Nuffield Health Leicester Hospital

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Nuffield Health Leicester Hospital is an independent hospital based in Leicester and part of the Nuffield Health corporate group. The hospital has 38 beds all single rooms with en-suite facilities. Facilities include two operating theatres, X-ray, outpatient and diagnostic facilities.

The Nuffield Health Leicester provides surgery, services for children and young people, and outpatients and diagnostic imaging. This service is for NHS, self- funded and insured patients. We inspected surgery, outpatients and diagnostic facilities and services for children and young people.

Summary of findings

Children's facilities at the hospital include dedicated ward and play areas, pram park facilities and designated parent and child car parking. A consultant paediatrician and lead paediatric nurse lead the children's service. A nurse adviser for children also supports the children's service whose remit covers children's services within the Nuffield group of hospitals.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 20th and 21st September 2016, along with an unannounced visit to the hospital on 29th September 2016 and 20th January 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We rated this hospital/service as good overall.

We saw some areas of good practice including:

- Patients were protected from avoidable harm and abuse.
- There was a good incident reporting culture throughout the hospital.
- Staff were supported to be open and transparent and they understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The service was responsive to inspection findings and provided 'This is me' and 'hospital passports' to support people living with dementia and learning disabilities.
- Emergency equipment checking was up to date in all areas.
- Staff had good access to online and extended training.
- Managers were supportive and visible.
- A family atmosphere was apparent throughout the service.

We found good practice in relation to outpatient care:

- The staff treated patients with dignity and respect and maintained confidentiality.
- Attempts were made to tailor appointment times to suit patient needs.
- Notes were stored confidentially throughout appointments.

We found areas of good practice in surgery:

- Staff addressed concerns over fasting times by developing an aide memoir system for patients.
- Equipment was checked and ready for use at all times.
- Evidence based risk assessments were performed throughout surgery.
- Staff were flexible and where possible adapted care to the individual's needs.

We found areas of good practice in children's and young person's services:

- Efforts were made to tailor care to the individual child's needs.
- The needs of children, young people and families were considered throughout their care.
- Staff were suitably trained to care for the needs of the children.
- Auditing was used to inform practice.
- Practice emergency training was performed to simulate potential emergency situations.
- Children and young people received kind compassionate care.

However, we also found the following issues that the service provider needs to improve:

- The sepsis policy was not up to date and iLeaflets were not routinely available in languages other than English.

Summary of findings

- There were gaps in mandatory training due to sickness.
- Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve.

Ellen Armistead.

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	Surgery was the main activity of the hospital. We rated this service as good because it was safe, effective, caring, responsive and well led. • Staff reported incidents of harm or risk of harm and appropriate actions and learning occurred as a result. • The ward we visited was visibly clean and systems were followed to ensure that cleanliness of the environment was maintained. Effective infection prevention and control measures routinely took place on the ward. • Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and adequately. There were effective handovers and shift changes to ensure staff managed risks to patients who used services. • Staff delivered care and treatment in line with nationally recognised evidence-based guidance. Policies and guidelines were developed to reflect national guidance. • Feedback from patients about their care and treatment was consistently positive. We observed that patients were treated with kindness and compassion throughout our visit. Patients told us they felt informed about their treatment and had been included in decisions about their care. • The hospital was flexible and adaptable and ensured specific individual needs were met. Patients were able to choose their surgery date or appointment time to suit their needs. • Staff across the service described an open culture and felt well supported by their managers. They were passionate about the roles they performed in the hospital and felt they worked well as a team. However; • There were carpets in the ward corridor, which did not comply with HBN 00-09 Infection control in

Summary of findings

the built environment states in clinical areas where spillages are anticipated (including patient rooms, corridors and entrances) carpets should not be used in these areas.
- There were four fire/emergency unsecured exit doors situated in the ward area with no means of alerting staff if they had been opened. However, this had been identified as a risk and actions were being taken to rectify this.

Services for children and young people

Good

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

- The hospital met the Royal College of Paediatrics and Child Health (RCPCH) standards for paediatric consultant presence. Nurse staffing met the Royal College of Nursing (2013) guidelines and shortfalls in trained nurse provision within children's services were managed through escalation pathways.
- There was good access and flow within the children's service. Children received evidenced based care and treatment and good multi-disciplinary working existed between the children's services, external providers and the rest of the hospital.
- Monitoring records of resuscitation equipment showed that monitoring of this equipment had taken place daily.
- Staff were caring, compassionate and respectful. Children's emotional and physical wellbeing was central to everything staff did.
- All staff worked hard to ensure children and young people felt included and were active partners in their care.
- Staff were positive about working in the service and there was a culture of flexibility and commitment.
- The service was well led and a clear leadership structure was in place. Governance processes had

Summary of findings

been reviewed, clinical risks monitored, and feedback from staff, parents and children and young people had resulted in changes to aspects within the service.

However we also found ;

- The security doors with access to the ward were unsecured.

Outpatients and diagnostic imaging

Good

We rated this service as good because it was safe, effective, caring, responsive and well led.

- Learning from incidents was communicated throughout the hospital to support improvement in all areas.
- Patient records were stored securely and available for provision of care.
- Staffing levels were sufficient to perform care, although there was no leeway to cover sickness or increased demand in clinics.
- Staff appraisals were completed and training requirements met.
- Consent to care and treatment was obtained in line with legislation and guidance.
- Care from a range of services was co-ordinated. Staff worked collaboratively to understand and meet the range and complexity of people's needs
- People were supported, treated with dignity and respect, and were involved in their care.
- Waiting times and cancellations were minimal.
- The service took complaints and concerns seriously, responded in a timely way and listened to service users.

However we found that;

- Staffing within the outpatients department left no leeway to cover sickness or an excessive demand for clinic.
- There were some gaps in the mandatory training due to staff sickness.
- Complaints leaflets were not visible in the outpatients and radiology area.
- Staff told us they would use family members to translate if required.

Summary of findings

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Good

Services we looked at
Surgery
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Outpatients and diagnostic imaging

Summary of this inspection

Background to Nuffield Health Leicester Hospital

Nuffield Health Leicester Hospital is operated by Nuffield Health corporate group and is an independent hospital in Leicester. Until 1990, the Nuffield Health Leicester Hospital was known as the Leicester Clinic. It was the seventeenth private hospital to be established by the Nuffield Nursing Homes Trust and was built in conjunction with funds raised by the local community. The building was completed and the first patient was admitted on the 14th July 1970.The hospital has 38 inpatient beds and two operating theatres. The hospital primarily serves the communities of the local area. It also accepts patient referrals from outside this area.

At the time of the inspection, a new manager had recently been appointed and was registered with the CQC in August 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector Sarah Cooper, Inspection Manager, other CQC inspectors, and specialist advisors with expertise in surgery, endoscopy and radiology.

The inspection team was overseen by Carolyn Jenkinson Head of Hospital Inspection.

Information about Nuffield Health Leicester Hospital

Elective surgical services are the main services at the Nuffield Leicester Hospital. At dedicated times paediatric teams are present for the provision of paediatric outpatient, diagnostic and surgical services, including inpatient episodes. The most common specialities within the service are ear, nose and throat, general surgery, urology, orthopaedic surgical services, ophthalmology, dental and plastic surgery. A dedicated CYP phlebotomy clinic and skin prick-testing clinic are also provided

The hospital has one ward and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Surgical procedures
- Treatment of disease, disorder, or injury

During the inspection, we visited the ward, outpatients and diagnostics, physiotherapy and theatres. We spoke with 31 staff including; registered nurses, health care assistants, allied health professionals, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with 15 patients and ten relatives/carers. We also received 42 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed 19 sets of patient records.

We held three focus groups where staff could talk to inspectors and share their experiences of working at the hospital.

There were no special reviews or investigations of the hospital on going by the CQC at any time during the 12 months before this inspection. The hospital has been inspected twice, and the previous inspection took place in February 2014, which found that the hospital was meeting all standards of quality and safety it was inspected against.

Activity (April 2015 to March 2016)

In the reporting period April 2015 to March 2016, there were 4705 inpatient and day case episodes of care recorded at Nuffield Health Leicester; of these 55% were NHS-funded and 45% other funded.

Twenty seven per cent of all NHS-funded patients and 36% of all other funded patients stayed overnight at the hospital during the same reporting period.

Summary of this inspection

There were 22,369 outpatient total attendances in the reporting period; of these 62% were other funded and 38% were NHS-funded.

206 procedures were performed on children and young people between the ages of three to 17, of these, 29 stayed overnight.

Children's and young people's services (CYP) provides, ear, nose and throat, general surgery, urology, minor orthopaedic surgical services, ophthalmology, dental and plastic surgery. A dedicated CYP phlebotomy clinic and skin prick-testing clinic are also provided.

A total of 231 doctors worked at the hospital under practising privileges. Two regular resident medical officer (RMO) worked on a weekly rota. The hospital employed 32 registered nurses, six care assistants, ten operating department assistants, both registered and health care assistants and 86 other staff, as well as having its own bank staff. The accountable officer for controlled drugs (CDs) was the registered manager.

The five most common surgical procedures performed were phacoemulsification (715), endoscopic operations of the knee (263), total prosthetic knee replacement (181), laparoscopic cholecystectomy (169) and injection into joints under x-ray control (162). For the same reporting period 27% of all NHS funded patients and 36% of all other funded patients stayed overnight at the hospital.

Pathology services provide a hospital based laboratory service to patients including blood analysis. Other services such as blood transfusion related tests are sent to another Nuffield hospital for analysis. There is a service level agreement in place with the local acute hospital trust for urgent samples to be processed out-of-hours. Sterile services are based off site, within the Nuffield hospital group, and returned to Nuffield Health Leicester to ensure reusable equipment is cleaned, sterilised and packed for further use.

A computerised tomography (CT) service visited twice weekly.

Services accredited by a national body:

- The pathology laboratory is fully accredited to national standards. Clinical Pathology Accreditation (UK) ltd (CPA)

Services provided at the hospital under service level agreement:

Catering

CT scan

Facility Management

Immediate Life Support, Paediatric Life Support and BLS -Medical Emergency Training

Laundry

MRI Scanning

Manual Handling

Medical Equipment Management

Nuchal Blood Tests

Reading/Diagnosing ECGs (24/28 Hours)

RMO provision

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- People were protected from avoidable harm. Staff were confident in how and when to report incidents. No serious incidents involving outpatients had been reported. They also demonstrated shared learning and a good knowledge of incidents that had taken place.
- Audits were completed and actions developed to maintain appropriate levels of hand hygiene and cleanliness. All areas we inspected appeared visibly clean and uncluttered.
- Safeguarding vulnerable adults, children and young people was given sufficient priority.
- Equipment had been checked in line with hospital policy. There was a comprehensive equipment log and servicing process.
- Staffing levels and skill mix were planned, implemented and reviewed to ensure patients received safe care and treatment at all times.
- Arrangements for managing medicines including storage kept people safe from avoidable harm.
- Patient's risks were assessed to determine their fitness for surgery. The service had protocols and guidelines in place to assess and monitor patient risk in real time.
- Safer surgery checklists were routinely used and based on current guidance.
- Patient records were stored securely and readily available for patient appointments.
- Surgical and diagnostic cleaning was thorough and adhered to recommended guidance.
- The children's service had sufficient numbers of medical staff and children's nurses with the appropriate skills.
- Paediatric early warning scores were in use with appropriate escalation.
- A modified adult early warning system was currently in use.
- Named doctors and nurses for safeguarding were available for staff and delegated appropriate roles.

However:

- Staffing within the outpatients department left no leeway to cover sickness or an excessive demand for clinic.
- National Early Warning Score (NEWS) as recommended by the Royal College of Physicians was not yet part of clinical practice. The current use of the modified early warning score (MEWS)

Summary of this inspection

meant there was a potential risk some patients may not get appropriate risk screening for sepsis should they meet the criteria. Plans were in place to implement the NEWS post training.
- There was no sepsis policy available on the staff intranet. No episodes of sepsis had occurred in the last twelve months.
- There were carpets in the ward corridor, which did not comply with HBN 00-09 Infection control in the built environment states in clinical areas where spillages are anticipated (including patient rooms, corridors and entrances) carpets should not be used in these areas.
- There were four fire/emergency unsecured exit doors situated in the ward area with no means of alerting staff if they had been opened. Modifications were in progress to improve the security of the doors.
- There were gaps in the mandatory training due to staff sickness.

Are services effective?

Good

We rated effective as good because:

- Care and treatment was planned and delivered in line with current evidence-based guidance, including the Royal Colleges and National Institute for Health and care Excellence (NICE) guidance.
- Most nursing and healthcare staff received meaningful appraisals and were supported in identifying and meeting their training needs.
- Multi-disciplinary procedures were in place to ensure staff managed patients' on-going care effectively. Multi-disciplinary team working within and outside of the children's service resulted in positive outcomes for children.
- Staff supported patients to make decisions. They provided clear information about surgical procedures.
- Staff had the right qualifications, skills, knowledge and experience to do their job.
- Staff could access information they needed to assess, plan and deliver care to people in a timely way.
- Auditing systems had informed practice, introduced changes and lessons learnt to improve outcomes throughout the hospital.

However we also found;

- Less than 75% of theatre staff had received an appraisal of their performance in the same reporting year. We were told that they were currently on course for the completion of all theatre staff appraisals by the end of 2016.

Summary of this inspection

Are services caring?

Good

We rated caring as good because:

- Feedback from patients and those important to them was extremely positive about the care they had received and the way staff treated them. There was evidence of some staff going above and beyond to accommodate certain situations.
- All staff treated patients with dignity and respect as well as helping them to cope emotionally
- Staff made every attempt to provide individualised patient centred care.
- Within children's and young people's services, families and patients were respected and valued as individuals and empowered as partners in their care.
- Patients were supported and involved as partners in their care. Staff explained care and treatment in a way patients understood.
- The provider had achieved high scores in patient feedback from both the NHS Friends and Family test and the hospital's satisfaction survey.
- The multi-disciplinary team provided support throughout the child's or young person's admission, stay and in preparation for their discharge home.

However we found that;

- In outpatients and diagnostics, during our initial visit, staff told us they would use family members to interpret for people for whom English was not their first language.

Are services responsive?

Good

We rated responsive as good because:

- Services were planned and delivered in a way which met the needs of the local population.
- The needs of specific patient groups were considered. The service provided information and support tools for the care of patients living with dementia.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients were admitted on a planned basis for elective surgery, this included self-funded patients and NHS patients.
- Staff provided care in a timely way and NHS and private patients' experienced the same quality of care.
- The complaints process was in place and easy to use.

Summary of this inspection

- The needs of different people were taken into account when planning and delivering services, for example those who had a learning disability or those living with dementia were identified at the earliest stage of the referral process.

However we found ;

- There was no clear written policy or treatment criterion for patients living with dementia or patients with a learning disability.
- We did not see provision made available for patient information leaflets in large print and formats other than written English.

Are services well-led?

Good

We rated well-led as good because:

- There were clear statements of visions and values that were driven by quality and safety. Staff in all areas understood the vision, values and strategy of the service.
- The leadership and governance within the hospital functioned effectively and interacted with each other appropriately.
- Clinical strategies and priorities were in place against which were action plans and progress updates. A clear leadership structure was in place within the service. Individual management of the different areas providing acute children's services were well led.
- There was an effective and comprehensive process in place to identify, understand, monitor and address current and future risks.
- The service proactively engaged staff and the public to comment and be involved with the development of the service.
- There were clearly defined and visible leadership roles in place with senior staff providing motivation to their teams.
- All staff spoke positively about the matron and the hospital director and commented they feel listened to, as actions had been followed through as pledged.
- Changes had been made to service delivery following feedback from staff, patients and consultants.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	☆ Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

Are surgery services safe?

Good

We rated safe as good.

Safe means the services protect you from abuse and avoidable harm.

Incidents

- An incident reporting policy was available to staff and included the incident grading system and reporting requirements. Staff reported incidents through the hospital's electronic reporting system.
- Staff we spoke with knew, and appeared knowledgeable and confident about reporting incidents.
- Staff told us there was a 'no blame' culture in the service and they felt empowered to report incidents without fear of reprisal. Staff gave us examples of when they might report incidents such as falls and medication errors. Staff members gave examples of incidents they had reported which included a medication administration error and night time security.
- Data provided by the hospital, during the inspection, showed 394 reported incidents between 21 September 2015 and 21 September 2016. These consisted of 352 clinical incidents effecting patients and 42 non-clinical incidents effecting staff and public.
- The number of incidents relating specifically to surgical services was 127. Of these 124 were reported as no or low harm with three as moderate. There were no serious incidents or never events reported for this period. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Root cause analysis was carried out for all moderate incidents and where lessons were to be learned actions were created and completed. Root cause analysis findings were shared with staff during staff meetings, minutes from meetings confirmed this. Staff told us they received information related to incidents at the monthly ward meetings.
- During our inspection an incident occurred which was reported. The initial classification of the incident was 'no harm'. Following further discussion 'moderate harm' was decided upon and the category was amended. An investigation report would subsequently be sent to the Care Quality Commission (CQC) for notification. A discussion with matron was performed regarding categorisation of incidents, which reassured us this process was robust. Heads of departments referred to a degree of harm chart whilst reviewing all incidents. We saw evidence of staff informing and apologising to the patient for the incident.
- Staff told us of change in practice following an incident they had raised. It related to an inconsistency in consultant staff completing written information in the medical notes, staff raised this as an incident. Following this, there was a more focused approach and practice had changed.
- The regulation Duty of Candour states providers should be open and transparent with people who use services; it sets out specific requirements when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, giving truthful information and an apology. During our visit, we

witnessed a moderate incident where staff followed a duty of candour. Staff knew their responsibilities to be open and honest with patients when things did go wrong and offered an apology. Staff did not delay in explaining and apologising to the patient when an error had occurred.

- There was a Duty of candour policy (review April 2019) and a flow diagram (April 2016) available for staff to use, and staff we spoke with were aware of these.
- There was an effective system in place for the distribution of patient safety alerts from the NHS Improvements. NHS improvements leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector. Staff told us about a recent alert they had actioned in relation to the removal of a piece of medical equipment.

Safety thermometer or equivalent

- The NHS Safety Thermometer is an improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. It focuses on four avoidable harms: pressure ulcers, falls, urinary tract infections in patients with a catheter (CUTI), and blood clots or venous thromboembolism (VTE).
- Safety thermometer results for the period March 2016 to May 2016 was harm free with the exception of one fall reported April 2016. Safety thermometer information was not displayed in the clinical areas. Staff told us the data could be misleading as it only included NHS patients in the reporting of these figures, which would not be representative.
- The service provided similar safety thermometer data monitoring, VTE, falls, infections and incidents for Nuffield Health, which was monitored at the Quality and Safety group.
- In the reporting period April 2015 to March 2016, the hospital consistently achieved the VTE screening target of 95% for all patients; 95% is the targeted rate for NHS patients.
- There were five incidents of patients who had a hospital acquired VTE and one pulmonary embolus (PE) in the period between April 2015 to March 2016. A PE is a blockage of an artery in the lungs. The most common cause of the blockage is a blood clot.
- Staff performed weekly Veno-thrombosis embolism (VTE) audits for all surgical patients. Prophylaxis is a treatment given to prevent complications occurring. Compliance was 90 to 100% with any identified omissions reported to the resident medical officer (RMO) and the patient contacted to arrange commencement of prophylaxis if required. An example was given where a patient was contacted and prophylaxis commenced within 48 hours of leaving hospital. Staff expressed awareness of themes in the six VTEs and could describe measures taken to reduce them, such as careful explanation and follow up for patients using anti-embolism stockings .
- Reducing the risk of venous thromboembolism (VTE) was part of the care pathway for major operations. This included the use of anti-embolism stockings and medicine prophylaxis. Prophylaxis is a treatment or medicine designed and used to help prevent a disease from occurring. For example, this was provided for patients who had received a planned hip or knee operation.

Cleanliness, infection control and hygiene

- In the 2016, Patient-led assessments of the care environment (PLACE) the hospital scored 99.79% for cleanliness. This was above the national average of 98%.
- The wards, theatres, endoscopy and recovery areas were visibly clean and tidy. This included not just the clinical areas but also the corridor, bathrooms, offices and storage rooms.
- The hospital had an up to date infection control policy; entitled Management of Body Fluid Spills. This document reflected recommended infection control practices and included a flow chart for the management of body fluids on carpets and other soft furnishing.
- All patients' bedrooms were fitted with synthetic flooring for ease of cleaning. The corridor on the ward level had carpet with short pile carpet, which was visibly stained where cleaning had taken place but marks remained. HBN 00-09 Infection control in the built environment states in clinical areas where spillages are anticipated (including patient rooms, corridors and entrances) carpets should not be used in these areas. We were told synthetic flooring had originally been there but was removed and replaced with carpet to

minimise noise for the patients. Staff did not carry out invasive procedures in this area, which minimised the risk of any spillage. A standard procedure including anti-microbial agents was in place for cleaning if spillages occurred and staff new how to access this. A quarterly deep cleaning rota was in place for the carpets.

- The hospital had reported no incidence of Methicillin Resistant Staphylococcus Aureus (MRSA), Clostridium Difficile (C Difficile) or Methicillin -sensitive Staphylococcus Aureus (MSSA) in the reporting period between March 2016 and May 2016. MRSA, MSSA and C.Difficile are all infections that have the capability of causing harm to patients. MRSA is a type of bacterial infection and is resistant to many antibiotics. MSSA is a type of bacteria in the same family as MRSA but is more easily treated. C.Difficile is a bacteria affecting the digestive system; it often affects people who have been given antibiotics.
- There were a low number of surgical site infections, two following 2,923 surgical procedures, in the reporting period April 2015 to March 2016. This was less than one percent of operations resulting in surgical site infections.
- Hand hygiene audit results for April 2016 showed a compliance of 100% with effective hand washing.
- The three operating theatres had higher levels of air filtration (laminar flow). This was particularly important for joint surgery to reduce the risk of infection. We saw evidence the filtration systems were regularly maintained, cleaned and tested.
- We saw staff following good practice guidelines for infection prevention and control, for example bare below the elbows, and the use of gloves and aprons. We observed staff washing their hands between patients to minimise the risk of infection to patients.
- Cleansing gel was available at the entrances to each area, on reception desks and in each room; patients and visitors were encouraged to use it by staff Posters were prominently displayed encouraging staff and visitors to cleanse their hands and the process to follow to do this effectively. We observed staff and patients using the cleansing gel in line with the information provided.
- Changing into surgical scrubs and theatre caps was a requirement of all staff and visitors to theatre. Our observations during inspection confirmed that staff adhered to this. Prior to our return visit, the hospital initiated a system of colour-coded scrubs. Staff who worked in the outer areas of theatre, for example recovery staff and porters wore raspberry coloured scrubs. This meant that staff did not wear blue theatre scrubs outside the theatre area, reducing the risk of infection.
- We saw evidence of theatre cleaning audits (January 2016) which demonstrated between 95% and 100% compliance. The 95% compliance related to wall surfaces requiring re-painting. We saw evidence of this highlighted as an action and reported for follow-up.
- Staff adhered to procedures in line with national guidance to minimise the risk of infection to patients undergoing surgical procedures, for example, skin preparation, the use of sterile drapes and twice yearly deep cleaning of theatres.
- We observed staff following the local policy and procedure when scrubbing, gowning and gloving prior to surgical interventions to minimise the infection risk. When a procedure had commenced, movement in and out of theatres was restricted.
- An identified infection control link nurse held monthly meetings with staff members to discuss infection control related practice. We saw meeting minutes (May 2016 and June 2016) where topics such as audit results, infection related incidents and training was discussed.
- The hospital arranged quarterly infection control meetings with links to microbiologists at a local NHS trust. This was a proactive group with representation from all departments to ensure each part of the patient's pathway was safeguarded against the risks of infections.
- There was a system for ensuring equipment was clean, for example 'I am clean' stickers. These were clearly visible, dated and signed to indicate cleaning had taken place. We observed patient-care equipment to be clean and ready for use.
- MRSA screening was carried out on all patients. This was in line with the hospital policy. Out of four care records reviewed all four documented completion of MRSA screening.

- All rooms were equipped to accommodate the isolation of patients; however, there were two rooms allocated specifically for this. These were in a wing, which could be isolated from the rest of the level in the event of an outbreak.
- Processes and procedures were in place for the management, storage and disposal of general and clinical waste, disposal of sharps such as needles and environmental cleanliness.
- Equipment used for surgical procedures was cleaned and sterilised off site at a facility owned by the provider.
- Endoscopy equipment underwent a daily decontamination cycle, which was repeated up to three times if any early contamination was identified. A flow chart in the decontamination room indicated levels of action required based on the water results received. There was a clear audit trail for each piece of endoscopy equipment

Environment and equipment

- Access to theatres was through a keypad system. This meant the area was secure and minimised the risk of unauthorised access.
- Environmental deep cleaning was through an external provider. Staff reported good relationships with the cleaning staff and were positive about the levels of cleanliness maintained. All areas visited appeared clean and free of clutter, ensuring unobstructed access.
- An external provider, employed corporately by the Nuffield group, logged and serviced all electronic equipment, throughout the hospital. This service was on-site for eight days in each month. The equipment log included all new equipment, which was under manufacturer's warranty; this ensured timely transfer to the maintenance schedule on completion of warranty and provided a period for the technician to become familiar with any new equipment.
- There was an equipment library, based, adjacent to the ward areas. Staff told us there was always enough equipment including infusion pumps, blood pressure machines and digital thermometers.
- All equipment seen had 'I am clean stickers' and service date labels which were clearly visible.
- A resuscitation trolley was clearly visible in the surgical ward area. An audit, dated August 2016, showed resuscitation trolley checks to be 75% compliant with hospital policy. The audit identified missed daily or weekly checks and disposable items, which were out of date. An action plan was made and increased vigilance had occurred to improve compliance. Documentation for August 2016 and September 2016 showed daily checks of all visible equipment and disposable items and weekly detailed checks of all expiry dates. During the inspection, all checks were complete and all disposable items were in date.
- Equipment that used for endoscopy procedures was cleaned and sterilised on site. The decontamination of scopes complied with the Health Technical Memorandum 01-06: Decontamination of flexible endoscopes .The decontamination room was equipped with a double stainless steel sink and flush system, which is recognised as good practice. There were drying cabinets, which housed scopes for 72 hours; scopes were then reprocessed to ensure they were ready for patients.
- We saw evidence of regular maintenance and calibration of the specialist equipment. This included checking the white light balance of each endoscope prior to use. White light balance ensures the clarity of images during endoscopy. In addition, water samples were taken each Wednesday to check for contamination, the early results return on Monday and detailed results are available within one week.
- Within the operating department, recovery area, there were trolleys for adult and paediatric resuscitation. Both had daily and weekly checklists with evidence of completion for the months of August 2016 and September 2016.
- There were four anaesthetic trolleys, two in the anaesthetic rooms and two in the adjacent operating theatres. We looked at two of these checks were complete in accordance with hospital and anaesthetic society guidelines. A difficult airway endoscope was available at all times, stored in the endoscopy drying cabinet; it was routinely cleaned every three days, which was more frequent than the recommended seven days.

- An offsite department provided sterile services and supplies. Surgical instruments were readily available for use and, overall, staff reported there were no issues with supply. Instruments could be prioritised for a quick return if required.
- Surgical instruments were compliant with Medicines and Healthcare products Regulatory (MHRA) requirements. There were systems and process in place to provide traceability of all surgical equipment used. We saw evidence of this within the patient care record.
- Registers of implants, for example hips and knees, were kept by theatres; these ensured details could be quickly provided to the health care product regulator if required.
- Emergency exit doors within the ward area were unsecured. This meant that a confused adult or unaccompanied child could be at risk of falling down the stairs without staff's knowledge. Alterations were in progress for fitting a security keypad to the doors.
- At the time of our inspection, there was no risk assessment in place for the four doors, although it was recently added to the hospitals risk register. We raised our concerns to the management relating to the safety of patients and the possibility of people accessing the area without the knowledge of the staff. We were told a patient would receive one-to-one observation/ supervision if they were confused and children received continual supervision. The management acknowledged the potential security risk and told us Whilst the doors locks were on order staff performed risk assessments for all confused patients on the ward.

Medicines

- Pharmacy services were available within the hospital Monday to Friday with on-call available Saturday and Sunday. Access to pharmacy out of hours is only permissible to the Resident Medical Officer (RMO) and senior nurse on duty, who both holds keys and must attend together for security reasons.
- All stock medications were ordered from and delivered to a room on the hospital ground floor. The bulk of stock is analgesia (pain relief) with a small stock of other medications commonly used by the speciality services within the hospital.
- All stock is safely stored in line with legal requirement, including controlled drugs in a designated double locked cabinet.
- We looked at prescription and medicine administration records for eleven patients on the wards. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed patients were getting their medicines when they needed them and as prescribed. Records of patients' allergies were recorded on the prescription chart.
- Controlled drugs (CDs) used for patients receiving post-surgical care on the wards and use in theatres were kept insecure cupboards within locked rooms CDs are prescription medicines that are subject to stricter legal controls under The Misuse of Drugs Act, 2001. We saw accurate records, which showed that CDs were routinely administered, and the CD stock counted and checked by two nurses.
- Staff audited prescriptions weekly, which included missing allergy status, prescriber signature, missing prescription detail (strength or route), missing maximum frequency warning and missed doses. This was a new audit and had identified frequent omission of the maximum frequency warning (maximum dose per 24 hours). The results of this audit was presented at the medicines management meeting.
- Medical gas audit were carried out six monthly, which included safe storage, use by date and quality. There have been no issues identified in the last 12 months. The recent introduction of transfer bags for patients returning from the operating theatre included portable oxygen cylinders.
- In theatre and on the ward, medicines that required storage at low temperatures were kept in dedicated fridges. Of the three fridges checked all had the required temperature monitoring sheets completed correctly including out of range results. Electronic alarm systems were in place for alerting out of range temperatures.
- There were piped medical gases on the ward and in the theatre suite. Portable oxygen cylinders were available for the transfer of patients from the theatre suite to the ward but these were not always kept securely. We saw three medical gas cylinders stored on a shelf on the side of the lobby area in the first floor theatres.

- Non-stock medications were ordered from a pharmacy warehouse with a standard turnaround time of 30 minutes. The pharmacist informed us this was very rarely used.
- A pharmacy technician checked and restocked the emergency drug boxes each month, replacing the security tag and dating it with the earliest expiry date from within the box. There are seven emergency boxes within the hospital and a spare box kept in pharmacy.
- Antibiotics were prescribed for orthopaedic procedures in line with guidance.
- The hospital antibiotic prescribing policy reflected the one used by the local NHS trust and antibiotic use was discussed at the quarterly infection control meeting attended by the pharmacist. Microbiology opinion was available from the local NHS trust if required.

Records

- We reviewed four sets of nursing and medical records. Records were paper-based. Nursing and medical records were stored in the patient's room. This would allow anyone open access to confidential health information and increase the risk of breeching information governance requirements. We raised this with the matron at the time of our inspection; medical notes were removed and filed in a secured room. A lockable notes trolley was on order the expected time of delivery October 2016. During our unannounced visit we saw the medical notes labelled in a trolley and stored securely in a lockable trolley.
- Records were legible, accurately completed and up to date.
- Integrated care records for day case surgery and long stay surgery were in use. These covered the entire patient pathway from pre-operative assessment to discharge; they included comprehensive care plans for identified care needs.
- Risk assessments were completed in each record. These included pressure ulcers, malnutrition and a home environment assessment; this was particularly important for patients undergoing joint replacement surgery. All clinical risk assessments followed national guidance, for example, the use of a recognised score for the prevention of pressure ulcers.
- Staff performed three monthly record audits, which included actions for staff members. For example, the number of notes that demonstrated leaflets were used when gaining informed consent was 63%. The ward manager was responsible for ensuring leaflets were available and supplied. The subsequent audit demonstrated an improvement in results to 100%.

Safeguarding

- Nuffield Health Leicester hospital had reported no safeguarding incidents between April 2015 and March 2016.
- A named lead nurse was in post to support staff if they raised any safeguarding concerns. This person had completed level 3 safeguarding training. All staff knew who the safeguarding lead was and told us they would always approach them for guidance.
- Staff we spoke with had a good understanding of how to protect patients from harm and abuse. They understood the process and who to refer concerns to.
- All staff had access to the provider's adult safeguarding policies and procedures through their intranet including female genital mutilation and child sexual exploitation guidance. Safeguarding resource folders were available on the ward; these included flow diagrams to assist staff in following the safeguarding process and help line numbers.
- Staff undertook an on-line electronic safeguarding level two children and adult training module as part of their mandatory training programme. Safeguarding training was completed every two years. At the time of our inspection, 100% of staff had completed this.

Mandatory training

- Mandatory training was completed, in the main, using an on-line electronic system, although practical session such as infection prevention, manual handling and intermediate life support was a face-to-face module taught by a trainer.
- Mandatory training included information governance, infection prevention and control, safeguarding adults, fire training, basic life support, consent to examination or treatment, incident reporting, Mental Capacity Act and whistleblowing.

- There was an expectation that all staff completed their annual mandatory training. Information provided by the hospital showed that up to July 2016 91% of staff in theatres and 94% of staff on the ward had completed their mandatory training. This was within the hospital's target of 90%.
- New staff to the hospital underwent a comprehensive induction process which included for nursing staff, completing competency assessments. Induction was tailored to the role and the needs of individual members of staff.
- As of July 2016, only 65% of bank staff had completed the hospitals mandatory training which was below the hospital target of 90%. However, the senior management told us only bank staff who had fully completed their mandatory training were used. There was a plan to reduce the number of staff on the bank who did not work for a six month period.
- Processes were in place to ensure clinicians working at the hospital with practising privileges undertook their mandatory training with their primary employer as part of their appraisal system. All applications for practising privileges were discussed at the medical advisory committee (MAC) meetings which took place quarterly. Practising privileges are the authority granted to a physician or dentist by a hospital governing board to provide patient care in the hospital. Practising privileges are limited by the individual's professional license, experience, and competence. The MAC has the authority to approve, suspend or withdraw practising privileges in the interest of patient safety. Practising privileges are a standing item on the MAC meeting. If concerns are raised a wide consultation takes place involving management, medical and nursing staff.
- The RMOs who worked in the hospital 24 hours a day were required to complete mandatory training with the agency that supplied them as part of their contract. This included health and safety, fire training and equality and diversity. Records demonstrated this was completed. There was a service level agreement in place and reviews were shared with the agency that supplied the RMOs. As part of the contract performance, the Director of Clinical Services at Nuffield Health Leicester met with the Directors of the agency to discuss performance, any human resource issues and review training.

Assessing and responding to patient risk (theatres, ward care and post-operative care)

- Patients saw their named consultant at each stage of their patient journey. Patient's needs were assessed throughout their stay and in line with their care pathway.
- An RMO was on duty 24 hours a day, seven days a week to respond to any concerns staff may have about a patient's medical condition.
- Surgical procedures were only performed on patients who had been assessed as low risk. Anaesthetists and pre-assessment nurses calculated the patient's American Society of Anaesthesiologists (ASA) grade as part of their assessment of patients for a general anaesthetic. The ASA is a system used for assessing the fitness of a patient before surgery and is based on six different levels with level one being the lowest risk.
- The pre-operative assessment nurse had direct access and contact details of the consultants and the anaesthetist, for pre-operative referrals for complications.
- All patients had blood group and saved for laparoscopic surgery. Group and save is a process for determining a patient's blood group and identifying suitable blood in the event of severe bleeding.
- The hospital only undertook procedures for patients graded as ASA levels one to three. Between April 2016 and September 2016, 15 patients classified as a level three risk.
- A nurse assessed patients in pre assessment clinics prior to surgery. Any additional input for example if the patient had a specific need whilst on the ward were communicated to the ward and theatre prior to the patient's admission.
- The Five Steps to Safer Surgery safety checklist was embedded in daily practice and adhered to the Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidance. We observed this during our inspection and it was completed correctly. This is a process also recommended by the National Patient Safety Agency (NPSA) for every patient undergoing a surgical procedure. The process involves a number of safety checks before, during and after surgery to avoid errors. For each patient's procedure, the checklists were

followed and completed in full. We reviewed the sample audits performed in theatre, which included a review of the Five Steps to Safer Surgery checklist completion. Results for April 2016 and June 2016 showed the checklist was completed satisfactory in all areas, 100% of the time. Observations during our inspection showed this process was carried out in three out of the four records we looked at.

- There was a separate Five Steps to Safer Surgery safety checklist for patients undergoing cataract procedures. This was in line with NPSA guidance.
- There was a standard operating procedure (SOP) in place should a patient experience a major haemorrhage (a major haemorrhage is an excessive blood loss which can be life threatening).
- The hospital used a modified early warning scoring system (MEWS on the ward and in theatre recovery to monitor patients, and identify when their condition may be deteriorating. The chart included an escalation process in the event of deterioration. Early warning scores enable early recognition of a patient's worsening condition by grading the severity of their condition and prompting nursing staff to get a medical review at specific trigger points. Patient records we reviewed showed all of the MEWS charts as completed.
- The hospital was in the process of adopting a more comprehensive patient monitoring tool; the national early warning scores (NEWS) as recommended by the Royal College of Physicians (RCP). There was a plan in place to achieve this and NEWS training was to be completed on the 22 November 2016. We saw evidence of the training programme, which would include definition and classification of sepsis, screening and early recognition and immediate management
- There was an adult sepsis screening tool displayed in the ward area but no sepsis policy available on the staff intranet. Staff referred to the hospital sepsis standard operating procedure for guidance. Staff told us they had accessed the NEWS training on e-learning but were waiting for the face to face classroom based learning to complete their training. Sepsis is a severe infection that spreads in the bloodstream. Staff were aware of the correct procedure to follow in the event of any deterioration in a patient's condition and administer treatment as required.
- There was a local standard operating procedure for admission and discharge of patients (review 2019). This included an emergency readmission procedure, criteria for booking a patient, planning for discharge from admission and self-discharge. .
- Staff held a planning meeting prior to admission to discuss any special requirements prior to admission.
- A hospital policy was in place for the emergency management of cardiopulmonary resuscitation this was in line with national guidance.
- An anaesthetist remained on site at all times when patients were in the recovery room post operatively.
- Processes and service level agreements were in place to transfer patients to an alternative acute hospital if their condition deteriorated.
- A supply of blood was available and stored in designated fridges within the hospital for use in an emergency. Patients undergoing specific surgery for example hip and knee replacements were group and saved to allow cross matching in a timely way if blood was needed. Transfusion services were to be transferred to another Nuffield hospital laboratory; however, a dual system was currently running which included the facilities to remain in Leicester but all of the group and save requests sent to the alternative hospital. This was also highlighted on the hospitals risk register (18/05/2016) with identified times of review, assurance and monitoring.

Nursing and support staffing

- Staffing levels on the ward were calculated on a ratio of five patients to one registered nurse in the day and six patients to one registered nurse at night on the surgical ward. Patients requiring a higher level of supervision or one to one nursing care had their healthcare needs assessed on a shift-by-shift basis and staffing levels adjusted in line with their needs.
- There was no staff acuity tool in use for ward staffing however, the hospital were due to trial a safer nursing care tool. The safer nursing care tool has been developed to help hospital staff measure patient acuity and / or dependency to inform evidence-based decision making on staffing. The tool offers nurses a reliable method against which to deliver evidence-based workforce plans to support existing services.

- The ward manager based the staffing cover on one registered nurse to five patients in the day and one registered nurse to six patients at night. These figures were a guide and depended on the number and care level of the patient required.
- The ward manager calculated staffing levels on a four weekly basis, checked and adjusted following the weekly capacity meeting and daily as required depending on changes and or patient requirements There was a registered nurse allocated to the 24-hour on call list in the event of requiring additional support during the night or at weekends.
- As of April 2016, inpatient staffing vacancies were two registered nurses and one bank registered nurse. Staff turnover for the reporting period April 2015 to March 2016 was five per cent for inpatient nurses. The rate of inpatient nurse turnover was below the average of other independent acute providers. There was no staff turnover for health care assistants (HCA's).
- Usage of bank nurses for the ward area was 2% for the year April 2015 to March 2016, no agency staff were used. Wherever possible the hospital used regular bank staff.
- Staffing levels in theatre were calculated using the Association for Peri-operative Practice guidance (AfPP) which required a minimum of two scrub practitioners, one circulating staff member, one registered anaesthetic assistant practitioner and one recovery practitioner. We reviewed theatre staffing allocation sheets and staff off-duty which confirmed the required staffing used.
- Theatre vacancies as of April 2016 were a theatre staff nurse, recovery staff nurse and a bank staff nurse/ Operative Department Practitioners (ODP's).
- Staff turnover for the reporting period April 2015 to March 2016 was 11% for theatre nurses and 19% for theatre ODP's and HCA's. This was similar to the average of other independent acute providers. Usage of agency for theatre nurses was lower than the average of other independent acute hospitals during the reporting period April 2015 to March 2016.
- Department leaders had a minimal patient caseload to allow for unpredictable or unplanned events and so they could support nursing staff where required.
- Nursing handovers were completed in the patient room with the patient participating. General or confidential information sharing occurred throughout the shift in an office area. This had privacy screening to maintain patient privacy but permit a view of the patient corridor.

Surgical staffing

- As of April 2016, there were 231consultants who had been granted practising privileges with more than six months service in post at the hospital. Of those 92 had their registration validated in the 12 month period (April 2015 to March 2016). The term 'practising privilege' refers to medical practitioners being granted the right to practice in a hospital after being approved by the medical advisory committee (MAC).
- Consultants visited in-patients at least once every 24 hours and were available through telephone 24 hours a day, seven days a week whilst they had patients in the hospital. If they planned a period of absence a fellow consultant would be identified to cover and the hospital informed at least six weeks in advance.
- Consultants were able to attend the hospital within 30 minutes if required.
- Nursing staff informed us they had no difficulties in obtaining help quickly if it was needed to review a patient's care. We saw evidence of a consultant contact list that was up-dated and circulated every time there was a change. Staff we spoke with were aware of this arrangement.
- An RMO was trained in advanced life support and provided on-site 24-hour medical and surgical cover for all patients.
- If a patient was required to return to theatre out of hours because of complications, an on-call system was in place to notify staff quickly.
- The consultants brought their own first assistants for some surgical procedures. A surgical first assistant works closely with the surgeon to facilitate the procedure and process of surgery. They completed classroom and on the job training before being deemed competent. There were systems and processes in place to ensure competency and security checks were performed. This included a registration form and a signature from the consultant to confirm and verify the

practitioners' credentials. We reviewed five first assistant forms, out of five checked all were fully completed with information including hepatitis B status, indemnity insurance and registration details and renewal dates.

- There were systems, processes and standard operating procedures to support effective handover between the RMO, consultants and other clinical staff. They were reliable and appropriate to keep patients safe.
- There was direct access to a consultant specialising in medicine should this be required, for example a surgical patient requiring review by a medical consultant.

Emergency awareness and training

- There was a comprehensive business continuity plan in place dated 2016. It detailed how staff should respond to, for example loss of heating, loss of gas, adverse weather conditions and a bomb threat. The document contained useful contacts with telephone numbers and staff knew how to access these if required.
- Routine fire drills took place, this allowed staff to rehearse their response in the event of a fire. Heads of department had recently undergone a fire drill exercise to aid awareness. A plan of supporting the heads of department was on the risk register due to it being identified as an area of development following a management review.

Are surgery services effective?

Good

We rated effective as good.

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Evidence-based care and treatment

- Delivery of day surgery was consistent with the British Association of Day Surgery (BADS) guidelines. BADS promotes excellence in day surgery and provides information to patients, relatives, carers, healthcare professionals and members of the association.
- Theatre provision followed guidance from the Royal College of Anaesthesia for the provision of anaesthetic services which included an appropriately trained and experienced anaesthetist must be present throughout all general and regional anaesthetic.
- Anaesthetists and pre-assessment nurses followed American Society of Anaesthesiologists (ASA) grade as part of their assessment of patients about to undergo a general anaesthetic. Out of the four records we reviewed all of the scores were documented.
- Care and treatment was delivered to patients in line with the National Institute of Health and Care Excellence (NICE) and Royal Colleges guidelines, for example the Royal College of Surgeons. For example staff assessed patients for the risk venous thromboembolism (VTE) and took steps to minimise the risk where appropriate, in line with venous thromboembolism: reducing the risk for patients in hospital NICE guidelines [CG92]. The hospital followed NICE guidance for preventing and treating surgical site infections (SSI) NICE guidelines [CG74].
- Surgeons only performed operations they were used to performing at the acute trusts where they were employed. This ensured they were competent and confident in undertaking the procedures.
- During 2015-2016, four commissioning for quality and innovation (CQUIN) requirements had been identified by the Clinical Commissioning Group (CCG) for NHS patients treated at the hospital. These included dementia friends, intentional rounding, pre-operative fasting times and implementation of a health MOT.
- We saw the hospital participated in a number of national audits, for example Patient Recorded Outcome Measures (PROMS), the National Joint Registry (NJR), Public Health England and safety thermometer data. The hospital director reviewed PROMS comparison data with the local trust, and presented the findings at the Medical Advisory Committee (MAC) meetings.
- A comprehensive care record was in place for all patients who were either day case surgeries or overnight with a length of stay of 24 hours or longer. This included the nutritional assessment tool (MUST), pressure sore assessment and falls risk assessment. Pathways also included anaesthetic room care, surgical safety

checklist, theatre notes including traceability recordings, theatre notes and post-operative care. Out of the four records we reviewed all elements were completed.

- During our inspection, we reviewed 10 different policies and procedures these were a mixture of paper and electronic based. We found them all to be up to date this meant patients were receiving evidence based care and following current guidance.
- Medical staff told us NICE guidelines were discussed at clinical meetings; minutes of these meetings reflected this. NICE guidance and audits were reviewed in Clinical Governance meetings; minutes of this meeting (March 2016, April 2016, May 2016 and June 2016) reflected this.
- The medicines safety thermometer was audited monthly. All prescriptions were reviewed for quality and accuracy; outcomes were reported to the Medical Advisory Committee (MAC) chair. One outcome of this audit was improved recording of patients' allergies and sensitivities.
- We saw Difficult Airway Society (DAS) guidelines for the management of unanticipated difficult intubation displayed in the anaesthetic room.

Pain relief

- Patients discussed pain management as part of the pre-assessment process and staff implemented any actions following this.
- Nursing staff completed pain assessments as part of the MEWS and documented these in the patients care record post operatively.
- We saw an anaesthetist ensuring a patient's pain was adequately controlled before returning to the ward.
- We observed staff regularly reviewing patients' experience of pain in the recovery area post-surgery. Staff administered pain relief as prescribed and evaluated its effect.
- Pain assessment scores used on the ward assessed the comfort of patients both as part of their routine observations and at a suitable interval of time after giving pain relief. Nursing records we checked demonstrated staff were identifying the patient's level of pain and evaluating the effects of pain relief on a consistent basis.
- Anaesthetic staff managed the pain relief of patients who had immediately returned from theatre. Consultant staff also reviewed this if required following return to the ward. There was no pain management team at this hospital.
- The hospital used a number of different medicines for relieving pain post-operatively dependent upon the surgery. Information about the medicine prescribed, including how to use it and any side effects was given to patients.
- A patient controlled analgesia (PCA) was available as an option of pain relief. PCA is a method by which the patient controls the amount of pain medicine (analgesia) they receive. There was a dedicated pre-operative assessment and post-operative monitoring for this in the care record.
- The Nuffield patient satisfaction survey captured data on patient feedback regarding pain relief. For May 2016 there were 114 responses (71 NHS patients and 39 self-funded patients) and 123 responses (NHS patient 70 and self-funded patients 45) for June 2016 in response to the question 'did staff do everything they could to control your pain?' Nuffield Health Leicester scored 105 (92%) patients compared to all Nuffield Health providers (92%) and 117 (95%) compared to all other Nuffield providers (92%) respectively. Scores were reviewed each month and comparisons were made to identify any downward trends or improvements made. The ward manager and matron visited patients during their stay where issues could be identified early.

Nutrition and hydration

- Patients were screened for malnutrition and the risk of malnutrition on admission to the hospital using an adapted Malnutrition Universal Screening Tool (MUST). Out of the care records reviewed all had completed nutritional assessments.
- Staff followed guidance on fasting prior to surgery which was based on best practice. This permitted healthy patients requiring a general anaesthetic to eat up to six hours prior to their surgery and to drink water up to two hours before. Staff told us they were due to issue a 'personalised fasting business card' to patients at the pre-assessment stage to encourage compliance to the recommended fasting guidance. We saw evidence of the template for this initiative.

- We saw anaesthetic staff prescribing medication to ensure effective management of nausea and vomiting should this occur. If there was a delay in a patient going to theatre this was communicated to the nursing staff, communicated to patients, documented in the care record and patients were given fluids accordingly.
- Water jugs were available to all patients in their rooms. We saw and patients told us these were changed regularly.
- The hospital's Patient-led assessments of the care environment (PLACE) scores for 2016 were 90.79%, lower than England average when compared to other independent sector acute hospital for organisational food 93.8% but were higher when compared to England average of 87.01% and ward food 96.84% against an England average of 88.96%.
- The Nuffield patient satisfaction survey captured data on patient feedback regarding nutrition. Out of 114 responses (71 NHS patients and 39 self-funded patients) for May 2016 and 123 responses (NHS patient 70 and self-funded patients 45) for June 2016 to a question relating to the quality of food, Nuffield Health Leicester scored 109 (96%) compared to all Nuffield Health providers (94%) and117 (95%) compared to all other Nuffield providers (94%) respectively.

Patient outcomes

- In the reporting period April 2015 to March 2016, there were seven unplanned transfers of care from this hospital to a nearby NHS trust. This was not high when compared with other independent acute hospitals and consistently a low rate per 100 inpatient and day case attendances in this reporting period. We reviewed the reasons for the unplanned transfers and found no specific trends.
- For the reporting period April 2015 to March 2016, there were low numbers (six) emergency readmissions within 28 days of discharge. There were seven cases of unplanned returns to the operating theatre in the same reporting period.
- Patient reported outcome measures (PROMS) for hip and knee replacements and groin hernia repair (NHS patients only) for the period April 2014 to March 2015 were within the estimated range and the England average.
- The hospital took part in national audits focussing on patient outcomes; these included the national joint registry, surgical site infection rates, Public Health England and safety thermometer data.
- The hospital was undertaking four locally developed commissioning for quality and innovation (CQUIN) in 2015/16. One of these was surgical site infection surveillance, which included recording the number of post-operative wound infections, follow up care provided by the hospital or the GP, the use of antibiotics and the use of community nursing services. Information provided demonstrated action plans were completed for quarter one and two and on target for quarter three, with an action plan was in place for quarter four. A CQUIN is a payments framework and encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For the patient this means better experience, involvement and outcomes.
- We saw evidence of an audit schedule (2016) of internal and external audits including physiotherapy standards, blood transfusion, isolation hand hygiene, medical records procedures. The results were used to inform areas for improvement
- Physiotherapists were audited monthly for performance within clinical practice, which included assessment and evaluation skills. We saw evidence of audits for April 2016 to August 2016 which demonstrated the majority of physiotherapists achieved the organisation target of 80% or above.
- The hospital undertook endoscopies. Although not Joint Advisory Group (JAG) accredited for the endoscopy procedures, the hospital had sort expert advice from another Nuffield hospital which resulted in a comprehensive action plan to assist them in working towards accreditation. The JAG Accreditation Scheme is based on the principle of independent assessment against recognised standards. It was developed for all endoscopy services and providers across the UK in the NHS and Independent Sector.
- We saw evidence of a clinical record audit for quarter two (April 2016 to June 2016) which demonstrated audit results, actions required, who was taking responsibility and a target date for completion. This featured in the ward meeting minutes (July 2016) and staff confirmed

an action related to the audit had been communicated to them relating to providing all patients with a discharge document regarding deep vein thrombosis (a blood clot which forms deep in the body).

Competent staff

- Nursing staff across the service told us that they had formal line management and felt they were able to talk to their senior colleagues for help and guidance at any time.
- The hospital quality dashboard confirmed staff received annual appraisals. It showed that between March 2015 and February 2016, 100% of nurses and healthcare assistants working in inpatient areas had received an appraisal, which enabled them to have an opportunity to discuss areas for improvement or further development of their role. However, less than 75% of theatre staff had received an appraisal of their performance in the same reporting year. This was discussed with management who informed us that there was a 'back log' from the previous year. We were told that they were currently on course for the completion of all theatre staff appraisals by the end of 2016.
- The hospital followed robust procedures to ensure that surgeons who worked under practising privileges had the necessary skills and competencies. Checks completed ensured that surgeons performed only the procedures they carried out in the NHS.
- Consultants with NHS contracts had their appraisals and revalidation done at their employing trust and a copy had been provided to the hospital. Following our inspection we were provided with evidence to show 100% of consultants had completed revalidation and had current Disclosure and Barring Service (DBS) checks.
- The RMO's had appropriate advanced life support training and skills, and had attended a week-long induction programme at the start of their employment to cover all mandatory training requirements. This included clinical skills testing and an English proficiency test.
- Nursing staff undertook further competency-based training to ensure they had the relevant skills to care for patients (for example, epidural and patient-controlled analgesia training).
- Some nurses had completed further training as 'link' nurses (for example, safeguarding, infection control and dementia care). The nurses attended regular meetings and updated ward and theatre staff about any changes or up-dates to practice that were required. An example of this was related to the benefits of pre-operative showering (infection control link nurse meeting minutes June 2016).
- Staff were positive about access to further training and development courses. Courses were available externally or online through the Nuffield Academy.
- Two scrub staff had been assessed through the local university competency framework to be surgical assistants and one was to complete the training. Trained staff either performed the role of the surgical assistant or assisted with passing instruments and swabs.
- Operating department practitioner's (ODP) are required to register with the Health and Care Professions Council (HCPC) every two years. We reviewed personnel records and all eight had in date registration with HCPC. There were eight ODP's in total in addition a member of theatre staff was currently undergoing ODP training.
- New staff were supernumerary (treated as additional staff) for two weeks and went through a probationary period and four to eight week induction process. New staff induction included orientation to the environment, policies and guidance, equipment competencies and mandatory training completion. All staff required a signatory sign off by senior nursing staff.
- The hospital provided additional training beyond the standard requirement, which included apprentice nurse training, mentor, and assessing and care certification. Currently one member of staff had completed the apprentice and care certificate training and four were undertaking this from the inpatient and theatre departments.
- Information provided by the hospital confirmed physiotherapists had completed additional training which included cognitive behavioural therapy and acupuncture.

- We saw evidence of Nuffield wide support with doctor and nurse revalidation.
- For the reporting period April 2015 to March 2016, the hospital reported a 100% validation of professional registration for theatre nurse.
- Staff completed training prior to the introduction of the new national early warning scores (NEWS).
- Nursing staff across the service told us they did not have formal line management or clinical supervision but felt they were able to contact senior members of staff for help and guidance at any time. A formal clinical supervision strategy had been tried previously but staff preferred to have a more informal approach to discuss with peers and senior members of staff as required.

Multidisciplinary working

- A multidisciplinary team (MDT) approach was evident throughout the service. There was effective daily communication between multidisciplinary teams within the ward and theatres. Staff told us they had a good relationship with consultants and the resident medical officer (RMO). A multi-disciplinary planning meeting included representation by theatres, physiotherapy, the ward manager, matron, radiology and pharmacy. This was held the week before patients were admitted to discuss any special requirements that might be required.
- Patient records showed that there was routine input from nursing and medical staff and allied health professionals, such as physiotherapists.
- We observed excellent multi-disciplinary team working in theatres. An example of this was communication between the anaesthetist and operational department practitioner (ODP). The ODP was observed to pre-empt the requirements of the anaesthetist and make the process seamless.
- Any specialist staff that were required, for example a medical consultant, would be approached as and when necessary. This meant patients received timely access to the services most appropriate for their needs.
- When patients were discharged, the hospital liaised with external services. A letter was sent to the patient's GP to inform them of the treatment and care provided.
- There were a number of service level agreements in place for services required to support the hospital for example the provision of Magnetic Resonance Imaging (MRI) and Computerised Tomography (CT) scans by an external provider.

Seven-day services

- The three theatres were generally used during the hours of 8am and 9pm five days a week, Saturday 8am until 5pm and were closed on Sundays.
- Consultants practising within the hospital were responsible under practising privileges for care of their patients 24 hours a day, seven days per week.
- There was a resident medical officer (RMO) in the hospital 24 hours a day with immediate telephone access to on call consultants.
- There was an on-call rota for key staff groups, including theatre staff, senior managers, radiology and nursing staff.
- Physiotherapy services were available seven days per week supplemented by bank physiotherapists known to the hospital.
- Pharmacy services were available within the hospital Monday to Friday with on-call available Saturday and Sunday.

Access to information

- There were comprehensive, paper based, integrated care records for each patient. These included evidence based risk assessment tools, multi-disciplinary evaluation notes, observation charts, anaesthetic and theatre records. This enabled consistency and continuity of record keeping throughout the patients stay, supporting all staff to deliver effective care.
- Staff had access to information they needed from electronic and paper based sources such as policies, incident reporting forms, test results and medical records. Images, for example x-rays were available for use by theatres during operations.
- There were computers available on the ward and the theatre areas, which gave staff access to patient and hospital information for example standard operating

procedures (SOP's). On discharge from hospital patients were given discharge information. This contained the contact details for the hospital so they could call if they experienced any problems.

- The policies for the resuscitation of patients and 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) decisions were clear (review December 2016). Unless otherwise stated, all patients who had a cardiac arrest were to be resuscitated.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider had a 'consent to examination or treatment' policy (review 2018) in place. Staff we spoke with were aware of it.
- Patients consented for surgical procedures mostly on the day of surgery by the consultant. Patients confirmed they discussed the procedures with a nurse during pre-operative assessment and with their consultant during outpatients appointments , this allowed time to consider the procedure planned before consenting to treatment on the day of surgery.
- We reviewed four consent forms; all had been completed and signed appropriately.
- During our inspection we observed theatre staff checking consent forms were signed before the patient continued with the surgery.
- Staff told us patients who may lack capacity to make an informed decision about surgery were extremely rare. Any difficulties would be identified at the pre-admission assessment and if any consideration was needed this would be completed at this stage.
- The service had a policy for Deprivation of Liberty Safeguards (DoL's) and Mental Capacity Act (MCA) 2005 (review 2018). Staff were aware of how to access this. DoL's is part of the Mental Capacity Act 2005 which aims to make sure that people in such places as care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
- Staff we spoke with had received training about consent and the Mental Capacity Act 2005 (MCA). Data confirmed that 100% of hospital staff had completed the training. Staff stated if they had concerns about a patient's capacity they would refer the issue to a senior member of staff. Senior members of staff were aware of their responsibilities under the Mental Capacity Act 2005.
- During our inspection there were no patients requiring Deprivation of Liberty Safeguards, Mental Capacity assessments or DNA CPR orders. Patients' resuscitation status was assessed and documented both pre and during their admission.

Are surgery services caring?

Good

We rated caring as good.

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

Compassionate care

- All patients we spoke with were pleased with the quality of care they had received. They told us staff had made them feel at ease and had felt comfortable and relaxed prior to having surgery. Staff had spoken to them in a kind manner and treated them with dignity and respect. A patient told us 'staff are nice, helpful and friendly'.
- Staff ensured confidentiality and privacy by knocking before entering a patient's room and kept the door closed while providing care. We observed staff introducing themselves when they met a patient for the first time.
- Staff offered dignity pants and bras for patients to use who were going to theatre.
- The hospital collected Friends and Family Test (FFT) data for all patients. The hospitals FFT scores were similar to the England average of NHS patients across the period October 2015 to March 2016. Response rates were above the England average of NHS patients apart from October 2015 (37%) and January 2016 (30%). We saw evidence of information being shared with staff in the ward meeting minutes.
- Dignity and respect featured highly at the Nuffield Health Leicester Hospital. Patients were treated with kindness, dignity, respect and compassion. Patient feedback scores for the question 'are you treated with

respect and dignity' were 99% for the months May 2016, June 2016, July 2016 and August 2016. Staff told us they received feedback related to patient satisfaction; we saw evidence of this in the ward meeting minutes.

- We reviewed some patient comment cards, which included support of a patient who experienced an unexpected family bereavement whilst in hospital, the physiotherapist provided intensive treatment to enable an early discharge. Another comment related to an inpatient whose family member became very ill. The patient commented how supportive the staff were and commented 'they went above and beyond, the compassion and understanding was appreciated'.
- Handover was performed between shifts in an office on the ward to ensure privacy of confidential information.

Understanding and involvement of patients and those close to them

- Patients told us all staff had given clear explanations, in sufficient detail for each stage of their care and treatment, from initial consultation through to discharge. They had been given written information to support the discussions that had taken place. Patients valued seeing the physiotherapist during the pre-operative assessment, so they understood the exercise programme they needed to complete after their surgery.
- Staff were clear about the risks and benefits of the planned treatment and patients understood how their recovery would progress. Patients told us staff had made them aware of any costs they may incur.
- We spoke with a relative who told us they had been informed of all information they felt they required. The relative told us 'it had been a positive experience'.
- Patients told us they appreciated the time staff spent with them to answer any concerns they had. They had found it helpful seeing the anaesthetist and consultant prior to having surgery.

Emotional support

- Staff in all areas showed sensitivity and support to patients and understood the emotional impact of them having to be admitted for surgery.
- We observed a theatre team providing additional reassurance for a patient who was anxious about their surgery.
- A patient commented how staff attended to their needs but also reduced their anxiety prior to surgery by talking and laughing with them about 'every day' things.
- The hospital had open visiting hours on the ward so relatives and carers could visit at any time to offer support.
- Patients were able to telephone the ward after discharge, for further help and advice on their return home.

Are surgery services responsive?

Good

We rated responsiveness as good.

Responsive services are organised so that they meet your needs.

Service planning and delivery to meet the needs of local people

- The hospital worked with the local Clinical Commissioning Groups to plan services for NHS patients and participated in the NHS e-Referral Service. The service allows NHS patients requiring an outpatient appointment or surgical procedure to choose both the hospital they attend and the time and date of their treatment. Through this initiative, the hospital was able to provide a selection of NHS services including, hip and knee surgery, and hernia repairs.
- The provider was registered with various insurance companies, providing access to treatment for patients who had private healthcare insurance. Additionally, patients could opt to pay for treatment themselves.
- The hospital had a policy, which outlined the inclusion and exclusion criteria for patients. Patients with an American Society of Anaesthesiologists (ASA) physical status score of four or greater were not treated. The patients admitted to the hospital had an ASA score of one to three. Patients admitted had a low risk of complication and their post-surgical needs could be met through ward-based nursing care.

Good

Surgery

- There were no facilities for emergency admissions; commissioners and the local NHS trust were aware of this.
- The admission process and care provided was the same for self-funded patients and NHS patients.
- Patients were given a choice of appointment times, dates for surgery.

Access and flow

- Both private and NHS patients were admitted on a planned basis for elective surgery, and staff provided care in a timely manner.
- The hospital did not have a waiting list for private patients requiring surgery. Patients were offered treatment according to their availability, taking into consideration the clinical urgency for the surgery and the need for time following consultation.
- The operating department followed a planned programme of activity from Monday to Saturday. The hospital allocated theatre time to consultants on a sessional basis unless there was a clinical requirement to provide an ad hoc session, for example a return to theatre.
- The pre-assessment nurse covered discharge planning during pre-assessment to determine not only how many days patients would be on the ward but also whether patients were likely to require additional support at home once discharged.
- In the last 12 months, the hospital reported cancelling 33 procedures for non-clinical reasons. The hospital confirmed all 33 patients were offered another appointment within 28 days of the cancelled appointment. There was no differentiation between NHS and private patients.
- The provider met the indicator of 90% of admitted patients beginning treated within 18 weeks of referral each month in the reporting period before the indicators were abolished (April 2015 to May 2015). Above 90% of patients began treatment within 18 weeks of referral throughout the rest of the reporting period (June 2015 to March 2016); except in June 2015. These were for both NHS and private patients.
- Occupancy rates on the ward meant that patients who needed to have an extended length of stay because they were not fit to go home could do so. We were told that if a patient needed to be admitted the night before surgery this could be accommodated.
- There were staggered admission times for surgery which meant patients did not have to wait around unnecessarily for their procedure.
- There was a 24 hour resident medical staff on-call service with the additional response of attendance by a consultant within 30 minutes of the call.
- Examples of intense physiotherapy treatment were given for patients who needed to discharge unexpectedly early.
- Admission, transfer and discharge of patients from the ward and theatres were managed appropriately. The patients we spoke with did not have any concerns in relation to their admission, waiting times or discharge arrangements. Arrangements did not differ for NHS or private patients.
- Discharge tablet packs were available on the ward for the use of out-of-hours discharge. An example was given where staff member used the discharge tablet packs for a patient who required to return home to visit their end of life relative.
- A central booking team managed the process of admission following a patient's visit to their consultant, which ensured a seamless process.
- There was a current discharge policy. The patient was given a discharge summary to take home which was also faxed to their GP.
- Hospital guidance suggested, any patients who had received a general anaesthetic must have a responsible adult identified for the first 24 hours following discharge. We saw this documented in two patients care records.
- On discharge, patients were given a comprehensive discharge booklet which was specific to the surgery they had undergone.
- The Nuffield patient satisfaction survey captured data on patient feedback for information given to patients regarding whom to contact following discharge. For May 2016, June 2016, July 2016 and August 2106 the hospital

scored between 95% and 100% with a response rate of between 114 to 147 patients. Nuffield Health Leicester scored higher than all other Nuffield hospitals in three out of the four months.

Meeting people's individual needs

- Dates for surgery were discussed with patients at their initial outpatient appointment. Patients were able to choose to have their operations at times suitable for them.
- Nursing staff during the patient's pre-assessment recorded information on patients' additional needs. They gave patients information leaflets about their planned procedure or treatment during their appointment or the hospital sent the leaflets to patients with their outpatient appointment letter. The patient information leaflets were written in English only. available for patient information leaflets in large print and formats other than written English.
- Patients' requirements were identified during the pre-assessment appointment and services were planned to meet their individual needs. Staff told us they rarely treated patients living with dementia or people with learning disabilities. However, despite the lack of policy, they were able to describe adjustments they would make for specific individual needs. These included additional staffing, simplified written documents and greater collaboration with carers.
- On our return visit staff described an extensive plan of care for a lady living with dementia. This included performing a home visit for pre-assessment and swabs for a day case procedure.
- Patients living with dementia or with a learning disability were identified at pre-assessment, we were told planning would be put in place and cases would be discussed at the multi-disciplinary capacity meeting in advance, for example, additional staffing or involving family members.
- During our inspection, we did not see any examples of supporting information for vulnerable groups, this was fed back to the senior management team. The hospital responded to this, and on our unannounced visit, the matron was due to implement a 'hospital passport' for patients with a learning disability. It contained questions a patient could share with the hospital staff, which included 'things that are important to me' and 'my likes and dislikes'. This would be completed at pre-assessment, and stay with the patient throughout their care. The hospital matron had also implemented a 'This is me' booklet and information leaflets to support someone living with dementia. Patients were also assessed for the need for the use of a roaming alert system.
- Dementia awareness training was completed for all staff.
- In the Patient-Led Assessments of the Care Environment (PLACE) for February to June 2015 the hospital scored 91.30% for the care environment for patients living with dementia. The England average was 75.28%.
- For patients whose first language was not English, telephone translation facilities were available. There was a list of available staff willing to offer translation services. However, there was no information on general display related to the availability of translation services; this was fed back to the senior management team. On our unannounced visit there was an information sheet clearly displayed on each reception desk informing patients and their relatives about the translation services available.
- There were specific questions related to dementia in the patients care record and we saw evidence of completion of this in all four records reviewed.
- There was a specialist bariatric nurse as part of the nursing team. Facilities were available for the care of bariatric patients. Bariatric is the branch of medicine that deals with the treatment of obesity.
- Equipment for the larger or bariatric patient was available within theatres. This included table and limb extensions. All operating tables were able to accommodate patients up to 350 Kilo (40 stone). Additionally the operating department stocked extra length lines for administering medication, if required.
- A room was available for patients requiring to pray, facilities included a prayer mat, compass and Qibla markers (a direction marker to identify Mecca).
- Provision was made for patients who required to fast for religious reasons which included the administration of intravenous fluids.

Good

Surgery

- Staff told us relatives could stay overnight in the patient's rooms if required.
- Patients received sufficient information prior to their planned surgery. They were provided with both verbal and written information to ensure they understood the planned procedure and had clear expectations about their admission to hospital. Risks were explained to them.
- All patients were cared for in individual rooms with private ensuite facilities, which helped maintain their privacy and dignity.
- Visual aids were provided for patients with visual impairments.
- Patients were seen on admission by the ward hostess to take an order for a post-operative meal. These meals were made available in the kitchen ready for the patient on their return.
- In addition, soup and bread was available in the ward kitchen area for patients.
- If a patient had a reduced appetite staff told us the chef would visit the patient and offer alternative food choices as requested.
- There was a restaurant open in the day, which offered facilities for relatives and patients.
- Physiotherapists offered treatment to patients both before and after joint surgery. They ran a weekly 'replacement knee' rehabilitation class for four weeks, followed by a patient forum. The hospital also ran a 'recovery plus' programme of rehabilitation offered to all inpatients following surgery. This programme provided a personalised rehabilitation and individual goal setting. It also offered three-month full gym membership and a health MOT.

Learning from complaints and concerns

- How to complain leaflets were included in patient letters prior to attending Nuffield Hospital Leicester, these were also available in the ward areas. All information was in English only.
- Staff were aware of the advice to give to patients who expressed the wish to complain.
- A report provided by Nuffield Hospital Leicester for the period January 2015 to September 2016 showed 61hospital wide complaints. At the time of the inspection, three remained under investigation. The hospital provided a formal overview of a year's complaints, including outcomes and actions taken. No complaints were referred to the ombudsman or the Independent Healthcare Sector Complaints Adjudication service for the same reporting period. The assessed rate of complaints (per 100 inpatient and day case attendances) was similar to the rate other independent acute hospitals.
- Of the 33 complaints reviewed two had delays in response times. Both involved delays in investigation due to complexities and letters needing to be obtained. Complaint one took 120 days, complaint two took 81 days from receipt to resolution.
- All complaints were discussed at senior management meetings and actions documented. Heads of department are responsible for cascading outcomes at staff meetings; we saw evidence of this in departmental meeting minutes. We looked at ward meeting minutes (May 2016 and July 2016) which demonstrated the sharing and learning from complaints.
- The Hospital Director hand signed all response letters and was responsible for ensuring complaints met the standards set out in the policy guidelines. The process was overseen by matron. Standards had been achieved for the period shown above.
- Nuffield Health complaints policy requires a written acknowledgement within two working days and a written response within 20 working days. Patients were offered face-to-face meetings to discuss investigatory findings. In the past 12 months, all complaints have been resolved at a local level and in line with policy guidelines.
- Examples of learning from complaints included improved notification about charges for investigations and personal telephone calls when appointments are delayed or cancelled.

Are surgery services well-led?

Good

We rated well-led as good.

Good

Surgery

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Leadership / culture of service related to this core service

- There has been recent appointment of a hospital manager and matron to the senior management team, these individuals have been allocated 'buddies' during their induction phase to ensure there is support in their new roles. The hospital team also received support by a regional Quality Care Partner providing oversite and support for clinical issues.
- There was a sense of friendliness and companionship within the staff group. This extended through all grades of staff.
- Staff spoke positively about the recent appointments to the senior management team and felt they were listened to with actions being followed through. An example of this was regarding the security of the building during out of hours provision.
- Heads of department demonstrated their ability to prioritise safe and high quality compassionate care. There was currently a development initiative to increase the management responsibility of the departmental leads. This had recently been introduced and was still being embedded. The senior management team were supporting this by providing additional training, for example, one department lead was due to attend a training day related to undertaking root cause analysis investigations.
- Six personnel files where reviewed for compliance of practising privileges. Files with missing or out of date information included copies of letters requesting these were provided. Examples of requests included provision of an up to date disclosure and baring (DRB) certificate and proof of medical indemnity insurance. Undertakings on medical registration were recorded within files and reported to the general medical council (GMC).

Vision and strategy for this this core service

- The hospital vision was to become the private hospital of choice in Leicestershire, Staff we spoke with were clear about the corporate and local vision for the hospital. The vision for One Nuffield Health' aimed to bring together the hospital care and gym provision to make a patient's journey from treatment to rehabilitation seamless They had two overarching strategies for Nuffield Leicester, described as 'Nuffield Project Right' aiming to have the right staff with the right skills at the right time and the 'love of life' strategy, which outlined what was important to everyday life which referenced these in an acronym 'EPIC' which stood for Enterprising, Passionate, Independent and Caring. The majority of staff we spoke with were aware of this.
- There were financial plans in place or under development to improve the estate and hospital security. These included refurbishment of the lifts and improved control of access into the building at night time. External security was in place when the unannounced visit took place.

Governance, risk management and quality measurement

- There was a clear governance structure in place with committees such as clinical governance, senior management and heads of department feeding into the medical advisory committee (MAC) and hospital management team.
- There was an established governance and risk management strategy with clearly defined roles to support the delivery of good quality care. For example, learning from complaints and incidents was discussed at monthly senior management, quarterly Medical Advisory Committee and clinical governance meetings. Information was then disseminated at departmental staff meetings. A clinical governance report was compiled each quarter. This was presented and discussed at the MAC meetings.
- The Medical Advisory Committee (MAC) met quarterly and provided clinical advice and guidance. Topics discussed included incidents, complaints and reviews of surgical procedures. Evidence from the meeting minutes showed consultant attendance varied, actions were made and reviewed.
- The senior management team met weekly to get an overview of the service and discuss current risks. Minutes included discussions about complaints, mandatory training, risk register and staffing.

- The hospital risk register had ten documented risks. Examples included; the new blood transfusion service based in Warwick – distance causing possible delays, which was to be audited, loss of long serving workforce due to retirement with succession planning to be considered over the forthcoming months and a new senior management team.
- Risk registers were in place for all areas. Department leaders we spoke with knew and were seen to be managing risk pertinent to their clinical areas.
- The organisation undertook a quarterly annual review (QAR), the last unannounced review for Nuffield health Leicestershire was 2 and 3 march 2016. We saw evidence of an action plan following this which highlighted areas for improvement such as safeguarding flow charts to be displayed, hand hygiene competencies to be completed for all staff and no documented agreement for translation services, all of which had actions completed.
- There was a ward to board reporting framework, with a governance process in place to ensure that staff employed were appropriately qualified and to monitor registration, revalidation and fitness to practice.
- There was a clear governance structure for the surgical service which oversaw quality, audit and risk activity performance. Staff we spoke with told us they would feel able to raise concerns to either the ward manager or the matron.
- Hospital processes were reviewed for compliance with fit and proper person requirements (FPPR). This regulation states, directors should be of good character, possess the right competencies and skills and are physically and mentally fit to do the job. Checklists and processes were completed prior to a manager being appointed. This included references and ensuring that no gaps existed in employment history.
- Standing agenda items for the MAC include Clinical governance, Operational/Financial update, Practising Privileges and any other business.
- The MAC chairperson meets with other MAC chairs twice annually for shared learning, extraordinary meetings can be called if required for example following a never event. A change made following a MAC meeting was in relation to the provision of paediatric anaesthesia and acceptable levels of experience according to the age of the child. There was a culture of pride across all staff groups working within Nuffield Leicester. Senior managers spoke very highly of the care provide and there was mutual respect between medical and nursing staff. One senior staff told us ' family members have had treatment at the hospital and were very happy with the care provided.'
- All of the department leaders we spoke with said they were proud of their team.
- Staff we spoke with told us they felt there was a culture of openness within the hospital.
- All staff spoke positively about the matron and the hospital director and commented they feel listened to.

Public and staff engagement (local and service level if this is the main core service)

- Feedback was obtained through the patient satisfaction surveys, verbally during hospital rounds and through the complaints process. An example of a change due to patient feedback was regarding the knee replacement programme.
- The senior management team obtained direct feedback from Consultants. Results from a consultant survey received 64 (26%) responses; comments included enjoyable place to work (86%), felt represented by the MAC (75%) and positive feedback regarding pathology and radiology services.
- The physiotherapy team ran quarterly patient knee replacement feedback groups where post-operative patients talk to them about their experiences through a series of questions. The sales and services manager also attends these sessions to address non-clinical issues. We saw feedback reports (December 2015, March 2016 and June 2016) of mostly positive comments and also some suggestions which included more session for the joint replacement class a model of the knee joint for demonstration. A general patient feedback forum was due to commence.
- Following the appointment of the new members of the senior management team there were a series of staff engagement events. In response to this there has been a room converted into a dedicated physiotherapy room in the ward area and a patient lounge.

Good

Surgery

- The hospital director attended a ward meeting (July 2016) where a security issue discussed which is currently being resolved.
- An action from last year's leadership survey had identified the introduction of a reward scheme. This had been briefly discussed with the heads of department at the Leadership Meeting and Staff Forum where ideas have been requested. This was due to be further discussed and agreed in October 2016 leadership meeting so that the reward scheme could then be implemented. Staff we spoke with said they felt involved and included. Ward meetings were a good source of information where minutes were made available if they were unable to attend.
- The hospital had very positive relationships within the local health economy including commissioners, local acute hospital trust and local university.
- GPs received regular updates and attended information evenings related to developments about the hospital.
- There was a long service award scheme to recognise long service on the day of their anniversary, which included gift giving, a yearbook and lunch with the senior management team. There were four employees with long service awards, two having served 25 years, one 30 years and the fourth had 42 years.
- Staff said they were encouraged and supported to develop. One member of staff told us they had recently qualified as a Nuffield apprentice and had been nominated for the healthcare Apprentice of the year award.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- Endoscopic sleeve gastroplasty is a newer type of weight loss procedure that reduces the stomach size using an endoscopic suturing device without the need for surgery. This treatment was offered by one of the consultant surgeons at the Nuffield health Leicestershire.
- There were plans in place for a new service called 'blood hound' to commence by December 2016. This was a new process related to the administering of blood products and group and save. Patients will be able to visit any Nuffield hospital to have blood samples taken and results would be ready on the day of admission at the hospital where the procedure was due to take place.

Good

Services for children and young people

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

Are services for children and young people safe?

Good

We rated safe as good.

Safe means the services protect you from abuse and avoidable harm.

Incidents

- There were no never events or serious incidents related to children and young people in the 12 months preceding our inspection. Never events are serious, largely preventable patient safety incidents that should not occur if available preventable measures have been implemented. Although a never event type has the potential to cause serious potential harm or death, harm is not required to have occurred for an incident to be categorised as a Never Event.
- At the time of inspection the children's service incident log for 2015 to 2016 identified two moderate incidents. Both incidents were closed. We reviewed one incident and saw the duty of candour was applied to involve and inform the child's parents of the incident and subsequent actions. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The incident reporting process supported duty of candour recommendations. A flow chart supplied staff with prompts relating to the duty of candour. The nursing and medical staff we spoke with understood the duty of candour regulation and when it should be applied.
- Systems were in place to ensure that incidents were reported, investigated and lessons learnt. Incidents, complaints and significant events were discussed at ward meetings, clinical governance meetings, during the quarterly quality governance meeting and at monthly trust board level meetings. Weekly discussions of incidents also took place at the Wednesday capacity meeting attended by all heads of department.
- Medical and nursing staff confirmed they knew how to report incidents and had received feedback and advice through email, at ward meetings and at the Wednesday capacity meeting. We observed the discussion of one incident at the Wednesday capacity meeting. Staff told us that they could request feedback from incidents as part of the incident reporting process.
- Staff told us that safety alerts were circulated through emails and discussion.
- The hospital did not provide inpatient services to children under the age of three. The service recognised a potential risk and suspended providing services to this age group. There had been no children's deaths from April 2015 to March 2016.
- Mortality and morbidity review meetings were held to review in-hospital deaths and identify any lessons learnt. The hospital identified that mortality reviews did not take place for children and young people. Knowledge and insight from surgical error adverse

events were reported, and dealt with the individual consultant. No such adverse events had taken place within children's or young people's surgical procedures during the last 12 months.

- Adverse outcomes were entered onto the incident reporting system where trends were identified, investigated and subsequently discussed at quality meetings and at the Medical Advisory Committee (MAC).

Cleanliness, infection control and hygiene

- The hospitals health care associated infection data, infection surveillance and internal data was benchmarked against all Nuffield Hospitals, scoring similar to other hospitals.
- Staff in the ward and outpatient areas was observed to perform good infection control practices. We observed the use of personal protective equipment and hand sanitiser by staff. Hand sanitiser was located on entry to each clinical area and within clinical areas.
- Pre-operative assessments included 'Multi resistant staphylococcus aureus' (MRSA) screening of children took place where they met criteria identified for such tests. One mother told us that she and her child were tested prior to surgery. We observed a section within the child's notes where the result of this test was documented. The criteria for testing meant that not all children and young people received tests prior to surgery.
- The hospital reported no MRSA or Clostridium Difficille infections in children or young people over the last 12 months (Apr 15 to Mar 16).
- Staff received infection prevention and control training as part of their induction and at mandatory training. Staff confirmed completion of the yearly mandatory online infection control training. The service training statistics for 2015 to 2016 confirmed 100% completion of this training by the children's nursing team.
- Cleaning schedules were in place, which identified the tasks and frequency of cleaning in each area including the playroom and toys. Staff performed audits of cleaning of ward areas. The clinical environments and hospital were seen to be visibly clean.
- Staff performed weekly visual checks on toys to ensure safety and prevent injury.

Environment and equipment

- Equipment suitable for children and young people was seen in all clinical areas. The children's ward was made up of a designated children friendly playroom and eight rooms on the ward separated by doors. This was in accordance with Royal College of Nursing recommendations. (Caring for children and young people2014). The rooms, recovery and anaesthetic rooms were dual purpose for adult and children, but staff made attempts to create a child friendly environment. Age appropriate activities were placed on the bed and a Nuffield bear waited for the child's arrival. Medical equipment was kept accessible but out of sight of children to minimise distress.
- We checked equipment throughout the service and saw stickers with dates, which confirmed maintenance checks had taken place. The service audited the equipment maintenance every three months as part of the medical devices audit.
- Security within the hospital was assisted with close circuit television (CCTV) cameras; all arrivals went to the main reception desk at the main entrance to the hospital and announced their arrival. Guests visiting Nuffield Health Leicester on official business also signed into the hospital through the signing in book at the main reception area. These individuals also received guest passes.
- We observed that there was easy access to the main ward and discussed this with staff. The doors leading onto the main ward were also not secure, one of which led off the children's area. The security doors for the children's corridor were purchased and the hospital was currently waiting for connection of the security key pad. This risk was discussed at the children's and young people's quality and safety team meeting on the 13 September 2016. A risk assessment was produced originally dated 21 March 2016 and assessed this risk as a minor risk. The last review of this risk assessment had taken place on the 1 May 2016 by the previous hospital director. A consideration here was that despite the concerns raised in March 2016 limited progress was made to resolve this risk as the risk remained. To mitigate this staff told us that children and young people were never left alone, as either the parent or a nurse had been with the child or young person throughout their stay.

- Resuscitation equipment throughout the hospital was in date with separate children and adult trollies containing size appropriate equipment. Resuscitation equipment was available in the both theatre and ward areas. Resuscitation monitoring records confirmed resuscitation equipment within resuscitation trolleys were checked daily. Monthly resuscitation equipment audits took place; the August 2016 audit confirmed 100% compliance with monitoring and equipment weekly checks. This was an improvement from the previous month for each area where compliance of weekly checks was identified as 75%.
- Shortfalls were identified in the monthly audits for both July and August 2016 in all areas. Compliance levels of daily checks in August 2016 ranged from 87% (ward trolley) to 100%(outpatients department trolley) In July 2016 compliance levels for daily resuscitation trolley checks ranged from 85.7% (ward) to 95% (outpatients department). During the inspection we undertook random checks on all of the paediatric resuscitation trolleys equipment, found all equipment to be in date, and labelled with an expiry date.
- During transfer from theatre portable suction and oxygen equipment accompanied the patient to the ward.
- Designated children's seating areas were seen in outpatients in the Physiotherapy and Radiology areas. In the other areas children sat in the main reception.

Medicines

- Medicines management was in line with hospital policy, for example medicines were locked in cupboards; the nurse in charge carried the controlled drug keys. We reviewed seven children's drug charts and no gaps were seen against the entries.
- In theatre and on the ward, medicines that required storage at low temperatures were kept in dedicated fridges. Of the three fridges checked all had the required temperature monitoring sheets completed correctly including out of range results. Electronic alarm systems were in place for alerting out of range temperatures.
- Children's weights and allergy status was included on the children's drug charts we reviewed.
- The 2016 paediatric formulae were available for reference by staff on the wards and in pharmacy. The onsite pharmacist provided support and was involved in the medicines management meeting. If greater paediatric support was required an agreement was in place with a local NHS trust.

Records

- The Nuffield Health Leicester Hospital had a fully integrated medical records system in place. Six months of patient records remained on site the remainder were stored off site. Records were scanned and stored on a disc. Records sent off for storage were retrieved within four hours. There was a service level agreement in place.
- Matron was the named information security lead who had carried out an unannounced due diligence review of where and how records were kept and how quickly they could be retrieved.
- We reviewed a mixture of seven sets of medical and nursing notes. We saw completed pre-operative assessments, pre-operative checklists, consent documentation, correct site surgery sheets, perioperative records, surgical safety checklists, post-operative care records and discharge dates and times logged for those patients discharged home.
- In line with the Royal College of Surgeons 'Good Surgical Practice (2014) staff told us that pre-operatively patient concerns and / or needs were discussed within the multi-disciplinary team at the patient's pre-admission visit. For example, a patient with safeguarding needs or complex needs were identified prior to surgery so that the necessary support was identified for the child. We saw this performed for a child whose parents had concerns around pain management.
- The care and records audits in March 2016 and August 2016 were compliant with the standard.

Safeguarding

- A registered children's nurse with extensive training and experience in safeguarding was the lead for safeguarding for both the hospital and nationally. The hospital matron also acted as a safeguarding lead. The safeguarding lead had completed the 'Workshop to raise awareness of PREVENT (WRAP) training, Prevent is part of the government's counter-terrorism strategy and aimed to stop people becoming terrorists or supporting terrorism.

- A hospital representative sat on the local safeguarding board to ensure they were fully aware of developments locally and nationally.
- The named doctor for Nuffield Health was the executive medical director. The named nurse for Nuffield Health was the chief nurse. The holders of the named positions may delegate some responsibilities to designated others, for example the nurse adviser for safeguarding.
- Safeguarding training statistics provided by the hospital identified that 62 staff were involved in children's and young people's services. Of these, 53 (85.5%) staff had completed safeguarding children training at level two. All the registered children's nursing staff (100%) had completed safeguarding children training at level three. An additional 10 staff completed a level three children's safeguarding session in November 2016. These included the registered manager, matron and paediatric theatre staff.
- Staff received safeguarding supervision from the safeguarding children's board every three months. We saw evidence of this in minutes from June 2016.
- There had been no safeguarding concerns reported to CQC in the reporting period (April 2015 to March 2016).
- Staff at the Nuffield Health Leicester Hospital were aware of the possibilities of child abuse, radicalisation, female genital mutilation and abduction and there were policies and processes in place to inform staff how to escalate any concerns.
- A risk assessment and local standard operating procedure identified the measures in place to promote the safety and security of children and minimise potential risk of abduction.
- Two safeguarding awareness audits had taken place to ascertain staff awareness of safeguarding, training and visibility of safeguarding flow charts. The first audit took place on the 23 May 2016, which resulted in an action plan. One staff member from the 27 departments / offices took part in the audit. The audit repeated in June 2016 across 17 departments / offices. The outcome was the safeguarding icon was put onto the outpatient's clinic computer and some information updates were communicated to new staff in one area in relation to the name of the named nurse for safeguarding, how to access annual mandatory safeguarding training and the safeguarding board icon.

Mandatory training

- Hospital training statistics identified that 43 staff (64%) had completed either paediatric basic life support (PLS) or intermediate life support (PILS) or its equivalent (e.g. EPLS European paediatric). All staff directly responsible for the care of children and young people had received PILS training. The resident medical officers received training to an
- Mock emergency scenarios took place to ensure staff responded appropriately and it was planned for the children's nurses to attend a local hospital's children's department to work with high dependent children to heighten their awareness and skills of the deteriorating child.

Assessing and responding to patient risk

- Staff provided care in line with NICE CG50. Patient's risks were assessed to determine their fitness for surgery. The service had protocols and guidelines in place to assess and monitor patient risk in real time. Children of all ages received an assessment of venous thrombo- embolism (VTE blood clot within the lower limbs) and bleeding risk.
- The weight and height was recorded at pre-assessment. We saw this repeated on the day of surgery for a more accurate current weight.
- We were told that all surgical services were consultant-led and cases reviewed either by a consultant surgeon or consultant anaesthetist. We observed this to be the case during our inspection.
- A paediatric emergency drugs calculator record was produced for each child on admission. This calculated the dosage of drugs required in the event of an emergency. This was printed, signed by a paediatrician, and attached to the child's drug prescription chart as a quick reference guide.
- A children's and young people's early warning score (PEWS) was in place to aid identification of the deteriorating child or young person. We observed the

use of the PEWS tool documented within the seven sets of children's notes and noted that none had required escalation and that staff had followed the necessary guidance when reviewing each child's PEW score.

- A lead paediatrician was involved in the child or young person's care. For the duration of a child or young person's stay, the paediatrician remained on site. We saw staff performing handovers to the paediatricians throughout the child's stay in hospital.
- The service had recently introduced information on sepsis six and its management. This documentation was located in the nurses' office. Staff said that all the nursing staff had read the information. Sepsis training had been provided for all staff including management of a child with a septic episode.
- We witnessed staff performing the '5 steps to Safer Surgery' World Health organisation (WHO) checklist, prior to and following surgical intervention. We reviewed a further five sets of children's notes, and observed accurate completion of the checklist.
- Pre-admission risk assessments were completed on children and young people to ascertain their fitness for surgery and suitability for treatment at the Nuffield Leicester Hospital. Risk assessments were completed in the seven children's records we reviewed.
- Criteria were also in place for children proposed for day case tonsillectomy procedures. If they did not meet the criteria they did not undergo this procedure as a day patient.
- A service level agreement was in place with a local NHS trust for children requiring higher dependency or intensive care. We observed an operating procedure on display in the event of a child requiring short term high dependency care. Staff described how the child would be cared for in a designated area of recovery prior to transfer to the specialist children's intensive care. No children had required transfer to a children's hospital in the last twelve months.
- We saw children cared for on a one to one basis by staff trained in paediatric life support and a children's nurse was present at all times. The paediatrician and paediatric anaesthetist were in the hospital at all times when a child was admitted.
- On discharge from hospital, parents received detailed advice sheets, including pain relief advice, and contact numbers to call the hospital in the event of any concerns. This was in line with the Royal College of Surgeon's 2013 recommendations.

Nursing staffing

- Children's nurses were managed outside of the general nursing compliment and therefore according to the numbers of children admitted determined the number of registered children's nurses. The registered children's nurse ratio to children was one nurse: three children. The CYP nursing team reviewed patient admissions a week in advance and planned staffing levels accordingly. These were reviewed daily and adjusted accordingly.
- Children were always cared for by registered children's nurses. This was confirmed by discussion with nursing staff and through review of five random weeks of duty rotas against children's activity / admissions to the ward. During children's recovery, two designated children's recovery nurses, with additional paediatric training, were present until the child returned to the ward.
- The lead children's nurse organised nurse shift staffing requirements and alerted the lead consultant paediatrician who organised the resident paediatrician for the surgical episode. Once in place and following a satisfactory pre-assessment the booking was accepted.
- The hospital employed two children's nurses through the bank to support the service. The lead children's nurse identified that both these nurses were inducted and competencies assessed prior to commencing work on the unit. Staff said the service did not use agency staff.
- Shadowing opportunities were available for children's nurses within the local children's hospital.
- Our observations of practice, review of records and discussion with staff confirmed that staff performed comprehensive succinct handovers of care. These were performed in the anaesthetic room, recovery and between nursing staff.

Medical staffing

- Consultants who requested practising privileges completed a Nuffield Health application. Once received

the hospital director met with the doctor to discuss their suitability to practice independently. Following completion of the relevant paperwork, the application was taken to the medical advisory committee (MAC) where it was proposed and seconded by the speciality representative and signed off by the MAC chairperson and hospital director.

- Consultant surgeons and consultant anaesthetists can only care for children at The Nuffield Health Leicester Hospital providing they do so regularly in the trust. A grid was displayed in the ward and theatre areas which identified age groups consultant anaesthetists could anaesthetise patients based on their scope of practice within the trust hospitals.
- Resident medical officer (RMO) doctor provision at the Nuffield Health Leicester Hospital was supplied by an external agency. Each RMO's personal file was held within the human resources (HR) department. The file contained mandatory training certificates, which were reviewed by the HR manager, and matron to ensure the RMOs training was up to date. We reviewed a selection of doctor's files and observed that their training was up to date.
- Resident doctors worked a one week on and one week off rota. Each RMO kept a record of any calls outside of normal working hours. The calls were reviewed by matron to ensure the doctor had sufficient rest periods.
- In addition to the general RMO, an intensivist paediatrician (works in paediatric intensive care) or a paediatric specialist RMO was always on site for all children who had surgical procedures until they were discharged home
- The RMO said they communicated regularly with consultant staff to ensure that the treatment provided was appropriate for each child. This process was also confirmed by one of the consultants we spoke with. We saw the RMO receiving a handover for each child during the treatment process.

Major incident awareness and training

- The hospital had a major incident policy and supporting procedures in place. This included actions in the event of the loss of vital services.
- Staff completed 'Prevent'. Prevent is part of the government's counter-terrorism strategy and aimed to stop people becoming terrorists or supporting terrorism.
- The hospital ran fire drills throughout the year to ensure staff confidence in the event of an emergency.

Are services for children and young people effective?

Good

We rated effective as good.

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Evidence-based care and treatment

- Guidance from authorities such the National Institute for Health and Care Excellence (NICE) and 'Royal College of Surgeons (RCS) – Standards for Children's Surgery (2013)' were used to inform care and care provision. Senior staff identified that the delivery and environment of care standards identified in the 2013 RCS guidance were incorporated into the new children's and young people's policy used by the service.
- Senior staff identified that health care associated infection data, infection surveillance and internal data were benchmarked against all Nuffield Hospitals. For example, 'Multi resistant staphylococcus aureus' (MRSA) data.
- Care was provided in line with NICE CG50. This guideline identified measures staff took to recognise and respond to deterioration in children's conditions. We saw that staff monitored the child's progress throughout the patient journey from the pre-assessment stage through to the post-operative stage. Baseline physiological observations such as respiratory rate, heart rate and temperature were taken during the pre-assessment process followed by agreed frequencies of physiological observations at the child's admission through to their discharge home. The paediatric early warning score was used to detect deteriorating children so that appropriate management of the child's condition took place.

- The hospital staff performed a range of audits to demonstrate staff compliance with policies. These included record keeping, hand hygiene and medication audits.

Pain relief

- Staff told us that they were good at managing pain. This was part of the care pathway and they had received pain management training. A member of the nursing team had received specific pain management training. Pain relieving medicine was given prior to the child waking to minimise discomfort.
- We saw evidence of staff discussing the pain levels with patients and managing their expectations. The provider captured feedback regarding pain relief from their patient satisfaction survey, which are reviewed monthly by the ward manager.
- Age appropriate pain scores were used with either pictorial face prompts or a visual analogue scale of one to ten. We observed staff responding appropriately to the patient's pain and monitoring the effectiveness of the medication.
- Children's pain was recorded on the paediatric early warning score chart, and they would only be discharged with a score of one or less.
- Post-operative pain management was audited 78% of children in this period had pain relief in theatre and on the ward of those given pain relief 100% had a pain score of one or none.
- We saw staff discussing pain control with the anaesthetist when parents requested further information.
- Parents we spoke with all told us they felt staff managed their child's pain effectively.

Nutrition and hydration

- On admission, staff assessed a child's nutritional needs...
- Anti-sickness medication was given prior to waking in order to reduce the side effects of the anaesthetic and reduce distress to the child.
- The service documented when the children were first Nil by mouth to the time they were taken to theatre and then the time the child tolerated fluids.
- Patient-led assessments of the care environment (PLACE) scores showed a score of scored 93% for ward food, above the England average of 84%.
- Children undergoing surgery were encouraged (within reason) to ask for their favourite food to have after surgery.

Patient outcomes

- A performance dashboard was monitored monthly by the senior team, trends and activity was discussed at the quarterly Nuffield Group. Data for children's services was reported within surgical services data.
- The hospital compared waiting times to local NHS trusts to benchmark services. In July 2016 ear nose and throat waiting times were over 18 weeks on only one occasion (1%) compared to 969 (21%) locally.
- The hospital did not participate in national audits solely involving children and young people.
- The service contributed to locally developed commissioning for quality and innovation (CQUIN) payment framework. The surgical site infection surveillance included recording the number of post-operative wound infections, follow up care by the GP and the use of antibiotics. A CQUIN is a payments framework and encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For the patient this means better experience, involvement and outcomes. We observed action plans for quarters one and two and targets for quarter three.
- The hospital audited patient consent at pre-assessment and infection rate data was submitted following the surgical procedure. This enabled the hospital to review outcomes of surgery and a comparison on infection rates for each consultant.
- Audits were benchmarked against other Nuffield Hospitals for example infection rates, unplanned readmissions, unplanned return to theatre, and the family and friends test.
- We were able to review two audits 'Outpatient and Radiology Departments waiting times' and 'CYP satisfaction survey'. The action plan within both audits was weak. There was reference made to timescales and

ownership for actions however, these were not identified and documents within the audit document. This meant the actions identified could not be monitored and signed off once completed.

Competent staff

- The hospital staff appraisal year was from March to February. Appraisals completed in the last completed appraisal year for nursing & midwifery registered was 95% (inpatients); the current year compliance was 100%. Discussions with the lead children's nurse confirmed that yearly appraisals had taken place and that the three children's nurse appraisals were completed for 2016 to 2017.
- Two recovery staff, two ward CYP nurses and an operating department practitioner (ODP) had completed enhanced children's and young people's recovery courses. We saw one nurse and the ODP training certificates which verified attendance at these training sessions.
- Mock emergency scenarios took place to ensure that staff respond appropriately. It was planned for the children's nurses to attend a local NHS Trust's children's department to work with high dependent children to heighten staff awareness and skills when caring for and treating a deteriorating child.
- Staff told us that they had recently attended the local children's hospital paediatric outpatient department for half a day to update and improve their current skills and competencies in this area. This person also shadowed a shift on the children's intensive care unit and pre-assessment unit at the children's hospital. Staff told us that all the permanent children's nurses were going to complete these rotation opportunities so that learning could take place and competency be maintained.

Multidisciplinary working

- Staff worked together to provide a seamless service for children and young people. This included nursing staff, anaesthetists, physiotherapists, radiology staff and pharmacists.
- Children and young people staff attended the weekly capacity meeting and could discuss cases that may potentially increase the demand for other services.
- The children's service had an agreed service level agreement with a local NHS children's hospital. We saw a copy of this contract, which included support for the infection prevention service, occupational therapy service and critical care patient transfer agreement. (2015 – 2018)Section six of the agreement confirmed it was for a period of three years with annual reviews of service specifications. We observed that the adult / paediatric critical care transfer agreement was initially dated from 1 April 2015 to 31 March 2016.
- Following discharge the service would send a letter to the General Practitioner (GP) and dependant on age the health visitor or school nurse.

Seven-day services

- The children's service was offered Monday to Friday 24/7 and staff told us that there were sufficient children's nurses to ensure there was cover at all times.
- All patients were visited daily by the consultant surgeon and paediatrician. According to practising privileges all consultants must provide out of hours cover for the duration of the patient stay. If consultants are going to be unavailable then another consultant within the speciality and who has practising privileges was nominated to cover out of hours.
- Consultant anaesthetists provide out of hours cover for the duration of the patient stay.
- A paediatrician was on site for all children who had surgical procedures until they were discharged home, in addition to the general resident medical officer.
- The hospital had a Consultant radiologists rota to ensure 'out of hours' on call availability.

Access to information

- No children received treatment at Nuffield hospital without care records. These included comprehensive care records for both day and overnight cases.
- Children's red health book is a document of the child's health which is kept by their parent. Staff we spoke with completed the red book prior to the child's discharge home.
- Staff sent discharge letters to the GP following discharge from hospital. Parents also received a copy of the discharge letter.

Good

Services for children and young people

- Parents received a detailed discharge pack with advice including hospital telephone numbers for advice.

Consent

- At the time of our inspection 81% (61) of staff had received training on obtaining consent to examination and treatment.
- Each child and / or young person was encouraged to be involved in the consent process. Where appropriate, following Gillick competency assessment, the young person signed their consent form.
- The hospital had an in date consent policy that included patient under the age of 16. A standard operating procedure for children and young people aged 16 or under supported the policy.
- We saw nursing and medical staff involving children in the consent process. We looked at seven sets of records that all included completed consent forms.
- A consultant described a situation where only one parent wished for the surgery to be performed, whilst the other parent did not. The consultant was mindful of the difficult situation, but said they considered the child's best interest.

Are services for children and young people caring?

Outstanding ☆

We rated caring as outstanding.

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

Compassionate care

- All staff were motivated to offer care that was kind, person-centred and promoted dignity. The staff we saw throughout the hospital were respectful to all parents and children.
- Staff gave examples of going that extra mile to adapt care to the needs of an anxious child. This included having discussions in a child's car or performing pre-assessment checks in the familiar surroundings of outpatients department.
- Staff recognised and respected the embarrassment that was felt by teenagers and adolescents when receiving care from a nurse of the opposite gender. One staff member explained, that she would offer for a male nurse to check the wound of a young person undergoing testicular surgery.
- Staff demonstrated an understanding and respected the totality of the needs of parents. During our visit staff described and we saw evidence of the lengths they went to in order to support the needs of distressed parents. We saw parents given time to compose themselves after supporting their child in the anaesthetic room. Frequently parents were given the opportunity to speak with a member of staff the day before surgery to discuss fears. This was observed during inspection, and staff allowed extra time on the day of surgery to speak further with the parent to see if there were any further concerns.
- Each child received a 'Nuffy bear' on admission and a bravery award upon discharge. The bears were used creatively throughout the stay to involve the child and reduce fears. We observed staff creatively distracting children with a Where's Wally book whilst cannulation and anaesthetising took place.
- The hospital staff gathered feedback through the patient satisfaction surveys, verbally during hospital rounds and through the complaints process.
- The hospitals Friends and Family Test (FFT) scores were similar to the England average of NHS patients from October 2015 to March 2016. Feedback was continually positive with regular praise for the way the children's nurses treated people.
- Response rates were above the England average of NHS patients.
- Comments from a questionnaire given to children and young people included 'friendly nurses', 'the Doctor made me feel better', 'fab nurses, nothing made me sad, I could not have done it without the staff' and 'everyone was kind'.
- One parent told us when her child was having post-operative difficulties the nurse was very supportive and encouraged her child to relax whilst treating him. Another parent expressed that staff could not be more caring if they tried, and made their child feel special, not just another patient.

- Parents expressed that all staff in the hospital went above and beyond, the reception staff made the child feel special, and catering staff pampered to the child's demands.
- We saw staff giving children a choice where possible. The nurse was mindful that there was an enormous lack of choice for a child undergoing surgery and tried to make the child feel empowered in a small way.
- Throughout surgery and on waking we witnessed children treated with upmost compassion, dignity and respect.

Understanding and involvement of patients and those close to them

- Children and young people were admitted to a designated ward with facilities for parents to stay overnight with their children. On admission, a named nurse met the child and family and explained the plans for the day. The rooms were set up to make the child feel relaxed and 'at home'. This included age appropriate books and games.
- Children were encouraged to bring favourite toys and books and were involved in all discussions. We observed that staff allowed sufficient time to listen to the children and never rushed them or interrupt them.
- One child receiving surgery on her birthday described feeling incredibly special because she received a birthday cake post operatively. Staff had worked with the catering staff to ensure the occasion did not go unnoticed.
- Staff gave examples where young people and parents were active partners in their care. They were fully committed to work in partnership with parents and young people. Plans were made for severely anxious children to work with staff and parents to develop an acceptable plan of care. This included appropriate locations for pre-assessment, choice of method of anaesthetic between gas and anaesthetic drug. If required extended appointments or trial visits were organised to plan taking bloods whilst causing as little distress as possible to both parent and child. Examples were also given of working with external services and play therapists if necessary to ensure ongoing care could be provided.
- Parents were able to accompany their child to the anaesthetic room and as the child began to wake staff called for the parents to return to recovery. We saw a nurse support the mother of a distressed child to climb into bed with the child, cuddle him and reduce his fear.
- Staff used inventive ways of making observations and interventions fun, for example, what colour are the lines on the monitor, or giving the teddy image on the dressing a drink when flushing a cannula (tube in the vein).
- The service asked the children and young people their views of their care and facilities whilst on the ward from June to August 2016. For example, they liked; having their own room and television, mummy and daddy being with them and the fantastic playroom.
- One young person we spoke with told us they felt involved in the planning, pre-assessment and discharge processes. Where appropriate, young people could talk to clinicians about their care and treatment without parents or carers present.
- The service provided boxed games for older children and age appropriate television channels in response to patient feedback. Staff told us that if a child with specialist needs was to be admitted, all aspects of care were carefully planned.
- Both medical and nursing staff included the children in conversations and discussions around their care.
- Staff demonstrated awareness of the cultural, social and religious needs of children and families. This included an awareness of the needs of waiting families to pray or the demands on parents of fasting during the month of Ramadan.

Emotional support

- The staff told us they made every effort to reduce anxieties of the patients and their parents, which started at the pre-assessment appointment. Children and young people had the opportunity to familiarise themselves with the environment.
- All staff offered emotional support to children and families throughout their stay. Anaesthetists and surgeons visited the child prior to surgery and discussed fears without scaring the child.

Good

Services for children and young people

- Staff valued the emotional wellbeing of the children and young people who used the service. They described the playroom as a 'safe haven' where no clinical procedures would take place. Their desire for children to feel safe and secure was paramount.
- Parents were told what to expect throughout the process and accompanied the child to the anaesthetic room. This enabled a mother to hold her child close whilst the child was anaesthetised.
- On return to the ward after a clinical assessment of wellbeing, the child and family were given time to rest and spend undisturbed time together.
- All the parents we spoke with told us they felt safe leaving their child in the care of the hospital staff.
- Staff had a good understanding of monitoring a child's mental and emotional wellbeing. Despite the appreciation that hospital admissions were distressing they responded appropriately to unusual behaviour or severe reactions.
- Staff also demonstrated a good understand of how conditions and ongoing treatment affected parents and family members. They were sensitive to the stress a parent demonstrated around a child's operation. They supported the parent without judgement or causing upset to the child. Other parents were relieved to receive calls of reassurance before and after care was provided.

Are services for children and young people responsive?

Good

We rated responsive as good.

Responsive services are organised so that they meet your needs.

Service planning and delivery to meet the needs of local people

- There was a separate ward area for children and young people (CYP). This was used by adults when no children were present. Due to this the rooms were decorated neutrally.
- Within the ward area there was a playroom was available for children to access before and after theatre where possible. This was described as a 'safe haven' for children. This was due to it being a protected area where clinical procedures such as dressing and taking blood were not allowed.
- The hospital had dedicated CYP lists however if this was not possible they prioritised CYP to be first on the theatre list.
- Care plans included environmental assessments and preparations prior to a child or young person's admission. This included window/door restrictions, but not ligature risks. A winder was available for blind cords, but a prompt did not exist for staff to check this. We looked at the three rooms in use and one had a hanging cord. Staff quickly rectified this.
- Nurse led phlebotomy and skin prick clinics took place in the outpatient department. Children and young people were offered a cream to numb the area prior to the procedure to reduce the discomfort.
- Parent and child parking was provided to facilitate easier access to the hospital.
- A pram park and baby changing facilities were available.
- Each department had recently nominated a children's champion to meet three monthly to improve services for children and young people accessing the services.

Access and flow

- Any inpatient booking for a child or young person was initially assessed for suitability by a registered children's nurse. Nuffield Health used strict inclusion/exclusion criteria. This meant only well child, without pre-existing medical conditions, over the age of three would be admitted for surgery.
- All activity was elective care. Children were prioritised to be seen first on the theatre list.
- All children and young people received an appointment for a face to face pre-assessment.
- The hospital had not had any cancelled operations due to bed occupancy.
- Inpatient and outpatient activity (April 2015 to March 2016) identified through the hospital data pack identified inpatient, outpatient and day case activity

against three age groups, under two years (216 (1%)), three to 15 years (1,241(5%)) and 16 to 17 years (199(1%)). The hospital had suspended inpatient activity for under three year olds since May 2016.

- For the same period, outpatient activity for each age group was 0 to two years (168), three to 15 years (1,048) and 16 to 17 years (162).

Meeting people's individual needs

- A lead paediatrician and anaesthetist were on site for the duration of the child or young person's stay at the hospital.
- All children and young people who required a surgical procedure were pre-assessed by a registered children's nurse. During this assessment any learning difficulties, Attention Deficit Hyperactivity Disorder (ADHD), physical challenges, food requirements or any specific religious requirements were identified. Staff then made provisions for any adaptions to the environment required. Staff described having specific programmes and books available for a child with learning difficulties, and the anaesthetist working with the family to make the anaesthetic less traumatic.
- Distraction boxes were used in all areas to place the child at ease during appointments and procedures such as taking blood. These had been obtained by staff through a charity request and contents provided by the hospital.
- Children were always cared for by registered children's nurses and recovery staff who had completed enhanced children's recovery courses. Between October 2015 and September 2016 there were no incidents of surgery cancelled due to availability of nursing staff.
- Parents accompanied children and young people to the anaesthetic room and collected them from the recovery area, supported at all times by a children's nurse.
- There were a number of information leaflets we were able to read all were in English and many were age appropriate to the children. These included the experiences of Nuffy the bear accompanying a child to theatre and Rees bear explaining anaesthetics for younger children. Older children were given information leaflets on their stay, and Davy the detective explaining about anaesthetics. Staff told us that due to close links with a local NHS trust leaflets could be provided in additional languages if required.
- Staff had previously accessed sign language prompts to facilitate communicate with a child. The hospital had a policy of using interpreters either face to face or through the telephone if required.
- There was clear standard operational procedure (SOP) for staff booking children with an identified special need. A risk assessment was taken and an agreed plan of care documented prior to booking. A child with complex needs would be referred to an appropriate place for treatment who could meet those complex needs.
- The hospital would provide a room for prayer to accommodate religious beliefs of children, young people or their families. Staff described an awareness of the religious needs of families to pray and respecting periods of fasting.
- Children were given the choice of travelling to the operating theatre either on the bed, walking or in parents arms. Staff discussed the use of an electric car but had experienced distress from young children at being removed from it. We saw children finding the experience of riding to theatre exciting and described as 'the best journey ever'.
- All children were given the choice of attending theatre in a gown or pyjamas to avoid unnecessary distress.
- We saw that menus were specially designed for children and young people.
- Parents staying with their child received free food and a free tea or coffee.
- A room was available for parents requiring to pray, facilities included a prayer mat, compass and Qibla markers (a direction marker to identify Mecca

Learning from complaints and concerns

- Parents confirmed they were given verbal and written information on how to raise concerns or complain.
- The hospital director had overall responsibility for complaints management. The matron investigated

clinical complaints. Complaints were discussed at weekly senior management team meetings, and complaint summaries distributed to all heads of departments (HoDs).

- Complaints were reviewed by the medical advisory committee and any lessons learned discussed.
- We reviewed hospital complaints between January and December 2016, two complaints by parents were dealt with in a timely fashion and responses sent to both parents. Staff described one case related to delayed surgery due to the unavailability of a paediatric consultant with admitting rights to the hospital. An apology had been given to the family.
- The hospital confirmed that patient / parent concerns were also identified through the patient satisfaction survey, by telephone, in person, through the consultant or through the Nuffield Health website.
- Staff described a family feel to the hospital and that parents and young people could approach them with concerns throughout treatment.

Are services for children and young people well-led?

Good

We rated well-led as good.

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Leadership / culture of service

- The lead children's nurse co-ordinated the Children's and young person's (CYP) service. They maintained audits and led the CYP governance group. A paediatric consultant described the local leadership of CYP as first class, professional and second to none.
- The children's and adult' safeguarding lead at the hospital had been selected as the national safeguarding lead for Nuffield Health.
- Learning and development took place through the Nuffield Health Academy and attendance at on site courses.
- Staff told us that they were supported by the senior nurses on the ward and the wider teams within the hospital.
- The hospital director and matron were allocated 'buddies' during their induction phase to ensure support in their new roles. They were described by staff as visible, approachable and proactive. Staff had confidence that CYP services at Nuffield Leicester would be developed and more patients booked for care. Suggestions included advertising free consultations for children.
- All the SMT attended regular management meetings with their relevant peer group across Nuffield. As well as being kept up to date with issues affecting the business, these meetings also included a teaching element relevant to the individual's role.
- There was also an opportunity to share best practice across hospital sites.
- To recognise long services, on the day of the staff member's anniversary the hospital presented them with flowers, a certificate, their Nuffield pin, a yearbook which contained a gift from a wide selection. Lunch was arranged with the SMT on a quarterly basis.

Vision and strategy for this this core service

- Underpinning the strategic direction for the hospital was "One Nuffield" vision. This was an initiative led by the executive team of Nuffield Health which looked to help individuals reach the level of wellbeing they aspire to. Locally this initiative had been embraced by continuing the work and relationship with the local Health and Wellbeing centre.
- Underpinning the vision were the core values of Nuffield Health, which were 'Enterprising, Passionate, Independent, and Caring'. The core values were supported by six beliefs that underpinned the behaviour of Nuffield staff. These were displayed throughout the hospital.
- The hospital identified that key strategic initiatives were discussed at heads of department, senior management team (SMT) meetings and cascaded to the operational

teams. The SMT had a regular monthly offsite meeting. With the arrival of the new hospital director, there had been a review and a definitive plan for delivery over the next six months. The hospital identified the strategy had been cascaded though the teams in the hospital and formed part of the annual performance development review where the strategy was set as objectives for individual team members. In the short to medium term, communication of the strategy and progress continued at staff briefings and through team meetings.

- The mission of the service was to deliver high quality care, treatment and support and to maintain and expand staff knowledge and be recognised as a provider of outstanding healthcare for Children and young people.

Governance, risk management and quality measurement for this core service

- There was a clear governance structure in place with a children's governance group that met quarterly. This fed directly to the hospital quality and safety meetings.
- Staff within children's services had a proactive approach to improving quality which was demonstrated by the development of children's champions in all areas of the hospital. Staff met quarterly to discuss changes and improvements in children's services.
- Consultant surgeons and consultant anaesthetists could only care for children at The Nuffield Health Leicester Hospital (NHLH) providing they did so regularly in the trust. A grid published in the ward and theatre areas identified the specific age groups consultant anaesthetists could anaesthetise based on their scope of practice within the trust hospitals.
- The quality of the children's service was monitored through the accident and incident process, the complaints process, the patient satisfaction process and by consultant feedback.
- The hospital was supported by a regional 'Quality Care Partner' who was an experienced matron who provided oversite and support for clinical issues.
- Staff felt that the governance within the service was improving due to the new management.
- A hospital risk register included risks for children and young people services. The exit doors within the ward areas were on the register and actions were identified demonstrating a review of the risks. The latest action involved the use of door entry codes to the wards.
- Practising privileges were discussed at the Medical advisory committee (MAC) for all services throughout the hospital.

Public and staff engagement

- Recently a children's and young person's satisfaction survey was developed by the hospital.
- Patient satisfaction survey data captured patient feedback regarding pain relief, nutrition and nursing or medical competency. Scores were reviewed monthly and comparisons were made to identify downward trends or improvements made. The ward manager and matron visited patients during their stay where issues could be identified early.
- An action from last year's leadership survey had identified the introduction of a reward scheme. This had been briefly discussed with the heads of department at the Leadership Meeting and Staff Forum where ideas have been requested. This was due to be further discussed and agreed in October 2016 leadership meeting so that the reward scheme could then be implemented.
- Staff were proud of the service that they provided to the children and young people.
- The service has been monitored though patient satisfaction surveys and action plans developed to address any falls in scores or negative comments. These were discussed at team meetings where comparisons are made to previous results. Performance was also monitored through complaints and compliments.

Innovation, improvement and sustainability

- The hospital was supported by a regional Quality Care Partner who was an experienced Matron and provided oversite and support for clinical issues.
- Evening educational sessions were provided.

Good

Outpatients and diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are outpatients and diagnostic imaging services safe?

Good

We rated safe as good.

Safe means the services protect you from abuse and avoidable harm.

Incidents

- Data provided by the hospital, during the inspection, showed a total 394-reported incidents between 21 September 2015 and 21 September 2016. These consisted of 352 clinical incidents effecting patients and 42 non-clinical incidents effecting staff and public.
- The number of incidents relating to outpatients and imaging was 15. All were classified as no or low harm. There were no moderate, serious or never events reported for this period. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- Staff we spoke with were aware of how and when to report incidents through the electronic reporting system. Examples of incidents reported included inaccurate demographic details on the hospital computer system. Staff were aware of the importance of checking patient details. The hospital matron was responsible for initiating investigations into moderate and major harm incidents. The heads of outpatients, physiotherapy services and radiology departments played an active role in investigations as appropriate.
- Staff in diagnostic imaging described the introduction of a pause and check process before an x-ray, which had been introduced as an outcome of learning from an incident. After a trend in incidents associated with incorrect identification numbers on imported images, this process was incorporated within the image exchange process.
- The senior management team reviewed all incidents including trends at the clinical quality and safety meeting. We saw minutes of meetings in outpatients, physiotherapy and radiology departments which demonstrated the outcomes and learning from incidents had been shared at meetings.
- The service had not reported any Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) or magnet related events incidents in the last 12 months.
- Staff demonstrated an understanding of aware of the Duty of Candour regulation. The duty of candour regulation requires providers of health services to be open and transparent when things go wrong. This includes some specific requirements, such as providing truthful information and an apology. The outpatient lead was able to give examples of where staff apologised following missing blood results and cancelled appointments. Staff within diagnostic imaging gave examples of an open culture for both staff and patients and information used to promote learning. We

saw examples of training due to near miss incidents during diagnostic procedures. Due to the small size of the diagnostic imaging team, the whole team were engaged in reviewing and improving safety.

- We saw posters within the departments highlighting the duty of candour process for staff to follow.

Cleanliness, infection control and hygiene

- The outpatients, diagnostics and imaging and physiotherapy departments were visibly clean, tidy and free from clutter. Rooms in which procedures took place, such as ear nose and throat (ENT) examinations or venepuncture (taking blood) had wipe clean floors. Some consulting rooms had carpets which did not comply with HBN 00-09 Infection control in the built environment states in clinical areas where spillages are anticipated (including patient rooms, corridors and entrances) carpets should not be used in these areas. These were routinely cleaned four times a year. Staff told us that on occasions venepuncture took place in rooms with carpets. In event of spillage, this would make cleaning difficult, and pose an infection control risk. However, there was a policy in place for managing body fluid contamination of carpets and soft furnishings.
- The hospital used disposable curtains in all the treatment and consulting rooms. These where dated according to when they were put up and when they were due to be changed.
- Hand washing facilities and hand gels were available in all clinical areas. A non-touch sink was available within the radiology department. World Health Organisation five moments of hand hygiene posters were in clinical areas. These provided prompts for staff on the key moments to perform hand hygiene. We observed reception staff politely prompting visitors to sanitise their hands on arrival at the hospital.
- Staff adhered to the 'bare below the elbows' guidance and used appropriate PPE when required whilst delivering care. Personal protective equipment (PPE), such as gloves and aprons, was readily available for staff in all clinical areas.
- Designated staff cleaned and sterilised scopes used by ENT staff in the endoscopy cleaning area.
- Domestic and clinical waste was stored securely and disposed of appropriately. All
- sharps bins were assembled correctly, signed and closed when not in use.
- The infection prevention and control (IPC) lead nurse in each area was responsible for completing quarterly environment and hand washing audits. Audits in February, May and August 2016 demonstrated 100%, 80% and 95% compliance. Reports provided actions plans, such as sharing of non-compliance with certain staff groups.
- Between April 2015 and March 2016 there had been no reported cases of healthcare-associated infections such as Methicillin Resistant Staphylococcus Aureus (MRSA), clostridium difficile (C.diff) or Methicillin Sensitive Staphylococcus Aureus (MSSA). MRSA, MSSA and C.Diff are all infections that have the capability of causing harm to patients. MRSA is a type of bacterial infection that is resistant to many antibiotics. MSSA is a type of bacteria in the same family as MRSA but is more easily treated. C.Diff is a form of bacteria that affects the digestive system and commonly associated with people who have been taking antibiotics.
- There were clear processes in place to decontaminate areas within the diagnostic imaging department after treating a patient with an infectious disease. If a patient had MRSA, for example, they would perform a deep clean prior to continuing with clinic lists.
- Within outpatients, aseptic technique training had reduced to 70% due to staff sickness. Staff told us face to face training was booked to improve compliance and permit them to complete dressings and aseptic procedures.

Environment and equipment

- The outpatients, physiotherapy and diagnostic imaging departments were uncluttered, and well maintained. All patient waiting areas were visibly clean with sufficient seating for patients and their relatives. We witnessed a patient requesting a wider chair, which was supplied.
- Environmental cleaning was through an external provider. Staff reported good relationships with the cleaning staff and were positive about the levels of cleanliness maintained.

Good

Outpatients and diagnostic imaging

- Equipment was visibly clean with 'I am clean' stickers in place to identify cleaned equipment that was ready for use.
- All electronic equipment was appropriately maintained and serviced by an external provider. This service was on-site for eight days in each month. The equipment log included all new equipment, which was under manufacturer's warranty; this ensured timely transfer to the maintenance schedule on completion of warranty and provided a period for the technician to become familiar with any new equipment. Staff reported that they were easy to contact and attended any requests for equipment repairs. We saw evidence of the servicing staff present and a programme of work.
- There was an equipment library, which was based, adjacent to the ward areas. Staff told us there was always enough equipment including infusion pumps, blood pressure machines and digital thermometers.
- An external provider performed servicing and maintenance of diagnostic and screening equipment. The department maintained an inventory of equipment including replacement dates as required by IR(ME)R.
- Shared resuscitation equipment was available in outpatients, physiotherapy and diagnostic imaging. An audit, dated August 2016, showed resuscitation trolley checks to be 75% compliant with hospital policy. The audit identified missed daily or weekly checks and disposable items, which were out of date. Immediate actions had been taken. Staff checked the visible equipment daily to ensure it was appropriate and ready for use. We saw evidence of weekly checks of the locked drawers that were thorough and meant drugs and equipment were monitored for expiration dates.
- During the inspection, all checks were complete and all disposable items were in date.
- Within the consulting rooms, staff had access to emergency buttons to call for assistance.
- There were suitable safety arrangements in place in the diagnostic imaging area to restrict access where x-ray and imaging equipment was in use. These included warning signs for patients and staff, and specialist personal protective equipment for staff available in all rooms. These aprons were screened every six months for damage.
- Single-use, sterile instruments were used where possible. The single use instruments we saw were all within their expiry dates.
- Staff in outpatients performed cleaning audits every three months. The March 2016 audit demonstrated a 95% compliance in cleanliness in all clinical areas. Action plans to nominate individuals and produce a cleaning schedule were implemented for areas that did not achieve 100% compliance.
- Staff had highlighted that the external security (car park) was causing anxiety, particularly at night. New lit keypad entry doors had improved the building security. Due to the use of the carpark by groups gathering in cars a local security group had been employed to make regular visits to the site. Further plans to improve security were in place.

Medicines

- Up-to-date medicines management policies and procedures were available for staff to access.
- An on-site pharmacy was available 9am to 5pm Monday to Friday. An on call pharmacy service was available for emergency prescriptions outside these hours. Access to pharmacy out of hours was only permissible to the (Resident Medical Officer (RMO) and senior nurse on duty, who both held keys and must attend together for security reasons.
- A pharmacy technician checked and restocked the emergency drug boxes each month, replacing the security tag and dating it with the earliest expiry date from within the box. There are seven emergency boxes within the hospital and a spare kept in pharmacy.
- Medicines in the outpatient department (OPD) and radiology were stored, managed, administered and recorded securely and safely.
- Medicines that required refrigeration were stored in a locked fridges, keys were held by the senior member of staff. Staff checked and recorded fridge temperatures daily, including actions in the event of out of acceptable range temperatures.
- Outpatients could have their medication dispensed by the pharmacy or if out of hours take a private prescription to a local pharmacy. Prescription pads were locked away and individual prescriptions accounted for.

- A standard operating procedure (SOP) had recently been written, by the pharmacist, for issuing and monitoring prescription pads. Recording of prescription numbers and storage of pads within pharmacy had been implemented. The SOP was to be presented at the next medicines management group and medical advisory committee (MAC) for final approval.
- The radiology staff supplied and monitored the contrast media used by the MRI staff. Storage and administration was in line with Nuffield guidance.

Records

- Records within the OPD were paper based. We reviewed eight sets of patient's records that were legible, signed and dated. Records contained all relevant information including referral and follow up information and were stored securely within the hospital.
- The medical records staff collated clinic lists 24 hours in advance. Notes were then stored securely within the clinic area. The staff told us that accessing notes was not a problem and data supplied by the hospital stated between May 2016 and July 2016 no patients were seen without records. Consultants did not remove notes from the hospital site.
- Records were stored in clinical rooms during clinics. Access was limited to those who needed to access them.
- All radiology images were stored on a picture archiving communication system (PACS) for easy access throughout the hospital. These could be compared with any NHS images that had been performed.
- Staff scanned radiology referral forms, including consent onto a computerised radiology information system (RIS).

Safeguarding

- Nuffield Health Leicester hospital had reported no safeguarding incidents between April 2015 and March 2016.
- A named nurse for children's safeguarding and adult and children lead had been appointed by the hospital.
- Staff had easy one click access to safeguarding policies as well as reference folders that included contact numbers and easy to follow flow charts.
- Staff within the outpatients department had access to staff who had received level three safeguarding training, including the registered sick children's nurses, senior management team and resident medical officer, who was available 24 hour per day. Staff we spoke with knew who these individuals were and how to contact them.
- The hospital's mandatory training programme for OPD staff included safeguarding children and vulnerable adults level one and two. Data from the hospital for July 2016, demonstrated 100% of OPD and physiotherapy staff had received this training. This was better than the hospital target of 85%. Designated staff in each area received level three children and young adults safeguarding training. At the time of our visit, a request had been made for all paediatric nurses and heads of departments to receive level three safeguarding training in line with the Safeguarding children and young people Intercollegiate document 2014.
- Where appropriate, staff had a good understanding of female genital mutilation (FGM), and their role in raising FGM as a safeguarding concern.

Mandatory training

- The hospital delivered mandatory training using a combination of on line electronic learning packages and face to face learning. The training covered many topics, including basic, intermediate and paediatric life support, infection prevention and control, business ethics, consent, incident reporting, Deprivation of Liberty (DoLs) training, fire safety and information governance.
- Data provided by the hospital demonstrated varied compliance in mandatory training. Of the five staff in OPD requiring paediatric basic life support training, two had not completed this. However, when a child was present within the hospital staff qualified in paediatric life support were present at all times. Overall compliance with mandatory training was above the hospital target of 85%. However some subjects for example aseptic technique update training showed 40% compliance due to trainer sickness. Staff were not performing aseptic techniques without up-to-date training. Eighty two per cent of staff (14 out of 17) had

completed adult basic life support training. Managers told us that this was due to training being cancelled by an outside provider, A revised schedule for this training was in place.

- For staff working within Nuffield health and local NHS trusts, the hospital allowed mandatory training achieved within the trust to be considered. This did however require the employee to provide certificate evidence of the completed training.
- The medical device dashboard highlighted hospital wide compliance with medical device training. The hospital achieved 94% compliance with training on medical devices.

Assessing and responding to patient risk

- Emergency resuscitation equipment was available and all nursing staff had completed basic life support training.
- Staff informed us that if a patient deteriorated in the department the resident medical officer (RMO) would assess the patient.
- In the event of a deteriorating patient, an agreement was in place for emergency transfer to the nearest NHS Trust. Staff ensured the ambulance bay and exit was clear at all times.
- The provider had an appointed radiation protection supervisor and a radiation protection adviser (RPA) in accordance with IR(ME)R regulations. They conducted an IR(ME)R review of radiology equipment every 12 months. The radiation protection supervisor (RPS) conducted audits and produced risk assessments in accordance with IR(ME)R requirements. The staff performing diagnostic imaging procedures checked the signatures of requesting physicians alongside department records. This was to ensure the request of an x-ray, MRI or other radiation diagnostic test was only made by staff in accordance with IR(ME)R.
- Nurses within the pre-assessment clinic completed comprehensive health risk assessments prior to admission for surgery.
- Staff followed a 'six point' checklist prior to using any radiology equipment. This confirmed the correct patient site and type of investigation.
- Signs in relation to radiation exposure and pregnancy were in use throughout the diagnostics department. The procedure consent leaflet included a pregnancy status check for women of childbearing age. The RPS audited documentation of the pregnancy status quarterly.
- Staff monitored patients following their outpatient treatments, providing one to one care when required.

Nursing staffing

- Staffing within outpatients department met the needs of the clinics for safer staffing, however, due to sickness and increasing demands staff would work extra shifts. There were no current vacancies in OPD and diagnostic imaging. However, staff would not be available if there was an excessive demand for clinics or if there was increased sickness.
- During January, February and March 2016 the healthcare assistant sickness rate in outpatients was 28% due to long-term illness.
- Between April 2015 and March 2016, no agency staff covered unfilled shifts. The department used their own bank staff who had completed a Nuffield induction programme prior to employment.
- Student nurse orientation packs were available including hospital orientation and learning objectives.
- At the time of the unannounced visit recruitment was in progress for an additional staff nurse and health care assistant.

Medical staffing

- There were 231 consultants granted practising privileges at Nuffield Health Leicester hospital. Practising privileges is a term used when doctors have been granted the right to practise in an independent hospital. Of these, 68% had carried out work at the hospital within the last 12 months.
- The resident medical doctor (RMO) was provided by an agency. The personal file held by human resources contained up to date training data for each doctor including the RMOs.

Allied health Professional staffing

Good

Outpatients and diagnostic imaging

- The physiotherapy department consisted of eight staff including administration staff. These staff provided inpatient and outpatient services, including a remote wellbeing team at the local gymnasium.
- Diagnostic imaging consisted of nine staff and at the time of inspection had no vacancies. A pool of five bank staff were used to cover sickness. No agency staff were used in the department.

Major incident awareness and training

- Staff were aware of the major incident policy, and the emergency procedure for a major incident such as fire or adverse weather conditions. Evacuation fire drills had been completed as both a desktop and real time exercise.
- The policy included the loss of services and an infection control outbreak. There was also a worksheet in the event of a telephone bomb threat for the switchboard staff.
- We saw evidence in minutes of discussion around the business continuity plan in place. This had been implemented during a recent power outage.

Are outpatients and diagnostic imaging services effective?

At present we do not rate the effectiveness for outpatient and diagnostic imaging services in acute independent hospitals.

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Evidence-based care and treatment

- The service had local policies and guidelines in place, written in line with NICE and Royal college guidance. They were in date and version controlled.
- The diagnostic imaging department used diagnostic reference levels (DRLs) as an aid to optimisation in medical exposure. DRLs were cross referenced to national audit levels and if they were found to be high a report to the radiation protection advisor (RPA) would be made.
- They carried out care and treatment in line with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). Local radiation protection rules were available as reference tool for staff.
- The hospitals clinical audit schedule outlined when, how often and who would conduct audits in the various areas. These audits included quarterly medication and resuscitation equipment audits along with annual laser safety audits to ensure national guidelines had been followed. The resuscitation audit was made available to us during the inspection and was found to include outcomes and actions.
- The hospital took place in national audits such as the Patient-led assessments of the care environment (PLACE), and internal data was benchmarked nationally against all Nuffield Hospitals. The hospital scored similar to other Nuffield hospitals around accommodation, food and confidence in the service.

Pain relief

- Staff assessed patients for pain relief during appointments and supported them in managing pain through prescriptions and appropriate medications.
- Pre-assessment staff provided patients with pre-operative information including pain relief and information on managing their pain.

Patient outcomes

- Patients returned to nurse led clinics for procedures such as dressing changes, providing continuity of patient care.
- Physiotherapy staff performed audits of their group sessions to monitor patient improvement and satisfaction. Feedback from patients was collated and actions made against the recommendations, such as providing a model of a knee replacement to use in preoperative consultations.
- Imaging services audited reporting turnaround times. Staff told us there was not a problem with reporting times, although due to consultants using named radiologists this was dependant on their availability. Some consultants had a pool of radiologists reducing turnaround times for reporting.

Competent staff

Good

Outpatients and diagnostic imaging

- Staff had evidence of competency assessments for online and practical training.
- Data provided by the hospital showed that 100% of nursing and medical and therapy staff were appropriately registered with their professional body.
- The learning needs of staff were identified during regular appraisals. Staff were encouraged to develop. For example the radiology supervisor took a colleague to the annual radiation supervisors conference to promote learning. At the time of inspection, all staff within outpatients (OPD) and diagnostic imaging had received annual appraisals in the last 12 months.
- Nursing and radiography and therapy staff were supported by the senior staff to complete their revalidation. This was completed in conjunction with annual appraisals.
- Consultants with NHS contracts had their appraisals and revalidation completed by their employing trust and a copy had been provided to the hospital. Following our inspection we were provided with evidence to show 100% of consultants had completed revalidation and had current Disclosure and Barring Service (DBS) checks.
- Staff told us they were encouraged to complete continuous professional development and there were opportunities to develop their skills and knowledge through training relevant to their role. The online academy offered opportunities to staff beyond the mandatory aspects of training. We saw evidence of Nuffield wide support with doctor and nurse revalidation.
- Staff within the hospital had been actively involved in developing the apprentice training.
- A preceptorship programme was due to start in September 2016 enabling newly qualified staff to be safely employed within the hospital.
- The hospital Medical Advisory Committee (MAC) granted or rejected Practising privileges.

Multidisciplinary working

- There was a strong multi-disciplinary team (MDT) approach across all of the areas we visited. We observed good collaborative working and communication amongst all members of the MDT. Staff reported they worked well as a team providing one-stop clinics for patients. Therapy staff told us that working within clinics improved patient's response to treatment.
- We saw radiology staff working flexibly to support consultant clinics and theatre lists.
- Some meetings were multidisciplinary in the hospital. For example medical advisory committee meetings, senior management meetings and governance meetings had good representation from across the hospital.
- There were a number of service level agreements in place with other organisations, for example external providers for magnetic resonance imaging (MRI) and computerised tomography (CT) scanning which involved teamwork to ensure continuity of care for patients.

Seven-day services

- The outpatient department appointments were available between 8.30 am and 9pm Monday to Friday and 8.30 am to 5pm on Saturday. Staff gave examples of being flexible to provide extra clinics or appointments to meet consultant requests or patient needs.
- Radiology services were available 8.30 am and 6pm Monday to Friday, but provided evening services if required. On call radiology staff provided out of hours services.
- Pharmacy services were available 8am to 6pm, Monday to Friday. Patients could take prescriptions to external pharmacists or return to collect medication.

Access to information

- All the hospital's own records were kept on site, or recalled from a medical records store in time for their outpatient appointment. The consultants' secretaries, whether internal or external, provided the consultant's own letters prior to any outpatient appointment.
- Hospital staff received medical information regarding NHS patients from their GP as part of their referral process through the 'choose and book' system. Choose and book is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.

Good

Outpatients and diagnostic imaging

- Staff told us that no hospital notes were removed from the hospital during treatment.
- There was a secure image exchange portal to support transfer of information between local NHS trusts and the hospital. This meant that staff shared images between providers to prevent unjustified re-imaging of patients.
- With patient consent summaries of appointments were shared with GPs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated confidence and competence in seeking consent from patients.
- Hospital data demonstrated 88% of outpatient (OPD) and diagnostic imaging staff (11 out of 13 staff) had completed online training in consent to examination and treatment. This was better than the hospital target of 85%. All staff (100%) within OPD had received training on the mental capacity act.
- All records viewed during the inspection included signed consent to treatment.
- Staff had not had experience of using the MCA, but gave examples demonstrating an understanding.
- Signs were visible offering chaperones to patients for appointments. Staff also offered chaperones during appointments.

Are outpatients and diagnostic imaging services caring?

Good

We rated caring as good.

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

Compassionate care

- During the inspection, we saw staff taking time to interact with people who use the service and those close to them in a respectful and considerate manner.
- Patients felt that they were treated with dignity and respect, and described staff as friendly and polite, always introducing themselves. Patients who had attended the hospital for follow up appointments commented that it was nice to see the same staff each time. All patients described staff as 'caring' and having their 'interests at heart'.
- Conversations at the reception desk were not within the clinic waiting area although others waiting to speak to the receptionist could have overheard the conversation. Rooms were available within the reception area for more private conversations.
- The service offered chaperones of either gender for patients. This person acted as a safeguard and a witness for patients or healthcare professionals during intimate medical examinations or procedures. Staff performed monthly audits if the use of chaperones. For September 2016, an audit of 24 notes highlighted that all patients were asked if a chaperone was required. The audit included the length of time that staff were involved in chaperoning a doctor.
- Single rooms and the use of privacy curtains ensured that people's privacy and dignity was respected at all times.
- Patient satisfaction survey data demonstrated that all patients who completed the survey were likely to recommend the service to friends and family.

Understanding and involvement of patients and those close to them

- All patients we spoke with had a good understanding of their care and treatment. They told us staff spent time making sure they understood each aspect of care.
- Information on children's safeguarding was visible in the outpatient and diagnostic imaging areas, however at the initial visit there was no information relating to vulnerable adults or domestic abuse. At the time of the unannounced visit this had been addressed and information was available.
- Information was visible on the costs of services for patients attending the outpatient department.
- Patient satisfaction feedback demonstrated that the hospital scored the same as or better than other hospital for patient's understanding and involvement in their care.

Good

Outpatients and diagnostic imaging

- Patients were given information on how to contact staff if they were worried about their condition or treatment after they left hospital.

Emotional support

- Information leaflets were available to explain conditions and treatments to patients.
- Patients told us that treatment options were discussed with them and they felt included in the decision process.
- Consultation rooms were private and suitable for delivering bad news.
- Staff were keen to tailor care and services to best support the patients physical and emotional wellbeing. We heard staff offering reassurance and encouraging patients to call back if they have any concerns before their next appointment.

Are outpatients and diagnostic imaging services responsive?

Good

We rated responsive as good.

Responsive services are organised so that they meet your needs.

Service planning and delivery to meet the needs of local people

- The services provided throughout the outpatients and diagnostic imaging department (OPD) met most of the needs of the population. Appointment times were offered at a range of times to suit the individual.
- Service planning for NHS patients and to gain a greater understanding of the healthcare needs of the local community was supported by meetings with local Clinical Commissioning Groups (CCGs).
- The service waiting areas were spacious and patient centred. Drinks, magazines and newspapers were available. Canteen facilities were also available close to the reception desk. There was a small play area for children with wipe clean toys.
- Free car parking facilities were available, and all patients we spoke with reported finding it easy to park.
- Patients described using a local shuttle bus to access the hospital.
- Signposts to all areas were clear and easy to follow, although only in English. Staff would often escort patients to other areas such as radiology and physiotherapy.
- Patient information was mainly supplied in English, although staff thought a provision of other languages was planned.
- An external provider provided on site magnetic resonance imaging (MRI) and computerised tomography (CT) scans.
- The physiotherapy department had a gymnasium area with fitness equipment and provided exercise classes.
- Evening and Saturday clinics were available to patients, dependant on consultant specialty.
- Where ever possible patients attending for pre-assessment or physiotherapy had all appointments on the same day.
- The hospital had made plans to relocate the health assessments performed at the hospital to their local health and wellbeing centre. A business proposal was in progress to hold outpatient and physiotherapy services within a local GP practice to reduce patient travelling time.

Access and flow

- Patients we spoke with told us they were offered a choice of appointment time according to patient need and availability.
- A snap shot survey of 34 patients demonstrated that 30 patients (88%) were seen within 15 minutes of their appointment time. A regular audit is planned of waiting times and consultants who consistently overrun will be given longer appointment times.
- In diagnostic imaging appointment availability depended on the type of imaging required. Patients who required plain film imaging generally had them done on a 'walk in 'basis which followed their consultant appointment. For other imaging such as MRI and CT scans, we were told patients would normally have the MRI that day and rarely waited more than four days for a CT scan.

Good

Outpatients and diagnostic imaging

- The outpatients department did not collate information on patients who did not attend (DNA) their appointments. Staff told us, in the event of a DNA, details were checked and a second appointment was sent. Some staff called patients who had not attended depending on the appointment type.
- The hospital reported a change in process of cancelling appointments after complaints around lack of information. Staff spoke to patients if their appointment was cancelled in order to ensure the message had been received.
- Between April 2015 and March 2016, referral to treatment time of 18 weeks for NHS patients attending outpatients and imaging department were consistently met.

Meeting people's individual needs

- Reasonable adjustments were made to ensure that patients with a physical disability could access and use outpatient and diagnostic imaging services. Areas were wheelchair accessible, reception desks had sections that were at wheelchair height and there were toilet facilities for patients with disabilities.
- Patients attending for the first time had a longer appointment to allow time to ask questions.
- Patients with bariatric needs (treatment of obesity and associated diseases) were seen within the departments and suitable couches were in use. During our visit, a patient requested a larger more supportive chair. Staff supplied an appropriate chair and ordered a more permanent suitable chair.
- Staff had all received dementia awareness training and the hospital had a nominated lead in dementia awareness. However, throughout the OPD department there were very few facilities or signs to highlight to patients or carers of possible adjustments. Staff told us that due to the elective nature of care they would enquire from carers what adjustments were necessary for any vulnerable patients. On return to the hospital for the unannounced visit (eight days later), a supply of hospital passports for planning care for people with learning disabilities had been acquired. The hospital had also supplied 'This is me' documents to support the care of people living with dementia.
- All patients (inpatients and outpatients) were assessed for suitability to stay in single rooms overnight. Staff told us this would ensure they made special arrangements if required.
- Staff explained that language line was available for communication with patients for whom English was not their first language. We saw laminated sheets with different languages highlighted to assist booking translators. However, staff described using family members as interpreters as all aspects of care were planned. Managers explained that they would remind all staff of the policy for using interpreters. Staff told us of the use of other members of staff to translate for patients if necessary. These situations can lead to poor outcomes for people without English as a first language. During our unannounced visit eight days later, these laminated sheets had been moved to locations that were more visible.

Learning from complaints and concerns

- Patients we spoke with gave a mixed response to knowing how to complain eight said they had received information in their initial booking pack, and five did not know how to complain. However, all patients we spoke with were very happy with the service, and would not hesitate to speak to the staff if they were concerned. Patients were asked to comment on their experience after each episode of treatment giving them the opportunity to comment.
- A report provided by Nuffield Hospital Leicester for the period January 2015 to September 2016 showed 61 complaints. At the time of the inspection, three remained under investigation. There was no formal audit of response from receipt to resolution. We reviewed two complaints received within outpatients. One was resolved within 20 days the second required a holding and was closed within 25 days. Holding letters are sent to complainants requesting further time to investigate when the initial agreed timescale is about to breach.
- How to complain leaflets were included in patient letters prior to attending Nuffield Hospital Leicester, these were also available in the ward and outpatient's areas. All information was in English only.
- The Hospital Director (HD) had overall responsibility for managing complaints. If the complaint was of a clinical

nature this was performed with the support of the matron. All complaints were logged on the electronic incident recording system. Complaints were discussed on a monthly basis at senior managers meetings and the medical advisory committee meeting. Heads of departments shared the complaints with the staff from each area. We reviewed meeting minutes where we saw examples of discussions.

- If a patient raised a concern staff were empowered to try to resolve the complaint, if they felt they needed assistance they would alert a more senior member of staff to assist. If the complaint become formal an acknowledgement letter was sent to the patient. Accompanying the letter was a complaints leaflet which explained the time frames for response and sign post patients to the different stages of the process.
- We found that information was not displayed throughout outpatients on how to make a complaint or pass on a compliment. Lessons learnt from concerns and complaints and actions taken as a result to improve the quality of care were shared appropriately with the hospital and Nuffield group staff as appropriate.
- The outpatients department had reviewed their signage in relation to paying for tests and investigations after a trend in complaints had highlighted this

Are outpatients and diagnostic imaging services well-led?

Good

We rated well led as good.

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Vision and strategy for this this core service

- The overarching strategy for Nuffield Leicester was described as 'Nuffield Project Right' aiming to have the right staff with the right skills at the right time. The Nuffield corporate vision and strategy featured throughout the service. The vision for 'One Nuffield Health' was to bring together the hospital care and gym provision to make a patient's journey from treatment to rehabilitation seamless. This was underpinned by the values of being enterprising, passionate, independent and caring.
- Staff throughout outpatients and diagnostic imaging (OPD) had an understanding of, and promoted the strategy. They promoted a 'patient's first' ethos and spoke often of honesty in planning and providing care.
- Signs throughout the hospital highlighted the Nuffield beliefs.
- There were financial plans in place or under development to improve the estate and hospital security. These included refurbishment of the lifts and improved control of access into the building at night-time. Plans were also in place to extend care further into the community setting. These strategies were challenging but considered by managers to be achievable.

Governance, risk management and quality measurement for this core service

- Following a recent review, there was a clear governance and risk management strategy in place with clearly defined roles to support the delivery of good quality care. For example learning from complaints or incidents was discussed on a monthly basis through the clinical quality and safety meetings, senior managers meetings and on a quarterly basis at the Medical Advisory Committee (MAC) meetings. The MAC met quarterly and were provided with a detailed clinical governance report. The minutes for the last three meetings demonstrated that the key governance areas were discussed, including complaint, incidents and practising privileges.
- The medical advisory committee played a key part in the approval of practising privileges and discussed all new applications. Practising privileges are the authority granted to a physician or dentist by a hospital governing board to provide patient care in the hospital. Practising privileges are limited by the individual's professional license, experience, and competence. The MAC had the authority to approve, suspend or withdraw practising privileges in the interest of patient safety. Practising privileges were a standing item on the MAC meetings.

Good

Outpatients and diagnostic imaging

- We saw minutes of the meetings which included examples of consultants who wanted to perform new procedures. These were discussed and agreed by the MAC.
- The MAC chairperson met with other MAC chairs twice annually for shared learning, An example of shared learning was in relation to the provision of paediatric anaesthesia. Acceptable levels of paediatric anaesthesia according to the age of the child was agreed and implemented across the Nuffield group. Six personnel files where reviewed for compliance with practising privileges policy . This regulation states, directors should be of good character, possess the right competencies and skills and are physically and mentally fit to do the job. The majority of files were found to be complete. Within files with missing or out of date information, there was documentary evidence of these being chased. Undertakings on medical registration were recorded within files and reported to the general medical council (GMC).
- The hospital risk register had 12 documented risks. Examples included; gaps within mandatory training. Heads of department commenced weekly reporting on this and extra training sessions were provided and staff were to be released from clinical duties to attend. Loss of long serving workforce due to retirement – to be considered over the forthcoming months and a new senior management team.
- The senior manager team met monthly to provide an overview of the service and discuss current issues and risks. Examples of areas discussed include complaints, mandatory training, risk register and staffing.
- The practising privileges policy outlined the role of the hospital director in ensuring consultants holding practising privileges held appropriate indemnity insurance.
- There was a positive working relationship with the local clinical commissioning group (CCG). The working arrangements with third party providers for some diagnostic imaging services were managed through service level agreements. The assurance that they followed Nuffield Leicester policy and procedure was with the radiology manager.

Leadership and culture of the service

- The hospital had undergone a significant change in the management structure. The matron and hospital director had been in post for a month and two months respectively. The team displayed the skills and knowledge, experience and integrity needed to lead and improve the service.
- The senior management team demonstrated a proactive approach to improving the services. This was observed in the hospital business plan. Despite the brief employment period, they had gained an understanding of challenges in providing good quality care. Changes had occurred and were already embedded in the service. Examples of these were reviewing hospital security and developing a more robust security process, making the risk register more fit for the hospitals needs and developing the hospital equipment storage. Staff we spoke with felt involved in and were aware of the changes and appreciated the investment in both staff and the hospital.
- All staff we spoke with found the managers engaging and visible. They described an open door policy and that both the matron and the HD were visible around the hospital throughout the day. They reported an open and transparent culture which was apparent during our inspection.
- There was a culture of pride across all staff groups working within Nuffield Leicester. Senior managers spoke very highly of the care provide and there was mutual respect between medical and nursing staff. One senior staff told us ' family members have had treatment at the hospital and were very happy with the care provided.'
- There were high levels of staff satisfaction, and staff we spoke with could not speak highly enough of the organisation as a place to work. The hospital managers identified that they wished to improve on the 65% staff survey feedback rate.
- We saw evidence that the culture of the outpatients and diagnostic imaging department was centred on the needs and experiences of patients who used the services. For example, mistakes and complaints were handled openly and sensitively.
- The teamwork throughout outpatients and diagnostic imaging (OPD) was demonstrated in the everyday support and open culture of the departments. Learning

and teaching from incidents was shared on an information board in radiology, and weekly teaching from incidents or experience took place in physiotherapy.

Public and staff engagement

- Patients and others who used the service were asked their views on care they received.
- Staff engaged in staff forums and the minutes from these identified that the matron performed a daily walk around to all clinical areas at the beginning of her day. This coincided with the end of the night shift to include as many staff as possible. Throughout our visit, staff told us that this was really appreciated and helpful in embedding an inclusive culture.
- The hospital celebrated staff long service with presentations of flowers, gift tokens, lunch, pin badges and certificates. Many staff had worked within the hospital in excess of ten years and one member over 40 years.
- Physiotherapy staff ran a total knee replacement focus group every three months. Patient feedback was collected and fed back to staff. Further focus groups were planned for women who had undergone breast surgery.
- Patients raised concerns through the patient satisfaction survey, by telephone, in person, through the consultant or through the Nuffield Health website.
- Flexible working within the department provided a patient focused service that also considered staff needs.
- Staff we spoke with told us they felt their concerns were listened to and actioned. A new security system commissioned in response to staff expressing a concern about safety around the car park at night. Had been installed.

Innovation, improvement and sustainability

- The service was working towards providing appointments within local GP practices to improve ease of access for patients.

Outstanding practice and areas for improvement

Outstanding practice

- There was a long service award scheme for staff to recognise their long service at the hospital, which included receiving a gift, a yearbook and lunch with the senior management team. There were four employees with long service awards, two having served 25 years, one 30 years and the fourth had served 42 years.
- Staff said they were encouraged and supported to develop. One member of staff told us they had recently qualified as a Nuffield apprentice and had been nominated for the healthcare apprentice of the year.
- A room was available for patients wishing to pray, facilities included a prayer mat, compass and Qibla markers (a direction marker to identify Mecca).
- We reviewed some patient comment cards, which included support of a patient who experienced an unexpected family bereavement whilst in hospital, the physiotherapist had provided intensive treatment to enable an early discharge. Another comment related to an inpatient whose family member became very ill. The patient commented how supportive the staff were and commented 'they went above and beyond, the compassion and understanding was appreciated'.
- The physio team ran quarterly patient knee replacement feedback groups where post-operative patients were able to meet and talk about their experiences.
- Staff offered dignity pants and bras for patients to use who were going to theatre. Dignity pants and bras are single use items of clothing used to wear underneath a theatre gown.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that interpreting services are provided for all patients who require them.
- The provider should ensure that leaflets remain visible for patients to complain if required.
- The provider should ensure a risk assessment is completed and added to the risk register for the four exit doors on the ward level.
- The provider should ensure training for all staff is completed in relation to caring for the deteriorating patient, including the NEWS face-to-face training and the adult sepsis screening tool training.
- The provider should ensure a sepsis policy is available, evidence based, ratified and up-to-date as a reference point for staff.
- The provider should ensure an up-to-date infection control policy is available, evidenced based, ratified and up-to-date as a reference point for staff.
- The provider should ensure the clinical environment is compliant with HBN 00-09 infection control in the built environment.
- The provider should ensure the appraisal rate for theatre staff meet the hospital target of 90%.