

Horder Healthcare

Horder Healthcare Seaford (formerly Seaford Day Hospital)

Inspection report

Horder Healthcare Seaford
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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?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We have not rated this location before. 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. The service managed safety incidents well and learnt lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Services were available three 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 a diagnostic procedure.
- 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 are focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	We have not previously rated this service. We rated it as good.



Summary of findings

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Summary of this inspection

Background to Horder Healthcare Seaford (formerly Seaford Day Hospital)

Horder Healthcare Seaford is a location operated as a satellite site. It is operated by Horder Healthcare. Horder Healthcare provide an orthopaedic outpatients clinic which is the focus of this report. The site also operates a physiotherapy service which is not covered as part of this report due to being outside of the Care Quality Commission's (CQC) regulatory scope. The location hosts a diagnostic screening service but this is run by a separate CQC regulated provider.

The service has a manager who has applied to register with the CQC. The service is registered to provide the following regulated activities:

- Treatment of Disease, Disorder and Injury
- Diagnostic and Screening Procedures
- Surgical Procedures.

The service was registered in May 2014 and has not been inspected before.

The service operates an orthopaedic outpatient's clinic run by orthopaedic consultants and supported by healthcare assistants. This is held two or three times a week on Monday, Tuesday and Friday, depending on demand. The clinic runs from 8.00am to 6.00pm and sees approximately 40-45 patients a day.

We carried out a short notice announced inspection on 25 August 2021 using our comprehensive inspection methodology.

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.

How we carried out this inspection

During the inspection, we visited all areas within Horder Healthcare Seaford. We spoke with the nominated individual, clinical governance manager, compliance manager, physiotherapy manager, outpatient physiotherapist, senior healthcare assistant, senior receptionist, and receptionist. As orthopaedic clinics were not running on the day we visited, we were unable to speak with patients on site. However, we reviewed feedback responses.

We also reviewed information on policies, guidance, performance and feedback provided to us before, during and after the inspection.

There are no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

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

Our findings






Overview of ratings

Our ratings for this location are:

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

Good 

Outpatients

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

Are Outpatients safe?

Good 

We had not previously rated the service. 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. Records showed staff completed training and there were systems to monitor completion. Mandatory training rates were 94%, better than the provider target of 70%.

The mandatory training was comprehensive and met the needs of patients and staff. Training modules covered a wide variety of areas that are applicable to the job roles at the location.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers could identify completion rates for staff working in the service.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff completed safeguarding training to the correct level for their job role in line with national guidance. Non-clinical staff are trained at level one and clinical staff trained at level two. Staff knew who to contact when abuse was suspected.

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 identify safeguarding issues and take the correct action when required. This included how to make a safeguarding referral and who to inform if they had concerns. A safeguarding lead was nominated for the location and more widely across the provider's locations.

Outpatients

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were well-maintained.

Infection control was monitored through a system of audits. A recent hand hygiene audit showed 100% compliance.

Cleaning records were up-to-date and showed all areas were cleaned regularly. Records confirmed staff followed their infection control policy.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore PPE correctly when completing their work.

Infection control e-learning was provided and had a 100% completion rate.

Environment and equipment

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

The service had a reception area with a large waiting room. There were nine consultation rooms which were shared between orthopaedic outpatients and physiotherapy clinics. All areas were clean and welcoming for patients.

The design of the environment followed national guidance. Waiting area seating was laid out with social distancing in mind. Consultation rooms met Covid 19 guidance and staff ensured windows remained open to provide ventilation.

Patients could reach call bells and staff responded quickly. Call bells tested worked correctly and staff could explain actions to be taken when an alarm was activated.

Staff carried out daily safety checks of specialist equipment. Regular portable appliance testing (PAT) was undertaken. The last test was completed in September 2020. Individual items of equipment could be identified by a barcode system where required. An emergency defibrillator was available and tested to ensure it worked correctly. Defibrillator pads had expiry dates that were in date.

Staff disposed of clinical waste safely. Staff emptied clinical waste daily. Clinical and domestic waste was segregated and stored and collected in line with national guidance.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff knew how to act upon patients at risk of deterioration

Outpatients

There was a process where staff completed risk assessments for each patient. Before an outpatients appointment, the patient was fully triaged by a central booking centre which logged details of concern and considerations that needed to be made for their visit.

Staff could respond promptly to any sudden deterioration in a patient's health. Staff knew how to identify sudden deterioration and explained the correct steps to take if needed. A staff member with extra training in mental health was also available for patients who required it.

Staff knew about and dealt with patients health related risks. Staff showed good knowledge of how to identify sepsis. Staff also had training more widely in the management of venous thromboembolism (VTE) for post-operative clinics conducted at the location.

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. Staffing for the location was arranged in advance by managers. This was reviewed on the day of a clinic using a daily huddle, which confirmed the number of patients booked, and their preferred appointment method, for example a face to face or a virtual appointment.

The manager adjusted staffing levels daily according to the needs of the service. Staffing was increased in-line with demand. Where staffing needed to be increased, additional staff were redeployed to the site. There were permanent reception staff based at the location. Some staff attended from other Horder Healthcare locations to help in running of the orthopaedic outpatients' service.

The provider had a policy for locum staff. Managers made sure all bank and agency staff had a full induction and understood the service. Agency staff had not been used at the location in the past 12 months.

The provider had a recruitment strategy which included working with outside partners to ensure workforce requirements and demands were met. New ways to attract staff to the organisation were being explored and the providers values, attitudes and behaviours were used when recruiting new staff.

Records

There were arrangements for staff to keep detailed records of patients' care and treatment.

We could not review records during our inspection as orthopaedic clinics were not running.

Patient notes could be accessed easily by staff. Records for the orthopaedic outpatients clinic were paper based, and were delivered the day before, or on the morning of the clinic. We could not review records during our visit as a clinic was not scheduled on the day of the inspection.

When patients were transferred to a new team, there were no delays in staff accessing their records. For GP referrals, records were triaged at the main booking hub, then letters are created electronically following the completed appointment.

Outpatients

Staff said they stored records securely in an office. This was locked at night if records were being stored there for the following days clinic.

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. Emergency medicines were stored in an office behind the reception desk. Staff checked the stock levels on a weekly basis. Emergency medicines were stored securely overnight. Oxygen was stored safely.

Staff stored and managed medicines in line with the provider's policy. Staff did not have blank prescriptions stored for use by consultants and no patient group directives or patient specific directives were in use. Horder Healthcare Seaford did not have medicines that required a cold chain stored on site.

Managers had a system to ensure staff were aware of safety alerts and incidents. Safety alerts were received and processed centrally by the provider. Safety Alerts were sent to an electronic system, that distributed the alerts to all departments. Acknowledgement was sent to confirm the actions taken and the learning from such events. Relevant alerts were placed in a monthly and quarterly governance report. Further actions from this report were cascaded to the correct department for review.

Incidents

The service had arrangements to manage patient safety incidents well. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff could describe what was considered a significant event. An electronic system was used for reporting incidents. Quality managers assessed the incident further for risk. Managers had organised a training day to assist staff in the identification of significant events.

Managers did not report any safety events in the past 12 months. The service had no reported never events. 'Never Events' are defined as serious incidents that are preventable because of guidance and safety systems that should be implemented by the provider.

Managers shared learning with their staff about all incidents that happened elsewhere in the provider's services. Governance reports were prepared each quarter which identified the total number of significant events and the actions taken by the organisation. This was available for all staff to view.

Staff understood the duty of candour. There were no examples of duty of candour as no significant events had been recorded from the location. The provider's policy for duty of candour could be accessed when required using the electronic incident system. The electronic system used prompts and required evidence to prove the duty of candour was performed.

Staff received feedback from investigations of incidents, both internal and external to the service. A meeting agenda included significant events and gave staff the opportunity to ask questions related to an incident.

Outpatients

Safety alerts were processed centrally by the provider and distributed by email. Alerts were reviewed by the heads of department. Where required, an action plan was submitted to confirm any changes that needed to be made.

Safety Thermometer

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

Managers continually monitored safety performance. Managers held a policy matrix which recorded a variety of safety events for ongoing awareness of trends in the data.

Are Outpatients effective?

Inspected but not rated 

We have not previously rated the service. We rated it as Inspected but not rated.

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 reflected and referenced National Institute of Health and Care Excellence (NICE) guidance and staff could access these on a shared computer folder.

Each month, clinical staff reviewed all NICE guidance for the suitability of Horder Healthcare locations. New suitable guidance was sent to senior managers asking how it was being met. If the guidance was not met, an action plan was developed.

Nutrition and hydration

A water machine was available for patients who required it. This was appropriate for the service provided.

Pain relief

Pain relief was not normally prescribed during the orthopaedic clinics. Where pain relief was required, this was arranged ahead of appointments at Horder Healthcare's booking centre so that arrangements could be made.

Patient outcomes

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

Outpatients

Outcomes for patients were positive, consistent and met expectations associated with national standards. Audits were carried out at the main hospital site. Horder Healthcare took part in Patient Reported Outcome Measures (PROMS) monthly and quarterly evaluation of care for physiotherapy services only where results in the last 12 months ranged from 70 -100% satisfaction on three measures. PROMS were not conducted at Horder Healthcare Seaford due to the size and nature of the service.

Managers and staff carried out a programme of repeated audits to check improvement over time. An audit schedule ensured outcomes were monitored, and safety was maintained. These audits were not specific to Horder Healthcare Seaford but informed care provided at the location during outpatient clinics.

Managers used information from audits to improve care and treatment. The audit schedule for the provider included Infection control, health and safety, and documentation. The audit schedule was not specific to Horder Healthcare Seaford but covered areas of regulated activity conducted at the location. Horder Healthcare Seaford has recommenced a separate audit programme from April 2021, however this programme could not demonstrate improvement yet as the second audit cycle had not been performed at the time of our inspection. Leaders told us future audit cycle results that would be reviewed at the provider's quality meetings.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff files were held at the central human resources centre for Horder Healthcare. The provider monitored professional memberships required for staff to carry out their roles. Healthcare assistants completed a care certificate for their professional development.

Managers gave all staff a full induction tailored to their role before they started work. Staff spoke about the support they received when they started with the organisation.

Managers supported staff to and ensured they had yearly appraisals of their work. A recent appraisal was seen after the inspection. Staff development was discussed during this appraisal and included dementia training being extended to allow a staff member to become an advocate at the location for dementia care.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw examples of team meetings at different levels and departments at Horder Healthcare Seaford. Staff could access the minutes of these meetings through a shared drive on a computer if they could not attend.

When managers identified individual training needs and staff were supported with opportunities to develop their skills and knowledge. Staff gave several examples of how the provider supported their training and development needs.

The training and development offered included functional skills training in maths and English to everyone within the organisation. There were developmental training opportunities, including healthcare related courses through to accredited qualifications. The provider had four active apprentices, with a further seven at the application stage to develop their workforce.

Outpatients

The training calendar was reviewed on an annual basis. Additions to the calendar included human factors training, the legal challenges of nursing practice, and mental health first aid. The provider offered opportunities to gain additional qualifications across all sites for clinical and non-clinical members of staff.

New learning projects were planned, for example, the introduction of updated fire safety training and a digital skills literacy programme.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Physiotherapy staff led a separate service to support the orthopaedic outpatient service. Associated data with this was sent to the local clinical commissioning group and the physiotherapy provider.

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.

Orthopaedic outpatient clinics were held three days a week. Clinics ran on a Monday, Tuesday and Friday between 8.00am and 6.00pm. Patients could easily access the service outside of these hours because the provider's other locations gave a similar service. This meant patients could access the service at a time that suited them.

Health promotion

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

Horder Healthcare had relevant information promoting healthy lifestyles and support in patient areas. Exercise classes were held to encourage patients with their post-operative care. The location held classes both face to face and virtually to enhance patient choice where possible.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Patients consented to care and treatment. Staff knew how to support patients to make decisions about their care and treatment.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All staff at Horder Healthcare Seaford had mental health and deprivation of liberty safeguard training. Staff demonstrated a good understanding of their responsibilities in these areas.

Outpatients

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Consent for treatment was obtained away from Horder Healthcare Seaford. Staff demonstrated a good understanding of consent and its importance. Leaders explained the process of consent during interviews and how it was applied to their pre-operative care model.

Are Outpatients caring?

Inspected but not rated 

We had not previously rated the service. We inspected but did not rate this key question.

Compassionate care

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

Patient survey data for Horder Healthcare Seaford was not available due to the clinics only restarting in April 2021. However, wider survey data for the provider including outpatient questionnaires and quarterly patient experience reports showed positive responses from patients about their care.

Staff could identify a quiet location if patients required it. Chaperones were available during orthopaedic consultations. Staff did not have formal training for chaperone duties but could explain to us the requirements of the role. Leaders were aware of the need for chaperone training. The learning and development lead for the organisation agreed training was needed so that staff were able to undertake this function.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

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. Staff gave examples of how they provided emotional support regarding privacy.

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 provided patients, families and carers with relevant information regarding their specific care and treatment. Managers said consultants advised patients regarding their ongoing care during appointments. Horder Healthcare provided patients with reassurance after a procedure. A referral remained active for three to six months if patients required ongoing support after their final consultation. After six months, a new referral was needed through their GP.

Outpatients

Patient information leaflets for patients and those close to them were removed in line with COVID 19 IPC guidance but could be provided. Patients were assessed by Horder Healthcare's central booking system and sent information, as needed, before their appointment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. A patient experience survey has recommenced in April 2021, wider feedback has been reviewed and was positive for Horder Healthcare.

Are Outpatients responsive?

Good 

We had not previously rated the service. 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.

Services were carried out both virtually and face to face. Patients were given a choice in how they wished to have both outpatient medical appointments and physiotherapy appointments. The co-located physiotherapy service reduced the number of times patients attended the location.

Facilities and premises were appropriate for the services being delivered. Horder Healthcare Seaford is located 10 minutes away from a train station. There was free parking on site for patients. The building signage was clear, and the waiting room layout promoted social distancing.

Staff monitored and took action to minimise missed appointments. Patients were given a window of 10-15 minutes to arrive for their appointment if they were delayed. In some circumstances, patients could be offered an appointment at the end of the clinic if delays meant that they could not arrive in this time window.

Staff ensured patients who did not attend appointments were contacted. The central booking centre contacted patients that missed their appointment.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff understood the additional requirements patients living with mental health care needs, learning disabilities and dementia had to meet their needs. For example, the service offered double appointment times for any individual with additional needs including hearing loss, so they could be provided with additional support.

Two staff members held lead roles which meant they provided specialist support for patients living with dementia and those with mental health care needs.

Outpatients

Staff understood how to meet the communication needs of patients with a disability or sensory loss. Information was sent to patients before their appointment. Communications support was available for patients during their appointment. This included offering double appointment times for any individual with additional needs. Staff had access to clear face masks for use when caring for patients who relied on lip reading. Staff could access sign language interpreters and there was an interpretation service for patients whom English was not their first language. There was no hearing loop at the site, however leaders were reviewing arrangements for this. Staff were available to support of patients with sight loss if this was required.

All clinics were held on one floor and adjustments were made for disabled patients. This included nominated toilets and parking spaces.

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.

Leaders monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Horder Healthcare recorded and monitored waiting times for all their locations. However, records reviewing waiting times were not specific to the orthopaedic outpatient service at Horder Healthcare Seaford. Horder Healthcare Seaford met this target once between October 2020 and January 2021..

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Patients' clinical needs were taken into consideration when rebooking appointments. Horder Healthcare conducted harm reviews of all patients who missed their appointment. Patients were reassessed at the central booking hub.

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.

The service clearly displayed information about how to raise a concern in patient areas. This information was also available at the reception desk.

Staff understood the complaints policy and knew how to handle and escalate a concern. The provider's policy said the provider should acknowledge the complaint within 48 hours and complete and share the investigation outcome with the patient within 20 working days. However, no complaints were received in the last 12 months.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. There was a formal process for managing complaints and sharing the learning from these with staff.

Evidence from the provider's other locations showed the process was applied and managed well. Complaint records from other locations showed a system of acknowledgement and investigation through a quarterly quality report. This included an analysis and action plan to encourage improvement.

Outpatients

Are Outpatients well-led?

Good 

We had not previously rated the service. 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.

Leaders wanted to be one of the best organisations for staff workplace experience. Leaders showed understanding this required engagement with staff and commitment over time. Their goals to achieve this included improving company productivity through continuous employee development, developing leaders, upskilling their workforce, and developing a culture for a modern, dynamic, inclusive and diverse organisation.

A senior staff member had responsibility for the running of the orthopaedic clinics. There was a management structure with clear lines of responsibility and accountability which staff understood. Staff understood their job role and their responsibilities. They could identify who their line manager was and who to speak to for specific situations such as safeguarding.

Staff based at Horder Healthcare Seaford reported that leaders were approachable, supportive and had an open-door policy.

Leaders supported staff to undertake training to develop their leadership skills. Career development was discussed at appraisals. Staff gave examples of opportunities to progress their skills and careers using both academic and non-academic approaches.

Vision and Strategy

The vision and strategy are focused on sustainability of services and is aligned to local health plans.

The provider had a clear vision to improve its services. It worked with the local NHS trust, clinical commissioning groups, and partnership organisations to ensure services reflected local plans and demand. The provider diverted, postponed work and made their services available where needed to assist the NHS with the COVID 19 pandemic.

The provider's vision was to be "the best provider of healthcare services within a therapeutic environment, providing outstanding places to work, practice medicine and receive care". Their strategy centred around their "patients, people, and purpose". Their purpose was "to engage with our community and help it to prosper" as a charity organisation.

Staff understood these values and the direction the organisation intended to develop. The provider has added these values into their interview process to identify new staff who embraced this vision.

Outpatients

The provider strategy and corporate objectives were reviewed recently, and their quarterly clinical governance report produced performance indicators that supported this. Their aspirations for the coming year included environmental operations development, clinical research, enhancements in digital infrastructure and accreditation schemes for clinical care.

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. The service had an open culture where staff could raise concerns without fear.

Staff were positive about teamwork and staff relationships. Staff spoke about a positive, supportive culture where they looked forward to coming to work. They said a strong team atmosphere as being the best reason for working at the location. Special occasions, such as birthdays were celebrated among staff.

Staff were patient focused, welcoming them and providing support when needed to meet their individual needs.

Equality and diversity were promoted. Staff spoke of a friendly, inclusive environment.

The most recent staff survey had a response rate of 72%. It highlighted some areas for improvement including staff understanding of how the organisation was giving back to the community as a charity, and the pay framework. This was being reviewed by the provider.

Staff said they felt comfortable raising concerns with their line manager.

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.

A centralised governance structure was in place across Horder Healthcare and leaders could explain how it operated.

A monthly governance report was created and linked to the quality account report. The Clinical Governance Committee (CGC) met quarterly to review the clinical governance report and monitor the effectiveness and quality of clinical care.

There was a quality and effectiveness audit schedule which included statutory and contractual audit requirements as well as regular local audits. Audit results were discussed by a clinical focus group that met monthly to review clinical standards. Any actions or concerns identified from the audits were discussed and escalated to the hospital specific CGC.

The quarterly governance report was reviewed at a senior level. Several meetings included governance issues on their agendas. These included administrative staff meetings, head of department meetings and senior management team meetings. Other areas of governance included IPC, health and safety and quality assurance meetings which were held regularly, covering clinical considerations of care and information governance.

Service Level Agreements (SLA) were managed centrally. SLA's were reviewed annually.

Outpatients

System partners worked closely with the service to ensure governance systems and processes were aligned.

Management of risk, issues and performance

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

Risks were recorded and monitored in the quarterly clinical governance report. The report included service cancellations, patient falls, pressure ulcer development, surgical site infections, and reportable microbiology infection data. Leaders reviewed these every three months. We saw two reports which covered the same content but were presented in different ways.

The provider had a risk register which contained two high risk priorities. These were associated with staff recruitment and fire safety and were both being actioned.

Leaders identified specific risk trends at the department and there was a wider audit structure for monitoring risk. Audits were carried out at variable time frequencies depending on the audit. An audit schedule was reviewed that included clinical and non-clinical areas such as infection control, documentation, and medication. For each individual audit, a target was set but it did not hold data regarding performance.

A health and safety committee met frequently and reported to the senior leadership team. Their reports included a traffic light system for health and safety site monitoring which highlighted concerns and the actions being taken by the provider.

Risks were also identified by staff members and raised at separate monthly team meetings or at the time to the manager who escalated them if needed.

The business continuity plan was reviewed annually. It included clear escalation plans including who to call and flow charts for quick reference.

The organisation has also been working to improve venous thromboembolism (VTE) compliance, and towards accreditation in sterile wound care techniques.

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.

An electronic central booking system processed and managed confidential information. A data protection officer was employed to ensure data was handled securely and with integrity. The IT systems meant patient records were accessible, secure and kept confidential.

Staff received mandatory training for general data protection regulation (GDPR) processes and there was an audit system to monitor GDPR compliance. Staff took part in awareness weeks for malware and virus protection which helped to raise staff awareness. Secure software systems were used in any communication with patient referrers.

Outpatients

Engagement

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

Patient experience surveys were recently reinstated at Horder Healthcare Seaford. Questionnaires and patient forums were postponed due to the COVID 19 pandemic. Horder Healthcare Seaford were looking to bring these feedback mechanisms back twice a year in the future. A webinar process was being explored to enhance feedback further.

Meeting minutes were regularly shared with the senior leadership team and external stakeholders. Meeting minutes were sent to the senior management team for additional oversight.

Meeting minutes were available for the reception team at Horder Healthcare Seaford. However, team meetings for orthopaedic outpatients were not conducted as it was a smaller additional service with a temporary staff running it.

Leaders understood the importance of staff feedback and highlighted that their values focused on enabling their workforce.

Staff received updates from leaders using daily huddles and a weekly communication piece that was circulated online. Staff received a weekly communication newsletter every Friday. This covered objectives, daily huddles and was different for each workforce team.