

Ramsay Health Care UK Operations Limited

Springfield Hospital

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Not inspected

Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

We carried out an urgent focused inspection of this service on the 2 December 2020 due to anonymous concerns received in relation to the staffing, staff competency and safety.

During our focused inspection we found:

- The service had enough staff to care for patients and keep them safe, there had been a high turnover in staff, the service used bank staff while the recruitment process was underway. There was a mandatory training programme for staff to attend annually, staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well and audited infection prevention control.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and staff were competent in their roles. Staff worked well together for the benefit of patients.
- Leaders were new in post and had the skills and abilities to lead the service. Staff understood the service's vision and values. Most staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care.

However;

- Not all staff had completed their mandatory training. Infection prevention control audits were not routinely reviewed. Leaders had a vision for the department did not have a strategy to implement it, this had not been embedded at a departmental level. Not all staff were clear about their roles and accountabilities, for example, some of the team were unclear of the role of the new interim cross-sectional lead radiographer however this member of staff had been in post for a few days.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Inspected but not rated 	We did not rate this service as part of this focused inspection.

Summary of findings

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Summary of this inspection

Background to Springfield Hospital

Springfield Hospital is operated by Ramsay Health Care UK Operations Limited. The hospital has 64 overnight beds. Facilities include five operating theatres, a three-bed observational unit, and X-ray, outpatient and diagnostic facilities. The hospital provides surgery, medical care and outpatients and diagnostic imaging services.

We received information from anonymous whistle blowers raising concerns about staffing and the safety of the services provided with the diagnostic imaging department. We previously inspected diagnostic imaging and outpatient services together in October 2016. The subsequent report rated these services as good overall – with safe, effective, caring, responsive all rated good and well led rated requires improvement. On 02 December 2020 we conducted a focused inspection of diagnostic imaging services within the radiology department at Springfield Hospital in Chelmsford.

This inspection focused on the diagnostic imaging service, which did not include outpatients' services. The report includes what we found on inspection in relation to the diagnostic imaging service only, we did not rate the service. Therefore, the published rating reflects the previously applied rating for when this service which was inspected as outpatients and diagnostic imaging October 2016.

Our focused inspection was unannounced, so staff did not know we were coming, to observe routine activities within the department. The focused inspection of diagnostic imaging services was related to specific concerns of the service, so we did not include all the key lines of enquiry. We inspected key lines of enquiry in safe, effective and well led.

The diagnostic imaging department was located on the ground floor and provided magnetic resonance imaging (MRI), computed tomography (CT) scan, ultrasound scan (USS), x-ray and digital mammography services.

The service has had a registered manager in post since August 2019 and is currently registered for the following regulated activities:

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

How we carried out this inspection

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

Areas for improvement

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

Areas the provider **SHOULD** improve

Summary of this inspection

- The service should ensure that staff are up to date with mandatory training
- The service should improve staff engagement
- The service should develop a formalised vision and strategy for the radiology department
- The service should consider how local risks are recognised by the senior leadership team
- The service should ensure duty of candour, is fully implemented.
- The service should involve patients and conduct patient surveys




Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Not inspected

Diagnostic imaging

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Well-led	Inspected but not rated 

Are Diagnostic imaging safe?

Inspected but not rated 

We did not rate this service as part of this focused inspection.

Mandatory training

- Not all staff completed mandatory training to appropriate levels. The hospital had a target completion rate of 85%. Data provided by the hospital following our inspection showed 66% of staff in the diagnostic imaging department had completed mandatory training, this was a decline from our previous inspection where the rate was 89% and was attributed to the impact of COVID-19. Mandatory training took place via e-Learning or face to face basis and the subjects covered included: fire safety, infection control, data protection, safeguarding children, vulnerable adults and dementia awareness. Managers were emailed mandatory training compliance from central office and sent reminder emails to staff when they needed to update their training. Some staff we spoke with acknowledged that finding time to complete mandatory training had been challenging due to staffing levels and therefore having no protected time. At the time of inspection managers told us they were recruiting staff which would support improved training compliance.
- All staff had completed dementia awareness training.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Safeguarding training was included as part of the hospital's standard induction programme. All staff we spoke to were able to identify what would constitute concerns around safeguarding and how they would escalate and report safeguarding concerns to the hospital named safeguarding lead, 83% of staff had completed safeguarding children level 1 and 61% of staff had completed safeguarding adults' level 2. At the time of inspection managers told us they were recruiting staff which would support improved training compliance. The paediatric lead nurse was the overall responsible lead for safeguarding children in the hospital, and would liaise with a level four trained person within Ramsay Health Care UK Operations Limited for guidance.
- Staff told us they had access to policies and procedures for the safeguarding of adults. Staff knew how to make a safeguarding referral and who to inform if they had concerns.
- There had been no safeguarding incidents raised between November 2019 and November 2020

Cleanliness, infection control and hygiene

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

Diagnostic imaging

- All staff had access to an online infection prevention and control policy and infection prevention training was part of their mandatory training.
- We reviewed cleaning schedules for the department and found them to be completed daily. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff carried out daily safety checks of specialist equipment.
- The service conducted hand hygiene audits and scored 100% for October and November but these were not completed for August and September 2020.
- There was not an infection prevention and control lead within diagnostic imaging. We saw evidence in meeting minutes this was due to staff shortages. However, the hospital had an infection control nurse and an overarching IPC strategy. Each head of department was responsible to ensure that this was implemented.
- The service had developed COVID19 standard operating procedures and specific pathways to minimise the risk of infection. All staff we observed in the department were bare below the elbow and adhering to hand hygiene techniques prior to and after patient contact. We saw staff cleaning seats in the waiting area, between each use and the service made sure patients were spaced out to comply with COVID19 standard operating procedures.

Environment and equipment

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use specialist equipment. Staff managed general and clinical waste appropriately. Sharps disposal bins were correctly labelled and were not overfilled and staff covered waste disposal in their mandatory training.
- Each area we visited was tidy, well organised and free from clutter. We saw that there were adequate storage facilities and suitable levels of equipment for safe monitoring and effective treatment.
- The resuscitation trolley was in the nearby physio area and was checked by the physio team. We checked the trolley and found that this was fully stocked with in date equipment. We reviewed the records for September, October and November 2020 which showed that resuscitation equipment had been checked daily during this period.
- We randomly checked single use equipment throughout the hospital and found that this equipment was properly stored, in date and packaging was intact.
- There was a paediatric resuscitation grab bag that was checked by the pharmacy team.
- The service had brought a new mammography machine. Mammography is a specific type of breast imaging that uses low dose X-rays to detect cancer.

Assessing and responding to patient risk

- There were systems and processes in place to enable the effective management and transfer of a deteriorating patient should the need arise.
- There was a service level agreement in place with an external provider to access a radiation protection adviser (RPA) access at all times. The RPA role is given to those who are competent to advise employers on the safe and compliant use of ionising radiations. The post is a legally recognised position and is a requirement of the ionising radiations regulations 2017. The manager was the appointed radiation protection supervisor.
- Throughout the radiology department there were safety notices displayed to remind people not to enter certain areas while radiology equipment was in operation.
- The service had considered the risk associated with radiation. We observed staff asked women of childbearing age if they were pregnant and there were posters to remind patients to tell staff if they were pregnant.
- Staff discussed risks with patients and post procedure complications, leaflets were also given to patients to take home with details of who to contact if they felt unwell.
- Staff had online access to local rules that detailed procedures that staff must follow to ensure any exposure of radiation is in line with the 'Ionising Radiation (Medical Exposure) Regulations 2017'.

Diagnostic imaging

- Staff wore individual radiation dosimeters at all times to monitor the level of any radiation they may have been exposed to.
- There were pause and check posters in all imaging areas we visited. This is a prompt system to ensure that the right patient received the right investigation before starting a procedure.
- The nearest resuscitation trolley was in the physio department and staff were aware of its location.
- A paediatric nurse attended appointments with paediatric patients.
- Radiographers told us that should they suspect physical abuse when reporting images, they would escalate their concerns to their manager or senior management team.
- Due to COVID19 restrictions and preventing the risk of spread children were not allowed to attend appointments with family members and were instructed of these rules with appointment letters or when booked for an appointment.
- All children under the age of 16 years old received direct care from a registered children's nurse. In the radiology/imaging service they were available to chaperone and support the child and their parents/carers. We were told the children's nurses were trained to children's safeguarding level 3.

Staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service used bank staff as there were a high number of vacancies. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service has had a high turnover of staff. To mitigate staff shortages whilst recruiting, bank staff were routinely used throughout the department. Bank staff had been leading some clinics within the MRI department and they were now being supported by the interim cross-sectional lead radiographer. The service had significant vacancies, seven radiographers and one health care assistant vacancy since July 2020 and had recruited a new member of staff on the date of the inspection. The service had recently successfully recruited and was expecting eight full time members of staff to join the department by March 2021.
- When the previous manager left the senior leadership team increased staffing numbers and supported the new radiology manager.
- An interim cross-sectional lead radiographer been seconded from another Ramsay hospital to oversee the MRI and CT services whilst staff recruitment had completed. They also supported bank staff and were in place to induct new and expected staff.
- We spoke with ten members of staff and they all told us that staffing numbers were safe within the imaging departments and that there was always a senior member of staff on duty in each department.
- The manager of the radiology department was responsible for signing off the medicine management staff competencies at their induction.

Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Patient notes were comprehensive and all staff could access them easily.
- Records were stored securely.

Medicines

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

Diagnostic imaging

- Emergency medication were stored securely in both the CT and MRI areas and were managed by the pharmacy team. We checked medication and they were all in sealed boxes and within date.

Incidents

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- There had been 19 incidents from November 2019 to November 2020. One incident was where a patient was given contrast media when they did not need it. Records showed that the incident had been investigated however, whilst the service did apologise to the patient for the error there was no evidence of a written apology. There were five patient reactions to the procedures related to contrast media (dye injected into the bloodstream). There had been a radiation exposure related incident reported which related to contrast media. Records showed that these had been reported and investigated appropriately.
- All staff we spoke with knew how to report incidents through the hospital's electronic reporting system, were able to give examples of the type of incidents which required escalation and reporting.
- The service has a 'being open policy' which was in date. Staff were aware of the policy and could explain the principles.
- We asked for correspondence to demonstrate where duty of candour had been applied and were informed that the matron had assessed incidents and they determined none of the incidents required duty of candour. We are aware of one incident where duty of candour had not been applied appropriately.

Are Diagnostic imaging effective?

We did not rate this service as part of this focused inspection.

Competent staff

- We conducted the unannounced inspection as there had been whistle blowing concern reporting that there was not a designated radiation protection supervisor onsite and staff had not received an induction and did not have competencies signed off. We investigated these concerns on the inspection and were satisfied there was a radiation protection supervisor in post onsite and that staff had received an induction. At the time of the inspection there had been no staff appraisals for 2020. The manager was responsible for conducting appraisals and had been in post for less than six months. However due to the staff shortages and getting to know the team they intended to start them at the beginning of the year in 2021, when staffing should have improved.
- All staff received a formal induction period, which was underpinned by the corporate induction policy. We checked this policy, which was in date, and it reflected a comprehensive induction programme which took place over a three-month period, with a six monthly and yearly review thereafter.
- All staff we spoke with confirmed they had completed an induction programme when commencing employment. All radiographers had received immediate life support training
- Consultants applying for practising privileges rights at Springfield Hospital were interviewed with both the general manager and matron prior to formal application. If successful at this stage, the hospital requested a curriculum vitae, security checks, medical indemnity insurance and references including one from their employing hospital. These details were then reviewed by the Medical Advisory Committee (MAC) prior to the recommendation of accreditation.

Diagnostic imaging

- Reviews of practising privileges took place on an annual basis, which included looking how many procedures had been carried out in the previous year, and any complications, incidents or complaints that had been received involving the member of staff.

Are Diagnostic imaging well-led?

Inspected but not rated 

We did not rate this service as part of this focused inspection.

Leadership

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The senior leadership team consisted of the of hospital director, head of clinical services, operations manager and finance manager. The radiology manager was on the head of department leadership structure. The radiology manager had been in post since May 2020 and reported to the head of clinical services.
- At the time of the inspection a radiology manager from another service had been seconded into an interim post titled 'cross-sectional lead radiographer'. The new post was in place to support the new radiology manager. We were told that the cross-sectional lead radiographer' was helping to give support to the computerised tomography (CT) and magnetic resonance imaging services and help complete the induction process for the new members of staff. However, some staff we spoke to were not aware of the role of the seconded manager, however this member of staff had been in post for a few days.
- There had been changes to local leadership, however leaders had not been in post for enough time to demonstrate sustained improvement in performance. The service had a high turnover in staff leaving the service within a relatively short timeframe and was relying on agency staff in the interim until the service recruited to vacancy which was ongoing. The service had continued to roll out a recruitment programme to substantive posts during difficult times, in response to this the managers made the vacancies more attractive by increasing the salaries. At the time of inspection eight new members of staff were expecting to join within the next two months although not all had agreed start dates at the time of our inspection. However, all staff we spoke with said there was enough staff to keep patients safe and patients were receiving good quality care.

Vision and strategy

- The service had a vision for what it wanted to achieve. The local leadership team were all new in post leaders told us they had a vision to expand the service and acknowledged the need to recruit further staff to achieve this. Although leaders had a vision there was not a formal strategy to achieve the vision. Staff were able to communicate the 'Ramsay value's' however, staff were not clear on the departments vision or the strategy for the future.

Culture

- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided some opportunities for career development. The service did not have a strong open culture where staff could raise concerns without fear but staff we spoke said that the culture within the department had improved. Staff said it had been 'challenging' working when permanent staff had left and the service was using new bank staff.

Diagnostic imaging

- We reviewed departmental meeting minutes for July 2020, August 2020 and November 2020 it was not clear that minutes had been reviewed from the previous meeting and if any actions needed to be carried over. Some staff said that a recent team meeting was arranged at short notice and that made it difficult for the team to attend.
- Staff we spoke with were not always clear about the roles of other members of staff for example not all staff understood the role of the seconded manager who was brought in to lead the MRI and CT services however this member of staff had been in post for a few days. Most staff told us they felt respected, supported and valued. All staff were focussed on the needs of patients receiving safe care.
- We reviewed team meeting minutes and did not always see evidence of the service providing opportunities for career development although this was a standing item.
- We asked managers about staff morale and were told that further work was required to engage effectively with all staff. We were told that finding suitable candidates had been challenging and not all staff were supportive when potential candidates were being interviewed.

Governance

- Leaders operated governance processes but these were not always effective. Staff had opportunities to meet, discuss and learn from the performance of the service. Minutes of team meetings were circulated by email. Risks and issues raised at the radiology team meetings were not always reflected in operational risk at the appropriate level. For example at the August 2020 team meetings there was a concern escalated to the senior leadership team that there had been a backlog of appointment referrals, however this was not escalated as an issue in other meeting records.
- The hospital governance process operated through various meetings including the medical advisory committee (MAC) meeting, heads of department (HoD) meeting, senior leadership team meetings (SLT) and the clinical governance committee. We reviewed minutes for the clinical governance committee meetings for January, February, June, August and October 2020. The October 2020 minutes reported on activity in September 2020 and there had been no further minutes. These minutes showed a brief review of incidents and there were no complaints and no patient survey results.
- We reviewed the infection prevention and control committee meeting minutes from March and June 2020. There was no representation from the radiology lead at these meetings. There had been a social distancing risk assessment completed in May 2020, due to the COVID19 pandemic, however, there had been no review of the risk assessment and there were no actions as a result. On the inspection we observed that staff were observing social distancing.
- The service had a standard operating procedure 'Patient/Hospital cancellation or do not attend of Radiology appointment' but the rates of these were not monitored as the 'current radiology system does not enable monitoring'. However, managers told us that a new system was being installed within the next two months to rectify this.

Managing risk, issues and performance

- The hospital had a risk register. The risk register covered all the services within the hospital.
- The service had identified and escalated a relevant risk. At the time of the inspection there was one risk relating to the diagnostic imaging service which was 'Resignations from Radiology have caused loss of service due to reduced staffing and level of service'. The risk had remained open since 21 September 2020 and was being reviewed monthly. To mitigate the risk HR had been involved to review and adjust the salary whilst also accelerating recruitment. The service had started a recruitment campaign in November 2020.
- Following the inspection, we reviewed the risk register the service had identified other risks relating to the service, for example; a backlog of referrals and delays in booking tests and procedures as a result of COVID-19. These concerns were recorded in the radiology team meeting minutes and had been escalated to SLT in August 2020.

Diagnostic imaging

- Managers had oversight of incidents and documented learning in clinical governance meetings and team meetings. Most staff said they were able to attend meetings. Staff had awareness of duty of candour and apologies were given when there was an incident, however, the department had no examples of documented duty of candour to share with us.
- The radiology department did not conduct patient satisfaction surveys. The service investigated complaints but feedback from complaints investigations was not always discussed at team meetings.
- Staff told us that if they were concerned about a patient, they would contact the head of department or head of clinical services (matron) for advice.