice. For example, the policy on care delivery for people living with a learning disability ensured staff adhered to national guidance on planning hospital admissions and for the actions they needed to take in the event of a patient's death, in line with the NHS England Learning Disability Mortality (death) Review (LeDeR) principles. Such up to date guidance underpinned corporate principles and enhanced standards of care.

Staff from each clinical department met monthly as part of a quality and governance process. We reviewed the minutes of the most recent two meetings and spoke with staff. The process demonstrably enhanced the quality and safety of care and treatment by deploying a well-established, risk-based system to help staff understand key patient outcome

# Outpatients

and operational measures. While the process was a key element of the governance framework, staff worked to ensure it incorporated patient-centred care and the needs of people who used the service. For example, senior staff documented how they reviewed patient feedback, including virtual exercises during pandemic restrictions, and applied this to wider learning from governance.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings were held monthly and involved staff representing all roles and levels of seniority in the department. Staff told us they could request role-specific meetings, such as for HCAs, if they needed to discuss issues specific to their team.

## Management of risk, issues and performance

**There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they function and ensured that staff at all levels have the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.**

A nurse from the critical care unit ran resuscitation scenarios in the department. These were unannounced and enabled the team to maintain their skills in emergency response.

The radiology department was based in the same building as outpatients and the nursing team provided an emergency response service when patients had reactions to the dye used for CT scans.

Clinical staff held a 15-minute safety huddle each day before service opened. They used this time to review any incidents or problems the day before and to plan the department for the day. The reception team held a huddle with colleagues across the hospital to plan their workload and distribution for the day. This enabled staff resources to be managed well and in the best interests of running the service. Heads of department supplemented this approach with a daily handover to review any pressing matters for the hospital senior team to address.

Clinical heads of department met quarterly. We reviewed minutes from the last three meetings and found they were consistently attended by relevant staff, including senior outpatients and physiotherapy staff. Actions were clear, time-oriented, and rated using a red-amber-green (RAG) system. This reflected an effective system of risk and performance management using an established tool that resulted in meaningful change.

There were six items on the physiotherapy risk register. These related to environmental risks such as equipment failure and lone working when therapists worked one-to-one with patients. The senior team regularly reviewed risks and ensured mitigation was in place.

The outpatients department had substantial, up to date business continuity plan to address significant service disruption. This included scenarios where the department was inaccessible. The senior team maintained a communication cascade for staff and a risk-based protocol to redirect patients to other facilities.

## Information Management

**The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.**

**There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.**



# Outpatients

Staff spoke positively about communications between teams and levels of seniority. They said this helped patients to access specialist services quickly and meant discussions between teams were focused and effective.

All staff subscribed to the provider's information governance code to support appropriate handling of confidential data. The code consisted of nine directives for data handling and included verbal handling of personal information.

The service used an electronic consent system for access to electronic systems. This meant staff could not access key systems until they acknowledged receipt of policy changes and central alerting system (CAS) updates.

## Engagement

**There were consistently high levels of constructive engagement with staff and people who used services, including all equality groups. Rigorous and constructive challenge from people who used services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.**

**Services are developed with the full participation of those who use them, staff and external partners as equal partners. Innovative approaches are used to gather feedback from people who used services and the public, including people in different equality groups, and there was a demonstrated commitment to acting on feedback.**

**The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.**

Patients reported consistently excellent levels of interaction with staff. Between April 2021 and August 2021, 100% of patients in the quarterly survey said they experienced respectful interaction with staff.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The June 2021 'sit and see' audit identified good practice in the use of adaptive communication and engagement with patients in care discussions. The auditor found staff naturally and proactively provided patients with friendly additional support when they needed it.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service carried out a rolling survey of patient experience and analysed results quarterly. Feedback was consistently excellent, and the service demonstrated a substantial track record of patient ratings that exceeded targets. For example, between April 2020 and August 2021, 99% of patients said staff had shown understanding of their needs. In the same period, 98% of patients said consultants had explained everything to them in a way they could understand. Results for both measures exceeded the target of 97%.

The provider published a daily newsletter to outline operational matters for the day, such as staffing levels, patients numbers and planned events.

The senior team used a recognition and reward system for staff who had exceeded expectations. This was focused on staff who solved problems on the spot and who acted to reduce instances of risk or potential harm with fast, decisive action. Staff spoke positively about this system and said it helped them to be confident in reporting issues and using their initiative to resolve them.

# Outpatients

Staff demonstrated considerable engagement with people who used the service. For example one clinicians said, “Our patient population tends to be insightful, engaged in their care, and respectful. This greatly helps our ability to work collaboratively to deliver great care.”

The provider led monthly meetings with staff across all departments and services to discuss concerns, feedback, and needs. We reviewed the previous six months’ of meeting minutes and saw evidence staff were encouraged to speak up. Senior staff were proactive when they received requests and feedback, such as by implementing healthier food options and exploring how to work in a more environmentally friendly ethos.

The provider carried out an extensive staff survey every three years to measure their feelings about working for the organisation. The most recent survey results were released in December 2020. The results reflected a high response rate of 89% and significant improvements of more than 5%, in nine satisfaction measures and moderate improvements in the remaining two measures, that could be compared with previous results in 2017. For example, 60% of staff in 2020 said they felt valued and appreciated, compared with 54% in 2017. In 2020, 70% of staff said they felt communication was good, an increase of 15% since 2017.

The senior team led a six-part engagement model to drive better staff relations and work commitment across the provider’s network. The 2020 staff survey demonstrated significant gains from the model, including a 14% improvement to 56% of staff who reported positively with all six steps of engagement. Measures included the likelihood of staff to recommend the organisation, job satisfaction and professional motivation.

## Learning, continuous improvement and innovation

**There was a fully embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology. Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change.**

**Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally, nationally and internationally.**

Staff described positive momentum to maintain care standards and staff morale during the pandemic. They described loyalty and commitment to the provider and patients because of how well they were looked after.

The collaborative working culture fostered in the service meant staff were confident and competent to use their initiative when faced with challenges. For example, while cleaning a treatment room out of hours, a housekeeper noted a medicines fridge was leaking. They reported this to maintenance and moved the medicine to another fridge to avoid a breach of the cold chain. They documented the process to ensure the medicine was tracked and contacted the nurse in charge of the next shift to ensure they were aware.

Staff searched far and wide across a multitude of public sector, private sector, and non-profit specialist organisations to ensure practices and policies reflected the latest understanding and evidence. This included learning from serious case reviews, social care sector work, and guidance from NHS England/Improvement. In all cases, staff tailored this approach to ensure care and treatment were person-centred. For example, they reviewed World Health Organisation standards relating to care delivery for people living with a learning disability. Staff adapted this to ensure it centred on the individual’s experience and need rather than their condition.

# Outpatients






The therapy team proactively sought opportunities to engage in research with clinical academic institutions. For example, the team had worked with a university in a national project to better understand grip strength and upper limb movement amongst certain individuals. Research ethics and data management adhered to accepted best practice standards.

Two specialist physiotherapists had implemented a women's health service to offer non-internal, less invasive diagnostics and treatment for trans-abdominal muscle activation and pelvic floor muscle exercises. The service was ultrasound-based and offered patients a more holistic view of their care and therapy needs during postnatal care. This service received excellent feedback from patients after just seven weeks in operation and helped the therapy team provide more specialist support to patients referred by gynaecology outpatients. The team was working with local fitness services, exercise clinics, and Pilates studios to expand its offer. The team planned future development by planning to install a second ultrasound scanner to offer a postnatal mastitis service.

The TMJ (temporomandibular joint pain) physiotherapist worked with the team to implement strategies for peer review and shared learning. This included the completion of facial acupuncture training and attendance at an international conference, which reflected the evidence-based nature of the service. The physiotherapist was embedding pain management strategies into the development of the TMJ service in recognition of contributing factors linked with stress and anxiety. Future plans for the service were focused on a wider multidisciplinary approach that would involve dieticians, dentists and stress management professionals.

Staff ambitions were bold, patient-centred, and evidence-based. The TMJ service lead aimed to increase understanding of the condition nationally, recognising that 30% of the UK population experiences TMJ dysfunction, but fewer than 4% sought help. This service incorporated National Institute of Health and Care Excellence (NICE) guidance on TMJ management. This guidance was last updated in 2016 and the team's research found little understanding or application of it nationally.

# Surgery

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

## Are Surgery 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.**

Mandatory training was provided to staff in the following subjects: manual handling, safeguarding levels one two and three, fire safety, Mental Capacity Act, Deprivation of Liberty Safeguards and cardio-pulmonary resuscitation, drug calculation, intravenous training, equality diversity and human rights, use of the National Early Warning Score 2 (NEWS2), Duty of candour, infection prevention and control, general data protection regulations, health and safety.

Senior staff reported that all staff were up to date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. We saw training records used to monitor mandatory training for each member of staff. These were managed effectively and identified key training modules, completion dates and outstanding training for each person in the team.

### 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.**

There was an e-learning course on safeguarding which staff were required to undertake. Staff were aware of how to report any concerns they had. Staff received safeguarding training specific for their role on how to recognise and report abuse. There were three safeguarding leads, who had completed level 3 safeguarding training for adults and children. Staff knew how to identify adults at risk of or suffering significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and whom to inform if they had concerns.

Staff we spoke with had good knowledge of safeguarding protocols and awareness of issues they should be concerned about when treating adults, children and young adults. They spoke of appropriate examples where safeguarding protocols were initiated by members of staff. Staff were also aware of who to contact, should they need advice in relation to safeguarding.

# Surgery

## Cleanliness, infection control and hygiene

**The service controlled infection risks well. 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.**

The service controlled infection risks well, including following the relevant COVID-19 guidelines at the time and taking appropriate measures to reduce its transmission. Staff followed infection control principles including the use of personal protective equipment (PPE). Hand washing facilities, alcohol gel and hand conditioner were readily available throughout the surgical wards. The hospital had dedicated areas for staff to put on and remove PPE and clear signage was in place to remind staff, patients and visitors of the importance of infection control.

Staff followed, 'Bare below the Elbow' guidance, and wore PPE such as gloves and aprons whilst delivering care, in line with the hospital policy. We observed most staff following correct use of PPE and required hand washing. Staff disposed of PPE in clinical waste bags. Staff told us they had no problems with accessing the PPE required to do their work safely and reduce the risk of infection.

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. Staff routinely cleaned equipment, and patient trolleys, after every patient contact and labelled equipment to show when it was last cleaned. We observed staff using "I am Clean" stickers throughout the hospital to show when equipment had been cleaned and was ready to use. During the inspection, we saw housekeeping staff cleaning all areas of the department.

The provider carried out audits for infection control and these followed guidelines from the Infection Prevention Society and information governance processes.

## 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 processes in place to ensure equipment was maintained and tested for electrical safety, to ensure they were fit for purpose and safe for patient use.

The hospital had enough suitable equipment to help them to safely care for patients. The service had suitable facilities to meet the needs of patients' families. Staff carried out daily safety checks of specialist equipment, and mostly disposed of clinical waste safely.

There were housekeeping staff responsible for cleaning all areas and we found all areas were maintained to a good standard of cleanliness. Patients and relatives told us they were satisfied with the level of cleanliness in the department. Areas we visited were tidy, clean and uncluttered.

There was sufficient access to hand gel dispensers, handwashing, and drying facilities. Hand washing basins had sufficient supplies of soap and paper towels. Services displayed signage prompting people to wash their hands and gave guidance on good hand washing practice. Personal protective equipment such as disposable gloves and aprons were readily available in all areas. Clinical and domestic waste bins were available and clearly marked for appropriate disposal. We noticed information explaining waste segregation procedures and waste segregation instructions.

# Surgery

## Assessing and responding to patient risk

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

We saw that the guidelines and pathways for illnesses, such as diabetic ketoacidosis and sepsis, were available on the hospital intranet, were appropriate and in use. There were protocols in use for emergency situations such as cardiac arrest and excessive haemorrhage, which would be attended by specialist teams. There were easy to use antibiotic guidelines and there was also a guideline for patients with suspected surgical complications.

The hospital had a pre-operative assessment team which provided advice and information to patients prior to their surgery, including tests and screening. Appropriate admission and exclusion criteria ensured all patients admitted to the hospital were within the scope of practice of the hospital.

Staff reviewed individual risks for each patient before admission, using a standardised tool, and reviewed this on the day the procedure was undertaken. It included the risk of a venous thromboembolism (VTE). VTE is a condition in which a blood clot forms most often in the deep veins of the leg, groin or arm, known as deep vein thrombosis.

Patient temperatures were not consistently documented intra-operatively every 30 minutes in line with NICE guideline CG65: Hypothermia prevention and management in adults having surgery.

The hospital used National and Paediatric Early Warning Scoring systems (NEWS2 and PEWS) to identify and monitor patients. The inspection team reviewed care plans and records of 10 patients. We found that the management of patients was generally appropriate, and no serious clinical concerns were found that needed to be raised with staff. Staff could also call the Resident Medical Officer (RMO) if they had concerns relating to patient's condition. There was a process in place for patients who required urgent transfer to other facilities or acute NHS hospitals.

Staff completed risk assessments for each patient on admission and updated these assessments appropriately, as patient care was delivered. We reviewed the records of 10 patients and found the patient safety check list completed for all patients. Staff followed the sepsis six bundle and escalated patients appropriately in the records we reviewed.

Staff shared key information to keep patients safe when handing over their care to others. Staff arranged follow up calls with the initial call arranged on the day after the surgery to ensure aftercare arrangements were reviewed, and the patient's questions answered.

The service used the World Health Organisation (WHO) surgical safety checklist for patients throughout the perioperative journey, to prevent or avoid serious patient harm. Staff identified and quickly acted upon patients at risk of deterioration and sepsis.

## Nurse 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.**

Staffing levels were compliant with recommendations from the Association for Perioperative Practice (AFPP) and Royal College of Nursing (RCN) guidance. For example, the theatre staff had implemented the five steps to safer surgery, surgical skin preparation and perioperative warming improvement. There was an on-call theatre team available for out of hours emergencies.

# Surgery

The hospital provided us with information which showed they used the updated National Quality Board Safe Staffing guidance and expectations for nursing staffing across the hospital and used the Safer Nursing Care Tool as a framework to decide on staffing numbers.

Surgical staffing levels were based on the number of patients on that day's lists and the procedures they were going to undertake.

When there were nursing vacancies or absences, the service filled these gaps with agency staff. Staff reported that all the agency nurses used by the hospital had significant experience of working at the service. All the staff we spoke with were happy with the current nursing staffing levels in theatres, wards and the HDU. They felt there were appropriate numbers and skill mix for the patients that were being treated and that this was the case at nights and weekends as well.

## 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.**

Consultants were required to be available for suitable follow-up with patients and to be contactable whilst the patient was still in hospital. If they were not going to be available, they had to arrange for their own cover. The ward staff said they could contact consultants about patients' condition following procedures, including at nights and weekends. Two contact numbers were taken for all consultants and anaesthetists. Resident Medical Officers handed directly over to their replacement at the end of their shift.

The hospital employed four resident medical officers, so one was always available on site. Each doctor worked a 12-hour shift, split between day and night duty. All the wards had arrangements for 24 hour, seven day a week resident medical officer (RMO) cover. RMO's worked 12 hour shift patters from 8am-8pm and 8pm to 8am.

If a doctor was unable to complete their shift or called in unwell, a contract supplier ensured a cover doctor was arranged, however, this did not occur often. The service was consultant led. Records we viewed confirmed that consultants reviewed all patients on a daily basis. Patients told us they saw their doctors often and on individual request. Consultants provided out of hours support and were available to staff to respond to queries related to patients. There were designated on-call rotas that specified who was to provide support for radiology, pathology, pharmacy, physiotherapy or who was the on-call manager.

There was one RMO on duty on the day of the inspection. RMOs were not directly employed by the hospital, they were recruited from an agency. The RMO worked on a weekly basis. All RMOs were trained in line with national guidance and had cancer expertise and were required to have a current Advanced Life Support Certificate. The hospital worked with consultants through a practising privileges arrangement. Consultants were granted practising privileges after scrutiny by the medical advisory committee (MAC). The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent hospital. Consultants were invited to join the staff at the hospital following identification of suitability and discussion at the medical advisory committee. There were over 200 consultants with practising privileges at the time of our inspection. All patients were admitted under the care of a named consultant, who managed the care of their patients.

## 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.**

# Surgery

Patient records were comprehensive and detailed, and all staff could access them easily. A mix of paper and electronic patient records were in use. Electronic records had secure access through a password system. All ten sets of patient paper and electronic records we reviewed were legible, dated and all contained a plan of care which was reviewed on a daily basis by the consultant and the RMO.

Patient notes contained a copy of patients consent forms. The consent forms we saw were legible and included the risks and benefits of the procedure the patient was undergoing. Patient records were stored appropriately, and electronic records were not left on screens. Access to the computers and patient confidential information was password protected, with staff having access via passwords. Copies of peri-operative treatment were recorded in patient notes. These included the five-step surgical safety check list and details of any implants or prosthesis used.

Theatre registers were comprehensive and included details of patient procedures and consultant operations.

## 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. Medicine records were complete, contained details on dose and when patients received them. Medicines were stored safely and available for patients when they needed them, including controlled drugs. Staff we spoke with were aware of how to access medicines out of hours. Emergency medicines and equipment was available on both wards and were checked daily.

Controlled Drugs were checked twice a day. The controlled drugs record was kept up to date and completed correctly. Pharmacy staff had a list of staff authorised to dispense controlled drugs and did audits every six months to check this was taking place. No concerns had been raised in the most recent audit. The drugs themselves were stored securely.

The service also carried out an annual prescribing audit to check if prescribing took place in line with good practice in prescribing and managing medicines. The service carried out an audit of prescription processing waiting times for medicines to take home (TTO's). 85% of TTO medicines were prepared in advance to minimise delays to patient's discharge.

Medicines were only managed by clinically trained members of staff and administered as prescribed for use by individual patients. The provider told us all staff had a formal training for medicines management.

Staff checked all fridges and ensured ambient temperatures in rooms where medicines were stored. Both fridge and room temperatures were monitored continually and digitally recorded.

## 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.**

Staff knew what incidents to report and how to report them. Staff recorded all incidents, including incidents of medication errors, falls and near misses.



## Surgery

Staff recorded incidents on an electronic incident reporting system. Senior staff reviewed the details of all reported incidents.

Staff told us there was a good reporting culture and they were encouraged to report incidents. In the 12 months prior to our inspection, surgical services reported 84 incidents. We saw they were graded by level of harm, with two identified as severe, and the rest were reported as no harm. The most common themes were treatment/procedure and medical device/ equipment.

Some records included clear details of the circumstances surrounding the incident, a description of what happened and details of how the matter was resolved. Other records only included very brief information. Staff at all levels understood the Duty of candour regulation and were able to describe what the Duty of candour involved, the actions required and where to look for guidance on the hospital's intranet if needed.

Managers debriefed and supported staff after any serious incident. One member of staff said they received very good support from colleagues after they had been involved in an incident. Another member of staff said there was always a short debrief after incidents to check everyone was ok.

Staff met to discuss feedback from incident investigations and consider improvements to patient care.

Managers shared learning with their staff about never events that happened elsewhere. Staff were aware of never events that had happened at other Aspen Healthcare locations and the learning that had come from them in order to improve patient care and experience across the service.

Staff received feedback from investigation of incidents, both internal and external to the service. Managers held quality improvement meetings, where they shared lessons learned with staff. They recorded this these in meeting minutes.

### Safety thermometer

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

The service was not required to use the NHS Safety Thermometer, as they are an independent healthcare provider. This is a tool which measures harm to patients which may be associated with their care.

Instead of the NHS Safety Thermometer, the hospital used their own auditing programme for monitoring falls, pressure ulcers, medication errors, infection rates and VTE's. VTE risk assessments were logged on the electronic patient record. VTE is the formation of blood clots in the vein. If a VTEclot broke loose and travelled to the lungs, it's called a pulmonary embolism or PE. The hospital had a quality dashboard which monitored their own safety indicators. This was available electronically. All incidents in these categories were reviewed and discussed in the governance and quality committee meetings to identify any lapses in care.

## Are Surgery effective?

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

# Surgery

## 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.**

Surgical staff followed national guidelines when undertaking procedures. Examples included the British Orthopaedic Association guidelines on Total Knee Replacements. However, each consultant had their own preference for which surgical guidelines to follow and these were not prescribed by the service.

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. At handover meetings, staff routinely referred to the psychological, emotional or social needs of patients, their relatives and carers.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.**

Support from dietitians was available on weekdays. Staff followed national guidelines to make sure patients fasting before surgery, were not without food for long periods.

Staff made sure patients had enough to eat and drink. All patients were offered drinks and biscuits when in recovery following their procedure.

All early admission surgical patients were 'nil by mouth' from midnight the night before their procedure. Patients who were scheduled late on the morning list were given sips of water to ensure that they remained hydrated.

## 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. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately.

Anaesthetists were responsible for pain management immediately after procedures and then the consultant would take over from them afterwards. Pain scores of zero to three were used with zero being no pain and three being most pain. Nurses that we spoke with confirmed that most anaesthetists wrote up appropriate post-operative pain relief medication prescriptions. If a patient's pain was worse, they would call the RMO to see the patient. Patients we spoke with said that they had adequate pain relief.

## 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.**

# Surgery

Staff monitored the effectiveness of care and treatment through clinical audits. We saw examples of recent clinical audits that had been completed at the hospital and these included cleanliness and documentation audits, as well as clinical topics such as post-operative care and recognition of sepsis. Results of these audits and any learning were shared with staff in team meetings, safety briefings and emails. The audit report showed the service was compliant with its processes and patient outcome.

The hospital collected patients' reported outcome measures (PROMs) related to patients who had undergone hip replacement, knee replacement or cataract surgery.

The hospital collected and monitored information related to surgical site infections, 30 days post discharging from the hospital, and if a patient required emergency admission or developed a blood clot within 30 days from the procedure. From the information received as part of the evidence for the inspection, there were no such complications.

The hospital carried out a comprehensive programme of audits to check improvement over time and these were repeated on a quarterly basis. We saw the recent audits that had been carried out, where necessary actions were identified and performance over time could be checked.

## 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 supported by the manager to maintain their professional skills, competencies and experience through internal and external training and study days. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were positive about career development and training opportunities in the hospital.

Managers encouraged and empowered staff to develop professionally by facilitating opportunities and providing the resources needed for personal and professional development. Newly recruited staff had an induction and orientation programme, which included mandatory training. We saw evidence from staff files that staff had completed their induction and were given protected time to read the service policies and staff handbook.

## Multidisciplinary working

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

There was effective daily communication between multidisciplinary teams within the surgical wards and theatres. Staff handover meetings took place during shift changes and 'safety huddles' were carried out on a daily basis to ensure all staff had up-to-date information about risks and concerns.

There was an ethos and culture of multidisciplinary (MDT) working in all aspects of the service. Staff held regular and effective staff meetings to discuss patients and improve their care. Doctors, nurses, therapists and other staff worked well together to ensure information related to patient care was shared to promote good clinical outcomes for patients. Regular MDTs took place as well as daily discharge planning meetings on the wards. A process to communicate with GPs following discharge was in place.

These multidisciplinary meetings were attended by a wide range of professionals to support the decision-making process and happened weekly, so there was no backlog of patients waiting for therapy or discharge.

# Surgery

We observed close multidisciplinary working between doctors, medical physicists, radiographers and the nurses. All staff spoke openly and respectfully with each other and this enabled efficient patient care, for example when patients needed pain relief this was available almost immediately.

## Seven-day services

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

All procedures at the hospital were elective and staffing and facilities were made available across the whole week as planned and appropriate to the procedures being undertaken. Key services were available seven days a week to support timely patient care. It included access to a high dependency unit and resident medical officer as well as on-call support provided by the named consultant. There were designated on-call rotas that specified who was to provide support for radiology, pathology, pharmacy, physiotherapy or who was the on-call manager.

## Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Staff gave patients practical support and advice to lead healthier lives. The service had access to numerous health promoting leaflets which they shared with patients prior to the surgical procedure and during their admission. It contained information related to health promotion, self-care, various medical conditions, surgical procedures, and rehabilitation amongst others.

Information was readily available to help patients manage their wellbeing, both electronically on the hospital website, in leaflets and in patient 'welcome packs' on the wards. Pre-assessment staff discussed all necessary information with patients about their operation and their health to identify potential risks and if any additional support or interventions were required.

## 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 understood how and when to assess whether a patient had the capacity to make decisions about their care. This was clearly recorded in the patient notes. Staff recorded consent in the patients' records. The service audited consent records monthly to ensure these were accurate and fully completed. The audit showed 100% compliance with patient consent. All patients were consented before treatment.

All 10 records we reviewed contained legibly signed consent forms, including separate COVID-19 specific consent forms. Staff received training on Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) as part of their mandatory training. All staff were able to describe what they would do if they suspected a patient lacked capacity to make a decision. Information regarding surgical procedures, risks and alternative treatments were offered to patients to make informed choices.

## Are Surgery caring?

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

# Surgery

## Compassionate care

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

We observed that staff treated people with respect and provided person-centred care. For example, we saw that most staff interacted with patients and relatives in a friendly manner, taking time to engage in conversation with them.

Each patient was accommodated in a single occupancy room with a toilet and shower or bath for their own use. We observed staff checking if it was appropriate for them to enter before doing so. Staff carried out hourly comfort rounds when they asked if patients needed anything and if they were comfortable.

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. We observed staff being friendly and kind to all patients. Staff ensured they interacted with patients in a way that made them feel that they were being cared for as a person.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff were able to seek support if they were unsure of the cultural needs of patients. Staff were aware of patient's different cultural and religious needs when dealing with them.

## Emotional support

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

Staff involved patients in decisions about their care and treatment. During the inspection, we saw staff interact with patients which provided assurance and the emotional support during their pre and post operative assessments. We noted staff demonstrated a consistent approach to providing highly individualised care that contributed to emotional wellbeing and a positive change for patients.

Staff took time to ensure patients were given sufficient information to be able to make decisions about their care and treatment. We observed staff treating all patients compassionately and empathetically and would not rush patients who were nervous prior to or during the procedure. The care staff provided was patient-centred and patients clearly appreciated this.

Staff were able to describe how they would provide reassurance and comfort to patients who were anxious or worried.

## 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.**

All procedures that took place at the hospital were elective and predominantly carried out on a private basis. A limited number were carried out under NHS contract. The hospital set-up and facilities were specifically designed to meet the needs of these elective patients.

We observed, and patients told us, that staff were very thorough and answered all patients' questions patiently and in a considerate manner. We observed good rapport between staff and patients and staff displayed good listening skills. Evidence of patients' involvement in their care was seen in their notes.

# Surgery

We observed staff explaining treatment and ongoing care to patients clearly and always asking whether they understood or had any questions. Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

## 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. It also worked with others in the wider system and local organisations to plan care.**

The hospital provided services to patients from across the United Kingdom as well as to international patients. Services were planned to cater for different patient groups and ensured flexibility in their appointment booking system. The hospital was able to offer an array of appointment times and days to suit the needs of each patient. Services were planned to ensure continuity of care. The same consultant who consulted with the patient, performed the surgery and followed up the patient post-surgery. The service offered a choice of procedures and choice of consultants, to best meet patient needs. This ensured patients had access to a flexible service with a good amount of choice and continuity of care.

### 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.**

Patients' individual needs were identified prior to surgery by the consultant responsible for the patients care or during the pre-assessment process. The provider told us that patients' treatment plans were tailored to their individual needs. They said it was not a "one-for-all" approach.

Translation services were available and were pre-booked prior to a patient's admission. Staff also had access to translation services via telephone and a range of resources to support those with other communication needs. Staff used the translation service for patients who did not speak English as a first language.

Patients were given a choice of food and drink to meet their cultural and religious preferences. We saw that food was catered for those with different nutritional requirements, including those with food allergies, halal, kosher, vegetarian and vegan requirements. Staff spoke with patients over the phone before they attended their treatment. They would speak to patients about their dietary needs. Patients were welcome to bring their own food and snacks, if they wanted. We observed patients being offered pastries and snacks throughout their time in the department. We saw many examples of responsive practice from staff to meet patient's individual needs and provide holistic care. Patients we spoke with during inspection were positive about the range of food available to them.

### 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.**

## Surgery

The surgical services reported no procedures had been cancelled for a non-clinical reason. The service worked to keep the number of cancelled appointments, treatments and operations to a minimum. Staff were supported by an administration team who were tasked to contact patients and support them through their surgical journey. We were told if patients had their appointments or surgery cancelled at the last minute, the service made sure they were rearranged as soon as possible. Staff at the hospital called the patient 24 hours after the procedure to check in with them and confirm the follow-up appointment dates. Staff were able to describe how patient follow-up might be affected by Covid-19 and how they ensured patients still received good post-operative care.

Staff supported patient's when they were discharged and during their after care. We observed how staff supported patient's post-surgery providing information and advice relevant to their procedure and also encouraging them to contact the service should they have any questions or concerns.

### 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 hospital provided patients with information on how to make a complaint. We saw a patient complaint form and a patient leaflet with information on how to make a complaint, both were made available to patients wishing to make a complaint.

Staff told us that the complaints officer, investigated and responded to complaints. The hospital director had responsibility for overseeing the management of complaints. Complaints were acknowledged within two days and a response provided within 20 days. The hospital made changes in response to complaints and analysed patterns and trends to promote service improvements.

Staff understood the policy on complaints and knew how to handle them. We spoke with staff who were able to identify how to support a complainant, be it informal or formal, and how it was escalated and managed by senior managers.

Managers regularly reviewed feedback received through search engines, social media and feedback forms. They shared feedback with staff and learning was used to improve the service. We saw evidence of this resulting in the improvement of aftercare monitoring calls, following an informal complaint and feedback via social media posts.

### Are Surgery well-led?

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. They supported staff to develop their skills and take on more senior roles.**

# Surgery

There was a clear senior management structure within the surgical department and the hospital at large. Lines of accountability and responsibility at the hospital were coherent and staff were clear about their roles and how to escalate problems. Staff felt well supported by the registered manager and felt able to approach the manager with concerns.

Staff reported the managing director was both very visible and easily accessible. Staff we spoke with said they could talk to the managing director whenever they needed to. Staff also reported they felt supported and listened to.

We found managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. Staff we spoke with said the registered manager was accessible, visible and approachable

## 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.**

There were five organisational values: “beyond compliance, personalised attention, partnership and teamwork, investing in excellence, and always with integrity”. The service values were underpinned by effective communication, patient safety, comfort and transparency. The service had a statement of purpose which outlined to patients the standards of care, treatment and support services it would provide and all staff we spoke with were aware of these values.

## 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.**

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt respected, supported and valued and that they could approach any member of staff and challenge practice or behaviour if necessary. Staff were focused on the needs of patients receiving care. The service had an open culture where patients and staff could raise concerns without fear.

The service’s culture encouraged openness, honesty and improvement. Staff told us they were able to raise issues or concerns they had with their managers. Staff told us there was a ‘no blame’ culture when incidents happened, and the team supported each other at team meetings and during supervision.

Managers and staff we spoke with said they felt empowered to raise concerns and address any issues the service faced, openly and honestly. Staff we spoke with had a strong commitment to their jobs and were proud of the team working, positive impact on patient care and experience, and improvements they had made to the service since the last inspection.

## 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.**



# Surgery

Leaders operated effective governance processes throughout the service. 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. There were regular staff meetings and there were medical advisory committee (MAC) meetings. Clinical issues, patient feedback, staffing, complaints and incidents were discussed and reviewed at relevant meetings, including the MAC. The MAC oversaw clinical governance issues, key policies and guidance and monitored patient outcomes.

Staff conducted a range of audits to assess clinical effectiveness. Audit results, along with patient outcome data, complaints and incidents were discussed and reviewed at relevant meetings, with increased triangulation of these areas being a focus. Audits were reported to the medical advisory committee, where action plans to address the findings of the audits were recorded and lessons learnt identified.

## 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.**

There were assurance systems at the hospital. Managers escalated performance issues through clear structures and processes. Senior leaders told us key managers met weekly to discuss any serious incidents, complaints, governance and safeguarding issues.

We viewed risk registers for the hospital and specifically for surgical services. We found some alignment between issues we had identified on the inspection and what was on the risk register. Their top three risks were clinical staffing, environment and the new electronic record system that had been implemented recently. The executive management team reviewed the organisational risk register, which included clinical risks, on a monthly basis.

Surgical services had regular departmental meetings, in addition to daily operational huddles, where issues related to day to day management were discussed. There were other decision making and performance monitoring forums such as senior management meetings and heads of management meetings.

## 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.**

All initial patient contact was recorded on a computerised system. All staff had received information governance training.

Access to individual patient's records was restricted to authorised staff who had varied access rights and editing privileges granted in accordance with their job role. Patient's records were stored in line with personal data security standards and entries made in patient's records could be easily ascertained and attributed to the person creating them.

## 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.**

## Surgery

Staff told us they felt engaged in the day to day operation of the department and could influence changes. They had regular staff meetings, which they used to share information relating to complaints or incidents for learning, sharing examples of good practice and to provide support to one another. Staff said they felt listened to when they had suggestions related to service delivery.

The department engaged patients by encouraging them to take part in patient surveys. Results of the surveys were discussed at staff meetings and informed planned improvements. The hospital had a patient feedback review committee tasked with responding to patients' comments and monitoring patient experience. The committee was chaired by the patient liaison manager.

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. All patients were asked to complete a provider feedback questionnaire about their experience. Patients were also encouraged to provide feedback via search engines, review websites, social media account and email. This feedback was audited, shared with staff and used to drive improvement. There was a group on a virtual messaging platform that all staff were part of to aid better staff communication and engagement.

### **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.**

Improvements were driven by patients' feedback.

The hospital participated in the Association for Perioperative Practice (AfPP) accreditation scheme and its annual inspection met all green statuses. The accreditation scheme offers the opportunity to demonstrate the hospital's commitment to high standards of perioperative care by ensuring their educational materials, such as leaflets, brochures, or website, met pre-set standards and good practice requirements.

We were given several examples of quality improvement initiatives and projects driven by staff, such as projects to improve the discharge pathway and medicines management. The hospital had taken the feedback from our previous inspection and used this to drive improvements in areas such as record keeping, mandatory training and VTE assessment. Leaders had taken immediate action in response to the issues identified during the previous inspection visit.

## Critical care

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

### Are Critical care safe?

Good 

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

#### Mandatory training

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

Nursing staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. The hospital had a red-amber-green (RAG) rating system in place to visually flag the overall and individual staff completion, with green being 100%. Staff we spoke with confirmed they had completed their mandatory training.

There was a mandatory training checklist on the ward and staff were able to access the hospital's intranet to check their own training. Managers monitored mandatory training and alerted staff when they needed to update their training.

Staff received training in recognising deteriorating patients, including Sepsis. Sepsis is the body's extreme response to an infection. It can be a life-threatening medical emergency. The hospital used a nationally recognised 'Sepsis 6' pathway to identify and monitor patients.

At the time of inspection, four members of staff were trained in advanced life support (ALS), with two others awaiting ALS training. The Critical Care Unit (CCU) lead nurse told us it was the intention to have all unit staff trained in ALS.

The resident medical officers (RMO) were provided by an agency and their mandatory training was completed and monitored through the agency. The medical staff operated under practising privileges at the hospital. Keeping up to date with their mandatory training was part of their contract to allow them to work at the hospital. Managers monitored mandatory training as part of the governance for the RMO's and medical staff. Practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice.

Authorised staff could access online training modules via the hospital intranet.

## Critical care

### 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.**

Nursing staff received training specific for their role on how to recognise and report abuse.

Medical staff had training specific for their role. Managers monitored this as part of the practising privileges contract.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns.

Staff we spoke with were aware of their responsibilities to protect vulnerable patients. Within the CCU, we saw a poster which displayed pictures of the safeguarding leads. We examined the safeguarding policies for both adults and children. They were evidenced-based and both policies included sections on radicalisation and female genital mutilation (FGM). Policies were available to all authorised staff via the hospital's intranet.

### 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 service controlled infection risks well, including following the relevant COVID-19 guidelines at the time and taking appropriate measures to reduce its transmission. The CCU area was visibly clean and had suitable furnishings which were clean and well-maintained. All the furnishings were wipeable and in good order. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

We observed 'I am clean' stickers on equipment indicating it had been recently cleaned and was ready for use.

Staff followed Covid-19 and general infection control principles, including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

There was an infection prevention and control (IPC) link nurse who carried out IPC audits including hand hygiene.

Each CCU patient bay had a sharps box for the safe disposal of syringe needles and other sharp items. These were replaced when full, and the boxes and other clinical waste were safely disposed of under a waste management contract.

Recent CCU IPC audits conducted on 30 July 2021 of seven criteria such as clinical environment, waste management, hand hygiene and sharps handling, and disposal were all scored at 100%.

### 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 unit provided mixed-sex accommodation for patients requiring a level of care and monitoring above normal ward-based care. Theatres were closely located providing easy access. Most patients treated in the CCU were pre-planned admissions, due to the procedure they had elected to have.

## Critical care

On the day of inspection, there were two beds in separate bays, a small treatment room and an isolation room. The isolation room had no special ventilation, but was used if patients required isolation or just wanted some extra privacy.

Each bed area had easy access to emergency equipment and piped medical gases. Staff had enough suitable equipment to help them to safely care for patients.

Storage areas were organised, with doors locked. We checked equipment used at the unit and found evidence of up to date electrical safety testing. We inspected consumable items in the resuscitation trollies and store rooms in the unit and found all packets were intact and within expiry dates.

We checked the resuscitation trolley and found it was security tagged. It contained the expected resus equipment which was all in date. We saw records of weekly trolley checks and whenever the security tag was broken. A paediatric resuscitation trolley and equipment was available.

We saw records of regular temperature checks of the CCU fridge, where temperature sensitive items were kept.

### 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 CCU provided enhanced patient care. Staff were able to provide care for previously identified patients and those requiring enhanced care in an emergency.

Staff were trained in and used a nationally recognised tool to identify and monitor deteriorating patients. This had been adapted specifically for the CCU based on the national early warning system 2 (NEWS2). NEWS2 is a simple scoring system of physiological measurements (for example, blood pressure, temperature and pulse) for patient monitoring. If patients moved back to a ward from CCU, a standard NEWS2 sheet was completed with the last few observation notes to smooth the handover process.

Staff completed risk assessments and care plans for each patient on admission. Shift changes and handovers included all necessary key information to keep patients safe. Patient records were transferred with the patient and except for emergency admissions to CCU, staff had advance notification of patients who would require their services. There were eight unplanned transfers to the CCU during the first two quarters of the year.

All staff knew about and dealt with any specific risk issues which included pressure sores, sepsis and safeguarding, and managing invasive procedures.

There was a service level agreement in place with a local NHS hospital for the emergency transfer by emergency ambulance of patients requiring a higher level of HD care than the unit was able to provide.

### Nurse staffing

**The service had enough nursing, allied health professionals and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

## Critical care

The CCU nursing staff consisted of the CCU and resuscitation lead nurse and five other nurses. Management of the unit was overseen by the surgical and CCU manager.

The manager could adjust staffing levels daily according to the needs of patients. When there were no patients within the CCU, two members of staff carried 'bleeps', so they could work in other parts of the hospital but attend the CCU if an unplanned patient were to be admitted.

We were told the unit had good staffing rates and very low staff turnover. The CCU had on average four to five patients a week. The majority received one nurse to one patient care, although we were told occasionally this moved to one nurse to two patients.

All staff had a six-week induction before a three-month probation period.

Pharmacy and physiotherapy services provided support to CCU patients as part of their care and treatment plan.

### 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 hospital employed via an agency four resident medical officers. They worked a seven day on seven day off, 12-hour shift rota. We spoke with the RMO on duty during the inspection and she explained her duties to us. The RMO took care of the patients' medical needs and followed the care plan when the patient's consultant was not available or required. The RMO we spoke with confirmed they had not had any problems contacting a patient's consultants, even out of hours, if required.

Consultants and anaesthetists were allowed to practise at the hospital under practising privileges. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic. Many also work within the NHS. Those working under practising privileges are contractually obligated by the hospital to keep up to date with training, working practices, provide insurances and comply with other rules the hospital may require.

Consultants told the CCU manager in advance of any planned operations if the patient required enhanced care post-surgery. This enabled staffing and medical cover to be adequately planned for patient safety.

Patients receiving enhanced care within the CCU were attended by the RMO, the consultant and anaesthetist who had performed their procedure.

### 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.**

Patient notes were comprehensive, and all staff could access them easily. Patient notes were transferred to the CCU with the patient.

## Critical care

We reviewed four sets of patient notes. We noted in all cases the specialised CCU version of NEWS2 had been properly and consistently completed for the entirety of the patient's stay in CCU. Records contained the patient's consent forms and their pre-assessment information. Medicines were correctly recorded, and patients had a pain assessment, which was also recorded.

When patients transferred to a new ward, there were no delays in staff accessing their records.

### Medicines

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

CCU was included in the pharmacist ward rounds and they regularly checked medicine stocks.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. We examined medicines stored in locked cabinets, the controlled drugs cupboard, and in a medicine's fridge. All were correctly accounted for and in date. However, in the non-controlled medication cabinet, we found an expired packet of medication belonging to a previous patient. We would not expect patient medication to be stored in the CCU's medication cabinet.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. We saw evidence of these having been discussed in the minutes of quality governance meetings.

### 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.**

Staff raised concerns and reported incidents and near misses in line with provider's policy. Staff understood and explained to us what duty of candour meant. They were open and transparent and gave patients and families a full explanation if things went wrong.

Staff were able to report incidents via the hospital intranet. We saw evidence of incidents being discussed in the departmental, sisters' and quality governance meeting minutes.

We saw evidence of ten CCU incidents reported between October 2020 and September 2021. All had been reported, investigated, and closed. Where required, learning from the reported incident and actions to be taken were also included.

### Safety thermometer

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

The service was not required to use the NHS Safety Thermometer, as they are an independent healthcare provider. This is a tool which measures harm to patients which may be associated with their care.

## Critical care

Instead of the NHS Safety Thermometer, the hospital used their own auditing programme for monitoring falls, pressure ulcers, medication errors, infection rates and VTE's. VTE risk assessments were logged on the electronic patient record. VTE is the formation of blood clots in the vein. The hospital had a quality dashboard which monitored their own safety indicators. This was available electronically. All incidents in these categories were reviewed and discussed in the governance and quality committee meetings to identify any lapses in care.

### Are Critical care 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. Managers checked to make sure staff followed guidance.**

There was an integrated approach to assessing, planning and providing care and treatment based on national guidance and evidence-based practice. Staff followed clear and up-to-date policies and procedures. People's physical and mental health needs were routinely assessed. Patients' care was adapted to meet individual needs and treatment was given in line with current legislation.

The service did not submit data to the intensive care national audit and research centre (ICNARC). This meant that a range of care delivery, patient outcomes, and mortality outcomes were not benchmarked against similar units nationally. However, the Aspen Group did their own bench marking against their own services. This was evidenced by the quality governance dashboard, although it was not possible to view the data for other hospitals in the group.

Patient needs were continuously assessed in line with national guidance. The CCU adapted the NEWS2 chart and recorded important patient information such as medicines, fluid intake/output, pain assessment, blood pressure and oxygen saturation levels. Patient records also documented use of nationally recognised tools such as the assessment of skin integrity using the Waterlow risk assessment tool.

Staff followed guidelines for patients receiving Intravenous (IV) fluid therapy and patients were assessed to determine their level of risk of venous thromboembolism (VTE) in accordance with NICE guidance.

#### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural, and other needs.**

Staff made sure patients had support with nutrition and hydration to meet their needs. Patients had access to a dietitian and CCU staff were trained to provide nutrition via a nasogastric tube if required.

Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition.



## Critical care

### 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. We saw from the records, pain was regularly assessed, and staff prescribed, administered and recorded pain relief accurately.

The service used a critical care pain observation tool to assess patients' pain who were sedated, and therefore unable to communicate.

### Patient outcomes

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

The CCU provided care for patients who had an elective or planned admission as well as for emergencies that included multi-organ failure.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. This data was then used to improve care and treatment. Outcomes for patients were positive, consistent and met expectations. Managers and staff used the results to improve patients' outcomes.

The hospital submitted patient feedback data to the private healthcare information network (PHIN), which reported on their website that 92% of 1206 people felt this hospital met their needs.

### 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 before they started work. They were then supported staff to develop through yearly, constructive appraisals of their work.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Managers monitored medical staff to ensure their mandatory training, revalidation and continuing profession development was in line with their commitment under their terms to be granted practising privileges.

As evidenced by the meeting minutes we saw, there were regular staff team meetings during which incidents, medication alerts, complaints and other matters were discussed.

### Multidisciplinary working

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

## Critical care

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Allied health professionals such as dieticians and physiotherapists attended those meetings when required. The on-site pharmacist would regularly attend the CCU to check medicines and discuss patient pharmacological requirements.

The staff we spoke with told us there was good multidisciplinary liaison between the CCU staff, the RMO's, the patient's consultant and the mixture of allied health professionals to ensure patient care and safety was maintained.

### Seven-day services

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

The CCU was staffed 24 hours a day, seven days a week when they had patients within the unit. Out of hours medical cover was provided by the RMO, patient's consultant and anaesthetist who performed the procedure, who were required under the terms of their practising privileges contact to be contactable. A fully staffed theatre could be made available for out of hours emergency treatment.

Physiotherapy and pharmacy services were provided seven days a week.

### 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. This was accomplished through conversations with patients by their consultants, nurses and allied health professionals. There were also many health-related information leaflets on the unit available for patients and their families.

### 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.**

All nursing staff had training in obtaining consent. Patient medical records we examined showed informed consent had been obtained for their elected procedure. An audit by the hospital of patient records showed consent was obtained and recorded in 100% of cases.

All staff were trained to have awareness of dementia and mental health affecting patients. Consultants and allied health professionals as part of their practising privileges agreement with the hospital signed to stipulate, they were trained in obtaining informed consent and the Mental Capacity Act 2005.

The hospital did not accept patients for surgery who had serious and debilitating neurological conditions, including dementia requiring a higher level of care during surgery or post operatively. This also applied to patients who had a mental condition which would compromise their safety if nursed in an individual patient bedroom. The CCU and resuscitation lead we spoke with told us she could not recall a time when deprivation of liberty safeguards (DoLS) were required for an CCU patient.

Staff were able to access related policies and guidance, such as the dementia care policy, via the hospital's intranet.

Good 

## Critical care

### Are Critical care caring?

Inspected but not rated 

Not Rated

There were no patients in the CCU on the day we inspected. We could not speak with anyone being treated or any relatives, so cannot report fully on the caring key question.

We were shown a patient feedback questionnaire which CCU patients and their families were asked to complete. We were told by CCU staff the usual responses were good, although they occasionally got feedback about food and items of furniture. Staff received quarterly reports on the feedback, so they could make improvements.

The recent inpatient satisfaction survey (July 2021), showed 97.6% of patients rated the quality of care as excellent or very good, while 93% indicated they would recommend the service.

The fees patients were expected to pay for their treatment and care were made clear to them before any contracts were signed.

### Are Critical care 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.**

The CCU was a five-bedded unit that provided post-surgical, medical and oncological enhanced care. Patients received one to one or one to two nursing care, depending on their needs. The RMO was always available, and patients were seen regularly throughout the day.

The unit provided care and treatment primarily to patients after elective surgery and some medical patients.

Patient's time in the CCU was mostly pre-planned by their consultant and the CCU was informed in advance. However, the CCU also provided enhanced care for patients who had unexpectedly deteriorated. The unit did not take emergency admissions from other hospitals.

#### **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.**

## Critical care

All patients had pre-planned and elective treatments or procedures. The hospital staff accommodated patients requests regarding timing and day of admission, as far as was possible.

Staff made reasonable adjustments to help patients access services. They coordinated care with the surgical and medical wards. People were treated as individuals and their care was designed to take all their needs into account.

Staff were aware of religious and cultural differences and differing needs of patients and did their best to accommodate this. For example, female patients would be seen by a female physiotherapist if requested. Special dietary meals could be sourced either within the hospital or outsourced, should patients require them.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.

For patients who did not understand or speak English staff could access interpreting services via the telephone or in person. The requirement for such help was indicated during the patient's pre-assessment process.

### Access and flow

**People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.**

Admissions to the CCU were pre-planned following elective surgery. Patients were identified as requiring enhanced care at their pre-assessment check and if necessary, a decision was taken to request an CCU bed. This allowed the unit to plan for the needs of specific patients.

Unplanned admissions to the CCU were arranged by the patient's consultant or anaesthetist and based on patient safety and care. Managers and staff worked to make sure patients did not stay longer on the unit than they needed to.

The CCU admissions and discharge policy made it clear that CCU patients must be reviewed by their admitting consultant/anaesthetist and all necessary tests completed prior to discharge from the CCU.

A patient returning to a ward in the hospital, had a full verbal and written handover by the CCU nurse to the ward nurse. It included a NEWS2 chart updated with details of the observations from the adapted specialised CCU chart.

Staff were mindful of the complex needs of their patients and endeavoured to make sure patients were assigned the right level of care. Although this was a mixed sex area, staff knew about and understood the standards for mixed sex accommodation and knew how and when to report any potential breaches.

### 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 clearly displayed information about how to raise a concern in patient areas and on the hospital's website. The website sets out clearly how to complain, how it will be investigated and the timescales. The website also set out what patients should do if they were not satisfied with the outcome of their complaint, with details of both the Independent Healthcare Sector Complaints Adjudication Service (ISCAS) and the Parliamentary and Health service Ombudsman (PHSO) for NHS funded patients.

## Critical care

Staff understood the policy on complaints and knew how to handle them. They knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We noted one CCU patient complaint about being unhappy with the way a staff member spoke with her. The provider completed an annual complaints report for the all complaints regarding care at the hospital. We reviewed the most recent report for the year 2020 and noted the report the key themes were regarding administration errors, communication and cost. The report highlighted key learnings from complaints and improvements made. This included development of COVID guidance information leaflet for patients attending the hospital.

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw evidence of this in the minutes of various staff and management meetings.

### Are Critical care 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. They supported staff to develop their skills and take on more senior roles.**

There was a clear senior management structure within the CCU and the hospital at large. Lines of accountability and responsibility at the hospital were coherent and staff were clear about their roles and how to escalate concerns. Staff felt well supported by the registered manager and felt able to approach the manager with concerns.

Staff reported the managing director was both very visible and easily accessible. Staff were positive about the leadership team and felt they were visible and approachable. Staff told us they felt supported by their immediate line managers and the senior management team.

We found managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. Staff we spoke with said the registered manager was accessible, visible and approachable.

#### 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 had a clear mission "...to provide first class, independent healthcare for the local community in a safe, comfortable and welcoming environment, one in which we will be happy to treat our own families".

## Critical care

There were five organisational values: “beyond compliance, personalised attention, partnership and teamwork, investing in excellence, and always with integrity”. The service values were underpinned by effective communication, patient safety, comfort and transparency. The service had a statement of purpose which outlined to patients the standards of care, treatment and support services it would provide and all staff we spoke with were aware of these values.

### 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.**

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt respected, supported and valued and that they could approach any member of staff and challenge practice or behaviour if necessary. Staff were focused on the needs of patients receiving care. The service had an open culture where patients and staff could raise concerns without fear.

The service’s culture encouraged openness, honesty and improvement. Staff told us they were able to raise issues or concerns they had with their managers. Staff told us there was a ‘no blame’ culture when incidents happened, and the team supported each other at team meetings and during supervision.

Managers and staff we spoke with said they felt empowered to raise concerns and address any issues the service faced, openly and honestly. Staff we spoke with had a strong commitment to their jobs and were proud of the team working, positive impact on patient care and experience, and improvements they had made to the service since the last inspection.

### 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. 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. There were regular staff meetings and there were medical advisory committee (MAC) meetings. Clinical issues, patient feedback, staffing, complaints and incidents were discussed and reviewed at relevant meetings, including the MAC. The MAC oversaw clinical governance issues, key policies and guidance and monitored patient outcomes.

Staff conducted a range of audits to assess clinical effectiveness. Audit results, along with patient outcome data, complaints and incidents were discussed and reviewed at relevant meetings, with increased triangulation of these areas being a focus. Audits were reported to the medical advisory committee, where action plans to address the findings of the audits were recorded and lessons learnt identified.

### 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.**

There were assurance systems at the hospital. Managers escalated performance issues through clear structures and processes. Senior leaders told us key managers met weekly to discuss any serious incidents, complaints, governance and safeguarding issues.

## Critical care

We viewed risk registers for the hospital and specifically for CCU services. The top three risks on the risk register included the recruitment of theatre and nursing staff, risk of missing clinical information as the patients in the hospital have two numbers and the risk regarding medical oxygen. There were controls in place to mitigate the risks and the risks were regularly reviewed by senior staff. There was a named member of staff responsible for each risk. The executive management team reviewed the organisational risk register, which included clinical risks, on a monthly basis. When we asked about risk, CCU staff we spoke with did not raise any of the above risks as a particular concern.

Surgical services, including CCU had regular departmental meetings, in addition to daily operational huddles, where issues related to day-to-day management were discussed. There were other decision making and performance monitoring forums such as senior management meetings and heads of management meetings.

### 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.**

Access to individual patient's records was restricted to authorised staff who had varied access rights and editing privileges granted in accordance with their job role. Patient's records were stored in line with personal data security standards and entries made in patient's records could be easily ascertained and attributed to the person creating them.

The service used information available through performance reports and local audits to inform and improve service planning.

Staff shared information through a variety of ways including at daily ward meetings, multidisciplinary meetings and governance meetings. We saw relevant information displayed on notice boards. These included incidents, trends and training dates.

The intranet was available to all staff and contained links to guidelines, policies and procedures. All staff we spoke with knew how to access the intranet and the information contained therein.

Electronic devices were password protected and we observed staff signing out of computer systems when they were not in use.

### 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.**

Staff told us they felt engaged in the day-to-day operation of the department and could influence changes. They had regular staff meetings, which they used to share information relating to complaints or incidents for learning, sharing examples of good practice and to provide support to one another. Staff said they felt listened to when they had suggestions related to service delivery.

The department engaged patients by encouraging them to take part in patient surveys. Results of the surveys were discussed at staff meetings and informed planned improvements. The hospital had a patient feedback review committee tasked with responding to patients' comments and monitoring patient experience. The committee was chaired by the patient liaison manager.

## Critical care

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. All patients were asked to complete a provider feedback questionnaire about their experience. Patients were also encouraged to provide feedback via search engines, review websites, social media account and email. This feedback was audited, shared with staff and used to drive improvement. There was a group on a virtual messaging platform that all staff were part of to aid better staff communication and engagement.

### **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.**

The service had systems to monitor staff training and development. Staff informed us they wanted to learn, develop and improve their skills.

The hospital participated in the Association for Perioperative Practice (AfPP) accreditation scheme and its annual inspection met all green statuses. The accreditation scheme offers the opportunity to demonstrate the hospital's commitment to high standards of perioperative care by ensuring their educational materials, such as leaflets, brochures, or website, met pre-set standards and good practice requirements. Perioperative care, also referred to as perioperative medicine, is the practice of patient-centred, multidisciplinary and integrated medical care of patients from the moment of contemplation of surgery until full recovery.






The service had a new Royal College of Physicians Joint Advisory Group on GI Endoscopy (JAG) accredited endoscopy unit with specialist equipment for the sterilisation and storage of endoscopes.

The pathology department is accredited by the United Kingdom Accreditation Service (UKAS). This meant the department had been inspected by UKAS and certified to have met the International Organisation for Standardisation (ISO) 15189:2012.

The hospital also had several accreditations, including the Macmillan Quality Environment Mark accreditation (MQEM), and Caspe Knowledge Healthcare Systems (CHKS) Oncology and End of Life Care Accreditation. The MQEM award recognises and celebrates environments that meet the standards required by people living with cancer. CHKS undertake benchmarking and accreditation for NHS and independent health facilities.



# Services for children & young people

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

## Are Services for children & young people 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.**

Nursing staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. The hospital had a red-amber-green (RAG) rating system in place to visually flag the overall and individual completion, with green being 100%. The staff we spoke with confirmed they had completed their mandatory training.

There was a mandatory training checklist on the ward and staff were able to access the hospital's intranet to check their own training. Managers monitored mandatory training and alerted staff when they needed to update their training.

Staff received training in recognising deteriorating patients, including Sepsis. Sepsis is the body's extreme response to an infection. It can be a life-threatening medical emergency. The hospital used a nationally recognised 'Sepsis 6' pathway to identify and monitor patients. All staff have immediate life support (ILS) training.

The resident medical officers (RMO) were provided by an agency and their mandatory training was completed and monitored through the agency. The medical staff operated under practising privileges at the hospital. Keeping up to date with their mandatory training was part of their contract to allow them to work at the hospital. Managers monitored mandatory training as part of the governance for the RMO's and medical staff.

Authorised staff could access online training modules via the hospital intranet.

### Safeguarding

**Staff understood how to protect children, young people and their families 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.**

Nursing staff received training specific for their role on how to recognise and report abuse.

# Services for children & young people

Medical staff had safeguarding training specific for their role. Managers monitored this as part of the practising privileges contract.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns.

All staff working with paediatric patients were trained to safeguarding children level three.

Staff we spoke with were aware of their responsibilities to protect vulnerable patients. On the wards we saw posters which displayed pictures of the safeguarding leads. We examined the safeguarding policies for both adults and children. They were evidenced-based and both policies included sections on radicalisation and female genital mutilation (FGM). Policies were available to all authorised staff via the hospital's intranet.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.**

The service controlled infection risks well, including following the relevant COVID-19 guidelines at the time and taking appropriate measures to reduce its transmission. Staff followed infection control principles including the use of personal protective equipment (PPE). Hand washing facilities, alcohol gel and hand conditioner were readily available throughout the surgical wards. The hospital had dedicated areas for staff to put on and remove PPE and clear signage was in place to remind staff, patients and visitors of the importance of infection control.

Staff followed, 'Bare below the Elbow' guidance, and wore PPE such as gloves and aprons whilst delivering care, in line with the hospital policy. We observed most staff following correct use of PPE and required hand washing. Staff disposed of PPE in clinical waste bags. Staff told us they had no problems with accessing the PPE required to do their work safely and reduce the risk of infection.

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. Staff routinely cleaned equipment, and patient trolleys, after every patient contact and labelled equipment to show when it was last cleaned. We observed staff using "I am Clean" stickers throughout the hospital to show when equipment had been cleaned and was ready to use. During the inspection, we saw housekeeping staff cleaning all areas of the department.

The provider carried out audits for infection control and these followed guidelines from the Infection Prevention Society and information governance processes.

## 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.**

There was no dedicated children's ward in the hospital; children and young people (CYP) were cared for in the main surgical or medical ward depending on their condition and reasons for admission. We were told the hospital has a maximum of seven paediatric patients at any one time but usually less.

# Services for children & young people

Staff told us they made sure there was no mixing of paediatric and adult patients. If there were only a few paediatric patients, they put them into rooms next to the nurses' station. If there were multiple patients, they put them on a separate floor. If that happened the combined paediatric/adult resuscitation trolleys were relocated to where the children were. Resuscitation equipment was available for all ages of CYP patients.

We were satisfied the arrangements around services for CYP protected children from avoidable harm and supported good care. Children and young people were cared for in single en suite rooms in the wards. The children ward areas were adapted to suit the needs of the children and young persons. There were no shared facilities within the ward for children and adult patients.

Consideration had been given regarding risks presented to children by sharing the same facilities as adults and we noted that adaptations had been made to facilities and the environment for children. Staff were able to make the rooms child friendly; for example, by having access to child focussed duvet covers and children's programmes on the in-room television.

The service had enough suitable equipment to help them to safely care for children and young people. All equipment we reviewed during the inspection had undergone electrical safety testing within the last year. Equipment was maintained and serviced, which ensured it was safe to use and fit for purpose.

There were housekeeping staff responsible for cleaning all areas and we found all areas were maintained to a good standard of cleanliness. Patients and relatives told us they were satisfied with the level of cleanliness in the department. Areas we visited were tidy, clean and uncluttered.

There was sufficient access to hand gel dispensers, handwashing, and drying facilities. Hand washing basins had enough supplies of soap and paper towels. Services displayed signage prompting people to wash their hands and gave guidance on good hand washing practice.

Personal protective equipment such as disposable gloves and aprons were readily available in all areas. Clinical and domestic waste bins were available and clearly marked for appropriate disposal. We noticed information explaining waste segregation procedures and waste segregation instructions.

There is a dedicated paediatric waiting area within the outpatient's department. We were told they saw on average, 2000 children a year.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.**

Staff used a nationally recognised tool, the paediatric early warning score (PEWS), for detecting the deteriorating child patient, along with a sepsis care bundle for identifying and managing sepsis. This included monitoring observations such as respiratory rate, pulse, and temperature. We saw a copy of the PEWS chart which showed a clear escalation plan for staff to follow depending on the PEWS score.

Staff completed risk assessments for each child and young person on admission or arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff had access to CYP appropriate emergency equipment with the option to transfer to an NHS hospital if the need arose.

# Services for children & young people

There was always an RMO on duty to provide support after surgery or treatment in conjunction with the patient's own consultant and anaesthetist. Staff shared key information to keep CYP patients and their families safe when handing over their care to others.

Staff arranged follow up calls with the initial call arranged on the day after the surgery to ensure aftercare arrangements were reviewed, and the patient's questions answered.

The service used the World Health Organisation (WHO) surgical safety checklist for patients throughout the perioperative journey, to prevent or avoid serious patient harm. Staff identified and quickly acted upon patients at risk of deterioration and sepsis.

## Nurse staffing

**The service had enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

The hospital employed a paediatric nurse on a permanent but part-time basis. We were told there was also a suitably qualified member of 'bank' staff who could be called upon if the patient numbers required extra nursing care. In addition, agency staff were sometimes used.

The service had enough nursing and support staff to keep children and young people safe. The ward manager could adjust staffing levels daily according to the needs of children and young people.

Managers limited their use of bank and agency staff and requested staff familiar with the service. They also made sure all bank and agency staff had a full induction and understood the service.

CYP admissions to the hospital were planned and ensured the nurses were available to care for the child when admitted.

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep children, young people and their families 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.**

All children and young people were cared for by a named consultant with practising privileges at the hospital. All consultants caring for children and young people in either a surgical or anaesthetic context, were required to provide evidence that they undertook clinical paediatric activity within their scope of practice in the NHS, and this was recorded on the consultant register. Practising privileges were reviewed by the medical advisory committee twice a year.

Consultants and anaesthetists were allowed to practise at the hospital under practising privileges. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic. Many also work within the NHS. Those working under practising privileges are contractually obligated by the hospital to keep up to date with training, working practices and to provide insurances and to comply with other such rules the hospital may demand.

# Services for children & young people

Consultants provided out of hours support and were available to respond to queries related to individual patients. There were designated on call rotas that specified who was to provide support for radiology, pathology, pharmacy or physiotherapy.

The hospital employed via an agency, four resident medical officers. They worked a seven day on seven day off, 12-hour shift rota. We spoke with the RMO on duty during the inspection and she explained her duties to us. The RMO took care of the patients' medical needs and followed the care plan when the patient's consultant was not available or required. The RMO we spoke with confirmed they had not had any problems contacting a patient's consultants, even out of hours, if required.

## Records

Staff kept detailed records of children and young people's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Patient records reflected input from a multidisciplinary team of professionals including physiotherapists, occupational therapists, dieticians, nurse specialists and medical staff.

During the inspection, we reviewed two sets of patient notes. Patient records were detailed, and staff had signed and dated all entries. All inpatient records had care plans which identified all their care needs. Care plans had been reviewed when required.

Records were stored securely.

## 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. Medicine records were complete, contained details on dose and when patients received them. Medicines were stored safely and available for patients when they needed them, including controlled drugs. Staff we spoke with were aware of how to access medicines out of hours. Emergency medicines and equipment was available on both wards and were checked daily.

Controlled Drugs were checked twice a day by registered nurses. The controlled drugs record was kept up to date and completed correctly. Pharmacy staff had a list of staff authorised to dispense controlled drugs and did audits every six months to check this was taking place. No concerns had been raised in the most recent audit. The drugs themselves were stored securely.

The service also carried out an annual prescribing audit to check if prescribing took place in line with good practice in prescribing and managing medicines. The service carried out an audit of prescription processing waiting times for medicines to take home (TTOs). 85% of TTO medicines were prepared in advance to minimise delays to patient's discharge.

Medicines were only managed by clinically trained members of staff and administered as prescribed for use by individual patients. The provider told us all staff had formal training for medicines management.

# Services for children & young people

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. We saw evidence of these having been discussed in the minutes of quality governance meetings.

## 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 children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff raised concerns and reported incidents and near misses in line with the provider's policy. Staff understood and explained to us what duty of candour means. They were open and transparent and gave patients and families a full explanation if things went wrong.

Staff told us there was a good reporting culture and they were encouraged to report incidents. Staff were able to report incidents via the hospital intranet. We saw evidence of incidents being discussed in the departmental, sisters and quality governance meeting minutes.

We saw evidence of 16 CYP no harm incidents reported between November 2020 and July 2021. All had been reported, investigated and closed. Where required learning from the reported incident and actions to be taken were also included. There were no recurring themes to the incidents reported, but one of the incidents in June 2021, reported a patient with more than one hospital number which had been highlighted as a top 3 risk on the hospital's risk register. In this case the incident was picked up by the theatre checking procedures. No harm was caused.

Staff met to discuss feedback from incident investigations and consider improvements to patient care.

Managers shared learning with their staff about never events that happened elsewhere. Staff were aware of never events that had happened at other Aspen Healthcare locations and the learning that had come from them in order to improve patient care and experience across the service.

## Safety thermometer

**The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and visitors.**

Although the service was not required to report under the NHS Safety Thermometer programme, they collected relevant information and used it for measuring, monitoring and analysing patient harms and 'harm free' care. We saw evidence of this in the medical advisory committee (MAC) meeting minutes as well as other staff meeting records.

The hospital also collected and shared patient safety and incident information within the Aspen Healthcare Group.

## Are Services for children & young people effective?

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

# Services for children & young people

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.**

There was an integrated approach to assessing, planning and providing care and treatment based on national guidance and evidence-based practice. Staff followed clear and up-to-date policies and procedures. People's physical and mental health needs were routinely assessed. Patients' care was adapted to meet individual needs and treatment was given in line with current legislation.

The service did not submit data to any external body. This meant a range of care delivery, patient outcomes, and mortality outcomes were not benchmarked against similar units nationally. However, the Aspen Group did their own benchmarking against their own services. This was evidenced by the quality governance dashboard.

Patient needs were continuously assessed in line with national guidance. The PEWS chart recorded important patient information such as medicines, fluid intake/output, pain assessment, blood pressure and oxygen saturation levels. Patient records also documented use of nationally recognised tools such as the assessment of skin integrity using the Waterlow risk assessment tool.

Guidelines were followed for patients receiving Intravenous (IV) fluid therapy and patients were assessed to determine their level of risk of venous thromboembolism (VTE) in accordance with NICE guidance.

## Nutrition and hydration

**Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children, young people and their families' religious, cultural and other needs.**

Staff made sure children, young people and their families had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff followed national guidelines to make sure patients fasting before surgery were not without nutrition and hydration for long periods.

Staff used a nationally recognised screening tool called the malnutrition screening tool (MST), to monitor patients at risk of malnutrition. Staff completed patients' fluid and nutrition charts where needed.

Specialist support from staff such as dieticians was available for patients who needed it. We saw from patient records patients were regularly reviewed by dieticians and had dietary supplements and specific diets prescribed as needed.

## Pain relief

**Staff assessed and monitored children and young people 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 children and young people's pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately. Staff told us and we saw from the records we examined young patients were given a pain score sheet featuring 'Lego™' figures to inform those caring for them how much or little pain they were experiencing.

# Services for children & young people

## Patient outcomes

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

Staff monitored the effectiveness of care and treatment through clinical audits. We saw examples of recent clinical audits that had been completed at the clinic and these included cleanliness and documentation audits, as well as clinical topics such as post-operative care and recognition of sepsis. Results of these audits and any learning were shared with staff in team meetings, safety briefings and emails. Audit reports showed the service was compliant with its processes and patient outcomes.

The hospital collected and monitored information related to surgical site infections, 30 days post discharging from the hospital, and if a patient required emergency admission or developed a blood clot within 30 days from the procedure. From the information received as part of the evidence for the inspection, there were no such complications.

The hospital carried out a comprehensive programme of audits to check improvement over time and these were repeated on a quarterly basis. We saw the recent audits that had been carried out, where necessary actions were identified and performance over time could be checked.

## 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 before they started work. They were then supported to develop through yearly, constructive appraisals of their work.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Managers monitored medical staff to ensure their mandatory training, revalidation and continuing profession development was in line with their commitment under their terms to be granted practising privileges. The Medical Advisory Committee (MAC) reviewed consultant practising privileges in line with the provider's policy.

As evidenced by the meeting minutes we saw, there were regular staff team meetings during which incidents, medication alerts, complaints and other matters were discussed.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.**

There was effective daily communication between multidisciplinary teams within the surgical wards and theatres. Staff handover meetings took place during shift changes and 'safety huddles' were carried out daily to ensure all staff had up-to-date information about risks and concerns.



# Services for children & young people

There was an ethos and culture of multidisciplinary (MDT) working in all aspects of the service. Staff held regular and effective staff meetings to discuss patients and improve their care. Doctors, nurses, therapists and other staff worked well together to ensure information related to patient care was shared to promote good clinical outcomes for patients. Regular MDTs took place as well as daily discharge planning meetings on the wards. A process to communicate with GPs following discharge was in place.

These multidisciplinary meetings were attended by a wide range of professionals to support the decision-making process and happened weekly, so there was no backlog of patients waiting for therapy or discharge.

We observed close multidisciplinary working between doctors, medical physicists, radiographers and the nurses. All staff spoke openly and respectfully with each other and this enabled efficient patient care, for example when patients needed pain relief, this was available almost immediately.

## Seven-day services

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

**All procedures at the hospital were elective and staffing and facilities were made available across the whole week as planned and appropriate to the procedures being undertaken. Key services were available seven days a week to support timely patient care. It included access to a high dependency unit and resident medical officer as well as on-call support provided by the named consultant. There were designated on-call rotas that specified who was to provide support for radiology, pathology, pharmacy, physiotherapy or who was the on-call manager.**

CYP surgery usually took place six days a week with Sundays only in exceptional circumstances.

## Health promotion

**Staff gave children, young people and their families practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support. The service had access to numerous health promoting leaflets which they shared with patients prior to the surgical procedure and during their admission. It contained information related to health promotion, self-care, various medical conditions, surgical procedures, and rehabilitation amongst others

Staff assessed each child and young person's health when they were admitted and provided support for any individual need to live a healthier lifestyle.

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

**Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They clearly recorded consent in patients' records. Our review of patient notes showed consent forms were completed correctly with all appropriate sections completed.

# Services for children & young people

Staff received training on Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) as part of their mandatory training. All staff were able to describe what they would do if they suspected a patient lacked capacity to make a decision. Information regarding surgical procedures, risks and alternative treatments was offered to patients to make informed choices.

## Are Services for children & young people caring?

Inspected but not rated 

### Not Rated

There were no CYP patients on the on the day we inspected. We could not speak with anyone being treated or any relatives, so cannot report fully on the caring key questions.

We were shown a patient feedback questionnaire which patients and their families were asked to complete. We were told by CYP staff the usual responses were good. Staff received quarterly reports on the feedback so they could make improvements.

The recent inpatient satisfaction survey (July 2021) showed 97.6% of patients rated the quality of care as excellent or very good, while 93% indicated they would recommend the service.

The fees patients were expected to pay for their treatment and care were made clear to them before any contracts were signed.

## Are Services for children & young people 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. It also worked with others in the wider system and local organisations to plan care.**

The hospital provided services to patients from across the United Kingdom as well as to international patients.

Services were planned to cater for different patient groups and ensured flexibility in their appointment booking system. The hospital was able to offer an array of appointment times and days to suit the needs of each patient. Services were planned to ensure continuity of care. The same consultant who consulted with the patient, performed the surgery and followed up the patient post-surgery.

The service offered a choice of procedures and choice of consultants, to best meet patient needs. This ensured patients had access to a flexible service with a good amount of choice and continuity of care. Managers planned and organised services, so they met the changing needs of the local population.

# Services for children & young people

## Meeting people's individual needs

**The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.**

All children were admitted as a day case in the hospital. There was no dedicated paediatric theatre list. Children were seen and scheduled first on the main theatre list. This ensured that they were treated early, recover well in time and be discharged home on the same day.

Staff made reasonable adjustments to help patients access services. They coordinated care with the surgical and medical wards. People were treated as individuals and their care was designed to take all their needs into account.

Staff were aware of religious and cultural differences and differing needs of patients and did their best to accommodate this. For example, female patients would be seen by a female physiotherapist if requested. Special dietary meals could be sourced either within the hospital or outsourced, should patients require them.

Staff made sure children and young people living with mental health problems, learning disabilities and long-term conditions received the necessary care to meet all their needs.

For patients who did not understand or speak English, staff could access interpreting services via the telephone or in person. The requirement for such help was indicated during the patient's pre-assessment process.

## 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 children and young people were in line with national standards.**

Managers and staff worked to make sure children and young people did not stay longer than they needed to. Managers monitored waiting times and made sure children, young people and their families could access services when needed and received treatment within agreed timeframes and national targets.

The paediatric lead nurse was informed of all CYP patients attending for a procedure at the hospital. Managers monitored planned CYP admissions to ensure there were appropriate staff on duty. CYP patients were screened to ensure admission was appropriate before they were allocated a date for the procedure.

The surgical services reported no procedures had been cancelled for a non-clinical reason. The service worked to keep the number of cancelled appointments, treatments and operations to a minimum. Staff were supported by an administration team who were tasked to contact patients and support them through their surgical journey. We were told if patients had their appointments or surgery cancelled at the last minute, the service made sure they were rearranged as soon as possible. Staff at the hospital called the patient 24 hours after the procedure to check in with them and confirm the follow-up appointment dates. Staff were able to describe how patient follow-up might be affected by Covid-19 and how they ensured patients still received good post-operative 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 children, young people and their families in the investigation of their complaint.**

# Services for children & young people

The service clearly displayed information about how to raise a concern in patient areas and on the hospital website. The website sets out clearly how to complain, how it will be investigated and the timescales. It also set out what patients should do if they were not satisfied with the outcome with details of both the Independent Healthcare Sector Complaints Adjudication Service (ISCAS) and the Parliamentary and Health service Ombudsman (PHSO) for NHS funded patients.

Staff understood the policy on complaints and knew how to handle them. They knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw evidence of this in the minutes of various staff and management meetings.

## Are Services for children & young people 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. They supported staff to develop their skills and take on more senior roles.**

There was a clear senior management structure within the CYP department and the hospital at large. Lines of accountability and responsibility at the hospital were coherent and staff were clear about their roles and how to escalate problems. Staff felt well supported by the registered manager and felt able to approach the manager with their concerns.

Staff reported the managing director was both very visible and easily accessible. Staff were positive about the leadership team and felt they were visible and approachable. Staff told us they felt supported by their immediate line managers and the senior management team.

We found managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. Staff we spoke with said the registered manager was accessible, visible and approachable.

### 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 had a clear mission “. . .to provide first class, independent healthcare for the local community in a safe, comfortable and welcoming environment, one in which we will be happy to treat our own families”.

# Services for children & young people

There were five organisational values: “beyond compliance, personalised attention, partnership and teamwork, investing in excellence, and always with integrity”. The service values were underpinned by effective communication, patient safety, comfort and transparency. The service had a statement of purpose which outlined to patients the standards of care, treatment and support services it would provide and all staff we spoke with were aware of these values.

## 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.**

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt respected, supported and valued and that they could approach any member of staff and challenge practice or behaviour if necessary. Staff were focused on the needs of patients receiving care. The service had an open culture where patients and staff could raise concerns without fear.

The service’s culture encouraged openness, honesty and improvement. Staff told us they were able to raise issues or concerns they had with their managers. Staff told us there was a ‘no blame’ culture when incidents happened, and the team supported each other at team meetings and during supervision.

Managers and staff we spoke with said they felt empowered to raise concerns and address any issues the service faced, openly and honestly. Staff we spoke with had a strong commitment to their jobs and were proud of the team working, positive impact on patient care and experience, and improvements they had made to the service since the last inspection.

## 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. 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. There were regular staff meetings and there were medical advisory committee (MAC) meetings. Clinical issues, patient feedback, staffing, complaints and incidents were discussed and reviewed at relevant meetings, including the MAC. The MAC oversaw clinical governance issues, key policies and guidance and monitored patient outcomes.

Staff conducted a range of audits to assess clinical effectiveness. Audit results, along with patient outcome data, complaints and incidents were discussed and reviewed at relevant meetings, with increased triangulation of these areas being a focus. Audits were reported to the medical advisory committee, where action plans to address the findings of the audits were recorded and lessons learnt identified.

## 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.**

There were assurance systems at the hospital. Managers escalated performance issues through clear structures and processes. Senior leaders told us key managers met weekly to discuss any serious incidents, complaints, governance and safeguarding issues.

# Services for children & young people

We viewed risk registers for the hospital and specifically for CYP services. The top three risks on the risk register included the recruitment of theatre and nursing staff, risk of missing clinical information as the patients in the hospital have two numbers and the risk regarding medical oxygen. There were controls in place to mitigate the risks and the risks were regularly reviewed by senior staff. There was a named member of staff responsible for each risk. The executive management team reviewed the organisational risk register, which included clinical risks, on a monthly basis. When we asked about risk, CYP staff we spoke with did not raise any of the above risks as a particular concern.

The executive management team reviewed the organisational risk register, which included clinical risks, on a monthly basis.

Surgical services, including CYP had regular departmental meetings, in addition to daily operational huddles, where issues related to day to day management were discussed. There were other decision making and performance monitoring forums such as senior management meetings and heads of management meetings.

## 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.**

Access to individual patient's records was restricted to authorised staff who had varied access rights and editing privileges granted in accordance with their job role. Patient's records were stored in line with personal data security standards and entries made in patient's records could be easily ascertained and attributed to the person creating them.

The service used information available through performance reports and local audits to inform and improve service planning.

Staff shared information through a variety of ways including at daily ward meetings, multidisciplinary meetings and governance meetings. We saw relevant information displayed on notice boards. These included incidents, trends and training dates.

The intranet was available to all staff and contained links to guidelines, policies and procedures. All staff we spoke with knew how to access the intranet and the information contained therein.

Electronic devices were password protected and we observed staff signing out of computer systems when they were not in use.

## 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.**

Staff told us they felt engaged in the day to day operation of the department and could influence changes. They had regular staff meetings, which they used to share information relating to complaints or incidents for learning, sharing examples of good practice and to provide support to one another. Staff said they felt listened to when they had suggestions related to service delivery.

# Services for children & young people

The department engaged patients by encouraging them to take part in patient surveys. Results of the surveys were discussed at staff meetings and informed planned improvements. The hospital had a patient feedback review committee tasked with responding to patients' comments and monitoring patient experience. The committee was chaired by the patient liaison manager.

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. All patients were asked to complete a provider feedback questionnaire about their experience. Patients were also encouraged to provide feedback via search engines, review websites, social media account and email. This feedback was audited, shared with staff and used to drive improvement. There was a group on a virtual messaging platform that all staff were part of to aid better staff communication and engagement.

## **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.**

The service had systems to monitor staff training and development. Staff informed us they wanted to learn, develop and improve their skills.

The hospital participated in the Association for Perioperative Practice (AfPP) accreditation scheme and its annual inspection met all green statuses. The accreditation scheme offers the opportunity to demonstrate the hospital's commitment to high standards of perioperative care by ensuring their educational materials, such as leaflets, brochures, or website, met pre-set standards and good practice requirements. Perioperative care, also referred to as perioperative medicine, is the practice of patient centred, multidisciplinary and integrated medical care of patients from the moment of contemplation of surgery until full recovery.

The service had a new Royal College of Physicians Joint Advisory Group on GI Endoscopy (JAG) accredited endoscopy unit with specialist equipment for the sterilisation and storage of endoscopes.

The pathology department is accredited by the United Kingdom Accreditation Service (UKAS). This meant the department had been inspected by UKAS and certified to have met the International Organisation for Standardisation (ISO) 15189:2012.

The hospital also had several accreditations, including the Macmillan Quality Environment Mark accreditation (MQEM), and Caspe Knowledge Healthcare Systems (CHKS) Oncology and End of Life Care Accreditation. The MQEM award recognises and celebrates environments that meet the standards required by people living with cancer. CHKS undertake benchmarking and accreditation for NHS and independent health facilities.