Phoenix Public Health Ltd

Phoenix Public Health at Telford Court

Inspection report

17E Telford Court
Chester Gates
Chester
CH1 6LT
Tel: 03452515515

Date of inspection visit: 16 January 2023 and 27 January 2023
Date of publication: 30/05/2023

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?	Requires Improvement
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated it as good because:

- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. 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 the service. The service treated a high number of patients in line with performance targets.
- Staff were focused on the needs of patients receiving care. Staff respected and valued patients as individuals who were empowered as partners in their care.
- The service provided care and treatment in line with evidence-based practice.

However

- The service did not always provide mandatory training in key skills to staff and managers did not always monitor compliance with required training such as infection, prevention and control.
- Staff did not always complete training relevant to their role to support them to recognise and report abuse.
- The service did not always operate effective governance processes to ensure compliance with legislation, support staff to perform their roles safely.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	We rated it as good. See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Phoenix Public Health at Telford Court

Phoenix Public Health is operated by Phoenix Public Health Limited. The service is commissioned to provide specialist bariatric surgery for NHS patients living in Merseyside, Lancashire and Cumbria. The service has been registered with the CQC since 2018.

The service is responsible for planning and arranging patients' bariatric surgery and for delivering pre and post-operative care to the patients. All patients are 18 years and above. The service directly employs bariatric nurses, dieticians, medical fellows, administrative staff, and an anaesthetist. Staff are based at the service's head office in Chester. The director of Phoenix Public Health Limited operates another CQC registered service which provides specialist bariatric surgery to private patients. Staff work interchangeably between both services.

Phoenix Public Health has contracts in place with two independent hospitals who provide operating theatres, equipment and staff to care for patients whilst they are in hospital. The surgery is performed by bariatric surgeons operating under practicing privileges granted by the independent hospitals. Practising privileges are a well-established system of checks and agreements to enable doctors to practise in hospitals without being directly employed by them. This means the hospitals retain responsibility for ensuring that all regulations and relevant requirements for the surgeons are met. Some surgery is performed by the service's clinical fellows who are granted practicing privileges by the independent hospitals and are supervised by the surgeons. The service paid for psychologists' input into the service to support psychological assessments for patients.

The service runs a fortnightly outpatients clinic from a community centre in Frodsham. The service uses the clinic to assess most new patients for surgery face to face. Most of the service's post-operative care is carried out on the telephone.

The service's registered manager had previously been the President of the British Obesity and Metabolic Surgery Society (BOMMS).

In 2022, the service assessed 388 NHS patients' suitability for surgery. In the same year, 455 patients underwent surgery, as some of these patients were assessed the previous year.

We have not previously inspected this service.

How we carried out this inspection

We inspected the service using our comprehensive methodology. We carried out an unannounced inspection of the service's head office on 16 January 2023 and an unannounced inspection of the service's outpatient clinic on 27 January 2023.

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 duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. During our inspection we reviewed 5 patient's records, 5 staff recruitment records and a range of policies. We spoke with 5 members of staff, the anaesthetist who was also the medical director and the registered manager.

Summary of this inspection

Two inspectors also carried out an unannounced visit to the outpatient clinic which is run on a fortnightly basis. We spoke with 5 patients and observed 4 clinic appointments.

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.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure infection prevention and control risks are managed effectively. (Regulation 12(2)(h))
- The service must ensure it has an appropriate mandatory training schedule and that compliance with mandatory training is monitored effectively. (Regulation 12(2)(c))
- The service must ensure that staff complete safeguarding training to a level appropriate for their role (Regulation 12(2)(c)).
- The service must ensure that patient risk assessments include risks such as allergies and that these are recorded clearly. (Regulation 12 (1)(2)(a)(b))

Action the service SHOULD take to improve:

- The service should ensure that meetings have terms of reference, agendas, attendees and action logs recorded. (Regulation 17 (1))
- The service should ensure the recruitment policy is fit for purpose and that references are obtained in line with the policy (Regulation 19)
- The provider should ensure all staff receive robust appraisals and inductions to provide them with support and development. (Regulation 18 (2) (a)).
- The service should ensure that appropriate systems, and processes are in place to govern the service. This includes, but is not limited to, up to date policies and an effective audit programme. (Regulation 17 (1)).
- The service should ensure there is consistent assessment, monitoring and improvement of the quality and safety of the services provided and that this is presented to leaders to ensure they have effective oversight (Regulation 17 (2))
- The service should ensure that effective structures and processes are in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients. (Regulation 17 (2)(b))

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Outpatients

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

Is the service safe?

Requires Improvement

Mandatory training

The service did not always provide mandatory training in key skills and not all staff completed it.

Staff did not always receive comprehensive mandatory training to meet the needs of patients and staff. The mandatory training did not include basic life support, equality, diversity and human rights, autism and learning disability or health and safety. Following feedback at our inspection, the service provided certificates to evidence all staff completed this training after the inspection.

The service's mandatory training schedule did not include key skills in line with The UK Core Skills Training Framework (CSTF) for all staff working in health and social care settings. For example, the service did not include basic life support or resuscitation training on their mandatory training schedule for patient facing staff. However, the registered manager told us staff working in the host hospitals completed the training which reduced the risk to patients whilst they were in hospital. Following feedback at our inspection, the service provided evidence they had added basic life support training to the mandatory training schedule and staff had completed it.

The service's mandatory training schedule included consent, information governance and infection, prevention and control training. However, we saw staff did not always complete the mandatory training courses. For example, at the time of our inspection, 8% of clinical staff had completed infection, prevention and control training.

Managers did not always monitor and remind staff to complete mandatory training. Staff completed mandatory training online. Mangers told us they emailed staff to remind them to complete training and would log completed courses on the training matrix manually. However, we saw managers did not update the training matrix regularly and not all staff completed mandatory training in a timely way. This meant there was a risk that staff did not have the right skills and competencies to perform their roles well.

All clinical and non-clinical staff received an annual budget and a week's leave to attend extra training of their choice. We saw staff used this to attend training such as leadership and motivational interviewing courses and relevant conferences such as the British Obesity and Metabolic Surgery Society Annual Scientific Meeting (BOMSS)and Nutrition Society Winter Conference.

Good

Outpatients

Safeguarding

Staff did not always complete training to support them to recognise and report abuse.

The service's safeguarding policy did not include guidance published by the Royal College of Nursing (RCN) about the levels of safeguarding training required for different staff roles. The service did not provide safeguarding training levels 2 and above to all clinical staff in line with the guidance.

The service required all staff to complete adult safeguarding training level 1. However, at the time of our inspection, 36% of staff had not completed it. The service did not ask all staff to complete level 1 children's safeguarding training in line with guidance.

The service identified named adults and children's safeguarding leads. However, not all staff were able to tell us who the safeguarding leads were, and the leads did not always complete the level of training required for the role. This meant there was a risk staff did not receive the training or support they needed to help them recognise and report abuse. Following feedback at our inspection, the service provided evidence that the adult safeguarding lead had completed the required level of training after our inspection. However, they did not provide evidence to show the children's safeguarding lead completed the required training.

Staff we spoke with told us they would report safeguarding concerns to their line manager. Managers told us they made one safeguarding referral in the time before our inspection. They told us they followed the service's safeguarding policy to make the referral. We saw the safeguarding policy included information to support staff to make referrals to the right local authorities depending on where their patients lived.

We saw the service completed standard or enhanced Disclosure and Barring Service (DBS) checks for all new staff dependent on their role. However, staff files did not always include 2 references in line with the service's recruitment policy, we saw some staff files only contained 1 reference.

Cleanliness, infection control and hygiene

The service kept equipment and the premises visibly clean. However, the service's Infection Prevention and Control (IPC) policy was not comprehensive, and most staff had not completed IPC training.

We did not inspect the theatres or inpatient wards where patients received care and treatment as these related to the host hospital's CQC registration. We inspected Phoenix Public Health's head office and outpatient clinic. The service ran their outpatient clinic at a local healthcare centre.

The clinic environment was visibly clean and tidy. Furnishings such as chairs and floors were wipeable and easy to clean. Staff desks were uncluttered and clean.

Staff cleaned equipment after patient contact. They had access to sterile cleaning wipes to clean the finger oxygen monitors and finger ECG recordings after each use.

The clinic had adequate handwashing facilities and hand sanitiser gel. However, the service did not complete quality checks or hand hygiene audits.

The service's Infection Prevention and Control (IPC) policy was not comprehensive. The policy did not state who the lead for IPC was or what training staff needed to do. At the time of our inspection, we saw only 8% of clinical staff had

completed training in IPC. There was a risk staff did not know how to manage the risk of infection. However, the risk to patients in the outpatient clinic was low as they did not undergo surgical procedures at the clinic and staff delivered most post-operative care on the telephone. Following feedback at our inspection, the service provided evidence that all staff completed it after the inspection.

The host hospitals, where patients had their surgery, produced quarterly infection reports which included the service's patients. There were no reported surgical site infections or clostridium difficile infections between January and October 2022.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

The service had suitable facilities in the clinic rooms to meet the needs of patients and their families.

The service had enough suitable equipment in the clinic to help them to safely care for patients.

Equipment was labelled to show when it had been portable appliance tested (PAT) checked.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

The service completed multi-disciplinary risk assessments for each patient as part of their pre-operative assessment at the outpatient clinic. We observed staff in the clinic assess patients and we reviewed 5 patient records. We saw staff screened patients for key risks such as venous thromboembolism (VTE).

Staff told us they shared key information to keep patients safe when handing over their care to the host hospitals. The host hospitals would then complete their own patient risk assessments immediately before surgery and while patients were on the ward.

The service told us the operating surgeon and anaesthetist provided 24hour consultant cover for patients under their care for the duration of their inpatient stay.

The service had a 24/7 patient helpline which they told us was staffed by their doctors, bariatric nurses, and dietitians on a rotational basis.

The service had access to psychology support to screen patients and to provide input if there were concerns about a patient's mental health.

The service reviewed patients after surgery for 2 years. The specialist nurse phoned the patient within one week after surgery. Patients with diabetes also received an additional call from the medical team within 1 week. All patients received a 4 week follow up call from a nutritionist and a 6 week follow up call from their surgeon. Dieticians completed follow up calls with patients at 3 monthly intervals.

Staffing

The service had enough staff to deliver the service. Managers regularly reviewed and adjusted staffing levels and skill mix, and all staff had a full induction.

Good

Outpatients

Phoenix Public Health had contracts in place with two independent hospitals who provided operating theatres, equipment and staff to care for patients whilst they were in hospital.

Bariatric surgeons performed the surgeries operating under practicing privileges granted by the independent hospitals. The hospitals also granted practicing privileges to the service's clinical fellows to perform surgeries supervised by the surgeons.

The service directly employed nurses, dietitians, nutritionists, medical staff and administrative staff to deliver the pre-operative and post-operative care of patients, which included the 24/7 patient helpline. Managers told us the service always had a consultant on-call during evenings and weekends and they had enough staff to deliver all aspects of the service safely. We reviewed 5 staff records. We saw managers made sure all staff had a full induction and understood the service. We reviewed the induction schedule which was comprehensive. Managers provided staff with an induction handbook when they joined the service.

The service had no vacancies at the time of our inspection. In the 12 months before our inspection, 4 staff left the service. There were 11 new starters who remained in post. The service had low levels of staff sickness.

Records

Staff stored patient information securely and shared the information with staff providing care and treatment. However, it was not always clear if assessments were complete.

Patient records were not always comprehensive. We saw staff did not complete some sections of the patients' assessments. For example, we saw sections on diabetes were sometimes blank. Staff told us this was because they did not complete sections which were not applicable to the patient. We also saw staff did not always record information about patient's allergies within the paper records. Staff acknowledged this could cause uncertainty for people who reviewed the records. Following feedback at our inspection, the registered manager told us the service implemented record keeping audits and allergy alerts.

The service used paper and electronic systems to record patient information. This could increase the risk of staff missing information. However, staff stored patient information securely. Staff stored paper records in a locked cabinet and used passwords to protect electronic records. On the day of outpatient clinics, staff transferred records in a locked case and returned them to head office at the end of the day. The service had plans in place to transition to electronic records only.

The service sent a clinical summary from their outpatient assessment to the admitting hospital alongside their clinical paper records.

Medicines

The service used systems and processes to safely record medicines.

The service did not prescribe, administer or store medicines.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

They told us they regularly reviewed patients' medicines as part of their follow up care. Staff then made requests to patients' GPs to change their medicines when required. Staff recorded change to medicines in the patients' record.

Good

Outpatients

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 team. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them.

Managers told us the service reported serious incidents to NHS England's web-based serious incident management system (StEIS) that is used by all organisations providing NHS funded care. For patient safety incidents that happened outside of the host hospitals, managers told us they investigated them thoroughly and patients and their families were involved in the investigations. The service worked with host hospitals to jointly investigate patient safety incidents which happened whilst patients were in hospital. We saw the medical director kept a log of all incidents, the contents of the investigations and their outcomes.

Staff received feedback from investigation of incidents, both internal and external to the service. They met to discuss the feedback and look at improvements to patient care.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Managers told us they met with leaders at the host hospitals at least once per quarter to discuss patient safety incidents, morbidity and mortality reviews and audit data. The service told us that neither of the host hospitals reported a surgical never event in the time they had been working with them.

Is the service effective?

Inspected but not rated

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. However, policies were not always clear and up to date.

The service's registered manager had previously been the President of the British Obesity and Metabolic Surgery Society (BoMSS). They told us staff delivered care according to best practice and national guidance. Staff told us that that they regularly attended the annual morbidity and mortality (M&M) meeting for audit feedback. They informed us they adhered to the Health & Care Professionals Council (HCPC), British Dietetic Association (BDA) guidelines and in-house bariatric policies. Staff also told us they attended inhouse workshops and training, for example nurses gave training on medicines, surgeons on the different types of surgeries, and the dietitians on nutritional deficiencies and supplements. Staff used their annual training allowances to attend further training to improve their skills.

The service had a range of clinical and procedural policies in place to guide staff in their work. However, not all policies contained a review date or details about who produced them. This meant, there was a risk some policies did not reflect the most recent best practice guidance.

Furthermore, we saw the service's policies did not always reflect practice. For example, the service's risk assessment policy stated the service should have several risk assessments such as environmental, information governance and partner hospital risk assessments. However, we did not see evidence the service completed these assessments and the policy did not state who was responsible for these.

Staff routinely considered the psychological and emotional needs of patients, their relatives and carers. We saw staff sent psychological questionnaires to all new patients. Once patients completed and returned the questionnaires. The service had access to a psychologist who screened the completed questionnaires.

Patients can view and record their own views online. We saw the service received 214 reviews with 99% of respondents rating the service as 5/5.

Nutrition and hydration

Staff gave patients information on diet and nutrition.

The host hospitals were responsible for meeting the nutrition and hydration needs of patients whilst they were an inpatient.

The service's dieticians completed dietary assessments with patients as part of their pre-operative assessments. We saw the dietitians assessing and giving patients information verbally and in writing at the clinic. Staff also sent patients full information packs in the post. The information packs sent to patients had clear information on dietary advice and included phone numbers for weekdays and out of hours.

The service monitored patient's dietary intake as part of their follow up care. Staff told us each patient received a call from the bariatric nurse within 48 hours of their discharge from hospital. Patients then received follow up care from the service's dietitians for 2 years. They also had access to the service's 24/7 helpline. We saw staff encourage patients to access the helpline if they had any concerns.

Pain relief

Staff assessed and monitored patients to see if they were in pain and gave advice on pain relief.

The host hospitals were responsible for ensuring patients received pain relief during their admission.

The service's bariatric nurses contacted patients within 48 hours of discharge from hospital to monitor their pain. Staff would liaise with patients' GPs to suggest or request changes to medicines. Staff showed us evidence of this documented in the patients notes.

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 recently been accredited by the Royal College of Surgeons for their Bariatric Fellowship Training Scheme.

The service participated in relevant national clinical audits. The service recorded all procedures on the National Bariatric Surgery Registry (NBSR). This included reporting on weight loss, co-morbidity and improvements to quality of

life. The service provided an audit and comparison with other centres who submit data to the National Bariatric Surgery Registry. We observed the results of two audits carried out over 3 years. Both audits showed a low rate of complications. There were zero mortalities in the 1007 patients included in the audit. The service met the key performance indicators set by NHS commissioners.

Outcomes for patients were positive, consistent and met expectations. Outcomes showed that after 2 years none of the 166 patients followed up had diabetes, high blood pressure or sleep apnoea.

Managers and staff used the results to improve patients' outcomes.

In December 2022, the service's bariatric fellowship training scheme received Royal College of Surgeons accreditation.

Patients completed patient experience forms before they left the host hospitals and again within 6 weeks of discharge. Results showed 95% of patients rated the service 10 out of 10.

Competent staff

Managers appraised staff's performance and held team meetings to provide support and development. However, the service did not always make sure staff were competent for their roles.

The service appraised their employed staff and it was the role of the host hospitals to appraise the staff working under practicing privileges. The service requested the host hospitals provided the dates for the appraisals for the medical staff working under practicing privileges. However, not all medical staff appraisals were within 12 months.

Staff were experienced and qualified for their roles. However, the service did not always provide the right mandatory training and staff did not always complete the training provided.

Managers gave all new staff a full induction tailored to their role for 4 weeks before they started working with patients. We spoke with a new member of staff who told us that they had a full induction, which included sitting in on meetings, shadowing staff and carrying out further training. We reviewed the service's staff induction timetable which was comprehensive. However, we did not see evidence manager's reviewed and signed off induction handbooks with staff.

Managers supported staff to develop through yearly appraisals. We reviewed some appraisals and saw managers did not always sign appraisal forms, so it was unclear who completed them. We saw the managers discussed roles, responsibilities, knowledge, skills and training with staff but did not always include evidence to support the discussions and prove assurance.

Managers did not always provide regular formal supervision with staff although staff told us they met with their line manager on a weekly basis to discuss issues.

Managers identified additional training needs of staff and gave them the time and opportunity to develop their skills and knowledge. All clinical and non-clinical staff received an annual budget and a week's leave to attend extra training of their choice. We saw staff used this to attend training such as leadership and motivational interviewing courses and relevant conferences such as the British Obesity and Metabolic Surgery Society Annual Scientific Meeting (BOMSS)and Nutrition Society Winter Conference.

Managers made sure staff received any specialist training for their role.

Good

Outpatients

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The service held weekly Senior leadership meetings (SLT), monthly nutritional meetings, quarterly all staff meeting and quarterly Board Meetings. However, we saw that the service did not always document minutes of these meetings. Following feedback at our inspection, managers told us they started to record minutes of all meetings.

Staff worked across health care disciplines and with other agencies when required to care for patients.

Staff referred patients for mental health assessments by the psychologist when they showed signs of mental ill health, depression.

Seven-day services

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

Staff could call for support from doctors 24 hours a day, seven days a week.

Patients were provided with 24/7 telephone number and staff encouraged them to contact the service if they needed support. Translation services were available on request.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Staff sent patients information by post and encouraged them to access information on the service's website and other online platforms.

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. Staff encouraged patients to adopt healthier lifestyles before their surgery. The surgical pre-assessment process included a review of patients' exercise habits, alcohol intake and smoking intake.

Patients received follow up care, which included health promotion, for two years after their surgery.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

The host hospitals managed patients' consent for surgery. Phoenix Public Health staff obtained patients' consent relating to their pre and post-operative care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We reviewed records and saw staff received consent from patients to engage in eating plans and photographs.

Staff made sure patients consented to treatment based on all the information available. Staff checked that patients watched educational videos at their pre-operative appointment and discussed all questions that arose from these.

Good

Outpatients

The service's core training schedule did not include training about mental capacity. However, staff we spoke to were able to give examples of how they would assess and record mental capacity and escalate any concerns.

Is the service caring?

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. We saw staff made patients feel more relaxed about arriving for their appointment.

Patients said staff treated them well and with kindness and they were 'very pleased' as staff were 'fantastic'. The service's outpatient survey of 377 appointments up to October 2022 showed 99% of respondents said staff were polite and helpful.

Staff followed policy to keep patient care and treatment confidential.

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

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients we spoke with were very happy with the care and support they received. We saw staff spoke with patients in a very warm manner and encouraged them to ask questions which they answered fully.

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. All patients completed a psychological assessment and had access to psychological support if 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.

We saw staff explained procedures to patients and checked their understanding. They used diagrams to assist with explanations when required. Staff encouraged patients to watch information videos before their clinic appointment to ensure patients had a baseline understanding of their procedure in advance. They encouraged patients to ask questions and supported them to make informed decisions. There was an option to allow patients to contact the service's registered manager directly to ask questions.

Good

Outpatients

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service gave questionnaires to patients after their first clinic appointment and again 2 months later. The outpatient survey completed in October 2022 showed 99% of respondents felt they had enough time with the specialists, 98% responded they were well informed about their surgery and choices and next steps, 99.47% responded that they would recommend the service to friends and family and 97% rated the service as a 10 out of 10. We saw the service's online reviews were positive. At the time of our inspection, 99% of patients who had left reviews rated the service 5 out of 5.

Is the service responsive?

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 service arranged surgery and delivered pre- and post-operative care for NHS patients who had been through tier 3 dietary and lifestyle support for 1-2 years. This relieved pressure on NHS services and enabled patients to achieve the weight loss they needed before they could access other procedures they required.

Managers planned and organised services, so they met the needs of the local population. The service covered a large catchment area. The service saw all NHS patients face to face for their first assessment. They provided patients with maps and details of the clinics before their visit. Following their appointment, patients completed satisfaction surveys which included questions about accessibility. We saw, 93% of respondents said they did not mind having to travel to the clinic. The service's satisfaction survey data was based on responses from both private and NHS patients. Managers told us they were exploring alternative clinic locations to make it easier for patients to attend.

The service ran clinics once per fortnight from a health centre. The facilities and premises were appropriate for the services being delivered. None of the patients we spoke with said they experienced problems arranging their appointment or problems with the facilities.

Managers told us the service sent patients automated text reminders 2 days before their appointment to try to reduce missed appointments. We saw evidence the senior team reviewed a referral spreadsheet weekly, this contained information about any missed appointments. They told us staff contacted these patients to reschedule their appointments. We saw the service delivered an average of 378 follow up appointments per month with NHS patients. The service monitored the did not attend (DNA) rate per month which averaged 9%. The service's DNA data was based on both NHS and private patients.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The service's clinic was equipped to meet the needs of patients.

Good

Outpatients

Staff talked with patients in a way they could understand, using communication aids where necessary. The service's information was in English, however staff had access to translation services if required. Staff provided examples of times they provided patients with information in different languages. Managers told us that staff, patients, loved ones and carers could get help from interpreters or signers when needed.

The service did not provide a policy on meeting the information and communication needs of patients. However, staff were able to give examples of times they implemented reasonable adjustments for patients with communication needs such as hearing difficulties.

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 standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. Senior managers reviewed all waiting times and investigated any potential breaches. The service reported referral to treatment times to the NHS commissioners. The service was required to report on the percentage of patients who waited over 6 weeks for a diagnostic test after they were referred to the service. The target was less than 1%. We reviewed the service's performance dashboard for April to October 2022. The dashboard showed 0 patients waited over 6 weeks.

The service reported in line with national standards for referral to treatment times (RTT). For the percentage of service users on incomplete RTT pathways (yet to start treatment to first outpatient appointment) waiting no more than 18 weeks' the national target is 92%. We saw the service achieved 100% for April to October 2022.

The service was required to report on the percentage of patients who waited over 52 weeks. The target was zero. The service's performance dashboard for April to October 2022 showed 3 patients waited over 52 weeks. However, the service provided information about the reasons for these delays. This included the patients' having to wait for other health investigations to be completed by other services before their surgery could go ahead. The evidence we saw, showed no patients waited over 104 weeks.

Managers and staff worked to make sure patients did not stay in the host hospital longer than they needed to. We saw staff at the pre-assessment clinic asked patients about their home situation and what support patients would have after their surgery.

Managers worked to keep the number of cancelled treatments to a minimum. They told us when patients had their operations cancelled at the last minute, they made sure they were rearranged as soon as possible and within national targets and guidance.

The service offered patients who cancelled their appointments at least 3 additional opportunities to attend. Staff told us they also sent patients a letter to explain why follow up appointments were important and the potential consequences of repeated non-attendance.

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.

Good

Outpatients

Patients, relatives and carers knew how to complain or raise concerns. We saw staff ensured patients had the telephone numbers to contact the service at any time.

Managers told us the service's complaints policy directed patients to complain to the service. If complaints related to a host hospital, the service worked with the host hospital to manage the complaint. Managers provided data about the timescales for responding to complaints. We saw the average time to respond to complaints was 4.5 days.

Managers investigated complaints and identified themes. In 2022 the service logged 2 complaints. We reviewed the complaints and how the service managed them. Managers shared feedback from complaints with staff and they used learning to improve the service.

Is the service well-led?

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. However, they did not always oversight of the service's compliance with regulations.

The service had a senior leadership team (SLT) which consisted of the registered manager (CEO), medical director, senior clinical nursing and dietetic staff, finance manager and personal assistant.

Leaders had good knowledge, skills and experience in their field of work and were appropriately qualified for their roles. However, they did not always have good oversight or evidence to ensure the service fully met regulatory requirements. Leaders recognised they needed to improve this, and they welcomed feedback. At the time of our inspection, the service were recruiting to an operational manager post to create additional capacity and expertise to support the service's compliance. Following feedback at our inspection, the service told us they had appointed a suitable candidate.

The service had contracts in place with the host hospitals where patient operations and recovery took place. Leaders told us they met regularly with the hospital leaders and they reviewed the facilities and assessed the ability of the hospitals to provide post-operative monitoring in line with British Obesity and Metabolic Surgery Society (BOMSS) guidelines. We saw evidence of the NHS England contract monitoring schedules which were jointly reviewed monthly with the commissioners. They also checked the host hospitals completed appraisals with medical staff. However, we saw some medical staff did not have appraisals dated within the last 12 months.

Leaders were visible and approachable in the service for patients and staff. We spoke with staff who felt the leaders were both supportive and visible and spoke positively about them. Leaders supported staff to develop through the provision of annual budgets and leave allowance to complete additional training. The service carried out staff surveys, encouraging staff to anonymously leave their feedback in the suggestion box and a to complete an identifiable standard form to discuss in appraisals.

Good

Outpatients

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.

The service had a vision for what it wanted to achieve and developed plans with relevant stakeholders to achieve this. They focused on sustainability and aligned with local and national priorities. The service was looking at ways to ensure both quality and efficiency improvement and were implementing processes to overcome anticipated delays. For example, the service was developing plans to expand operating theatre capacity in the future.

Culture

Staff felt respected, supported and valued. Staff 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 felt respected, supported and valued. Staff we spoke to during our inspection demonstrated pride in the service. Staff told us they could approach other members of the team for help and advice when needed and spoke highly of their jobs and the benefit of teamwork and peer support. There was a positive culture in the service which centred on the needs of the patients, with an open and friendly aspect in everyday staff communications. The service had a feeling of close family relationships, particularly in the shared open-plan space of the head office.

The staff we spoke with said they had opportunities for training development, and they told us about the training which they had been on and planned to go on. One member of staff is due to attend the International bariatric conference in Italy. Another member of staff told us that she had requested to undertake a course in prescribing which had been agreed.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. The service had a Freedom to Speak Up Ambassador on site. The culture encouraged openness and honesty at all levels within the organisation, including people who used services in response to incidents. Staff we spoke with were very positive about the open culture in the service.

Managers gathered feedback from staff through electronic surveys and anonymous feedback. Managers had collated themes and solutions to these to present in the staff meeting.

Staff completed a standardised form to inform staff appraisals which included happiness, workload, management support and work environment. They also had an anonymous survey on how the company could improve working lives, efficiency and job satisfaction.

The service had a focus on staff wellbeing and enabled individual staff to engage and contribute their ideas for service improvements. Staff worked collaboratively and had pride in working for the service.

Governance

Leaders did not always operate effective governance processes, although improvements were made immediately following inspection feedback.

Good

Outpatients

The service did not always operate effective systems and processes to ensure it met regulatory requirements. For example, at the time of our inspection, leaders were not aware that staff compliance with mandatory training was poor and they had not implemented mandatory training in line with The UK Core Skills Training Framework (CSTF). This was immediately acted upon and evidence provided that training had been offered and completed post inspection.

Managers told us they held regular senior leadership, staff and other meetings to support governance. However, we found the service did not always keep detailed records of meetings including attendance and actions arising out of them.

The service did not have a process to ensure practice aligned to policies. For example, some policies included references to training or audit processes which the service had not implemented. Some policies did not include information about who produced them or when they were due for review. Following feedback at our inspection, the service told us they had appointed an operational manager to lead on governance and they would prioritise this. They also provided evidence of audits and training implemented after our inspection.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. They had plans to cope with unexpected events. They identified and escalated relevant risks and issues; however, they did not always follow up on actions to reduce their impact.

The service engaged with relevant stakeholders about performance. The service had internal systems and collaborated with host hospitals to capture the data required for commissioners to monitor progress against the service's key performance indicators (KPIs). Leaders held monthly meetings with commissioners to discuss performance against these.

The service had considered plans to cope with unlikely events. For example, the service worked with host hospitals to develop and test arrangements for patients to transfers to critical care if required. We saw the service had a documented business continuity plan (BCP).

The service started using a risk register to monitor risks in October 2022. However, there were risks identified on the risk register where the mitigation was staff had completed training. For example, the service recorded information governance training reduced the risk of data breaches. However, at the time of our inspection, staff compliance with information governance training was 31%. Therefore, we were not assured the service monitored the progress of plans to mitigate risks.

Information Management

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

The service developed comprehensive digital systems for managing patient referrals and service activity. Leaders had access to timely reports in a range of areas, including overall performance, service demand and patient outcomes. We saw staff reviewed data in meetings and used it to develop improvements.

The service submitted monthly data to the National Bariatric Surgical Registry (NBSR). This records outcomes in both private and NHS patients such as mortality, complications and length of stay.

Good

Outpatients

The service submitted data for national reporting measures such Patient Reported Outcome Measures (PROMs), Patient Reported Experience Measures (PREMS) and recorded all procedures on the National Bariatric Surgery Registry (NBSR).

At the time of our inspection the service was transitioning from paper based to electronic patient records to improve information management.

Engagement

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

The service engaged with staff well. Managers held regular meetings with staff and invited them to make suggestions for improving the service. Staff were able to provide feedback openly or anonymously and reported feeling valued.

The service engaged with patients well. The service had a public website which provided information about the service and what to expect. Staff encouraged patients to ask questions and gave them the opportunity to contact leaders directly if they wanted to. The service collected feedback from patients and worked with partners to plan and improve services.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged staff to access specialist training and be involved in service improvement.

The service prided itself on being a highly specialised weight loss service and was well integrated with relevant professional bodies such as the British Obesity and Metabolic Surgery Society (BoMSS).

Leaders gave staff opportunities to further develop their specialism and network with other weight loss surgery professionals.

Following feedback at our inspection, we saw leaders were committed to addressing the concerns raised and put plans in place for improvement.