

Ramsay Health Care UK Operations Limited

West Valley 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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Services were available five days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were generally clear about their roles and accountabilities.
- The service engaged well with patients received overwhelmingly good feedback.

However:

- In the theatre suite, we found logs used in the ordering of controlled drugs that contained gaps in the record. We acknowledge that as soon as we identified this, an action plan was developed and implemented to prevent recurrence.
- The signing in and out sheets for the theatre complex were not always completed and there were gaps in checklists that were not accounted for.
- Some members of staff we spoke with weren't sure how their development needs would be addressed.
- Leaders were still working to involve staff in auditing and governance processes.
- In outpatients staff were not always clear about their responsibilities.
- Policies were not always reviewed with specified time frames, meaning staff were sometimes working from policies that were out of date.
- In outpatients, we found some equipment servicing that was not always completed annually where this was indicated.
- We observed an incident in the X-ray room when a patient moved and the 'stop and check' protocol failed.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

Diagnostic imaging is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section. This is the first time we rated this service. We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Services were available five days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients.

However:

Summary of findings

- We observed an incident in the X-ray room when a patient moved and the 'stop and check' protocol failed.

Outpatients

Good



This service includes a part-time GP practice. This is the first time we rated this service. We rated the service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They mostly managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

However:

- Staff were not always clear about their responsibilities.
- Policies were not always reviewed in their time frames, meaning staff were sometimes working from policies that were out of date.

Summary of findings

- Equipment servicing was not always completed annually, where this was indicated.

Outpatients is a large proportion of hospital activity, but we also inspected the GP service provided by the hospital. The service arrangements and governance for the GP service and the outpatient appointments were generally the same, where this was not the case, and something only referred to the GP service we have clearly reported this as different.

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

Medical care (Including older people's care)

Good



Medical services were a small proportion of the hospital activity. The main activities of the hospital were surgery and outpatients. The endoscopy service was the main medical service and was integrated into operating theatres, which is included in the surgery core service report.

Where arrangements were the same we have reported findings in the surgery report.

There was no activity on the day of our unannounced inspection, however we were able to inspect the environment; equipment management and stores along with decontamination facilities and records.

We have not previously rated the service. We rated this service as good because it was safe, responsive and well-led.

Surgery

Good



This is the first time we rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from the provider wide organisation. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well

Summary of findings

together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good patient information.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. Staff and managers were focused on the needs of patients receiving care. Staff were clear about their clinical roles. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- We found that logs for accountability in the ordering of controlled drugs were not used appropriately and allowed gaps that decreased the accountability during the ordering process. However, after raising this during inspection an action plan was developed to address and rectify this in the next two months
- The signing check in and check out sheets for the surgery suite were not always completed and there were gaps in check lists that were not accounted for.
- The service had a new team and despite focusing on embedding a culture of safety, new members of staff we spoke with identified they weren't sure how their development needs would be addressed.
- Leaders were still working to involve staff in auditing and governance processes.

Summary of findings

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Summary of this inspection

Background to West Valley Hospital

West Valley Hospital is operated by Ramsay Health Care UK and offers day-case services to private and NHS patients living in South East London. The hospital is registered with the CQC to provide the following regulated activities for people over the age of 18:

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

West Valley Hospital has a manager registered with CQC and opened in August 2017. Hospital facilities include two operating theatres, endoscopy and imaging suites as well as outpatient and physiotherapy consulting rooms. These enable the hospital to provide day-case surgery, radiology and ultrasound imaging, outpatient services and physiotherapy.

NHS funded admissions accounted for 93% of activity with the remaining 7% from private, predominately insured patients. Clinical specialties offered include dentistry, gastroenterology, general surgery, orthopaedics, gynaecology, ophthalmology, plastic surgery, urology and pain management. Diagnostic imaging services included mobile and static radiology and ultrasound facilities. Family planning services included the insertion and removal of intrauterine devices for contraception or medical purposes.

Physiotherapy at the hospital was provided by another company and was not part of this inspection.

The main services provided by this hospital were surgery and outpatients. Where our findings on surgery (for example, management arrangements) also applied to other services, we did not repeat the information but cross-referred to the surgery section.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out a short announced inspection because of a significant increase in hospital activity and as a new service, it had not been inspected before. During the inspection visit, the inspection team:

- visited all areas of the hospital, looked at the quality of the clinical environment and observed how staff were caring for patients
- spoke with the registered manager (hospital director) and other key members of the senior management team, including quality and engineering managers with regional remits
- spoke with 17 other members of staff including the resident medical officer, nurses, allied healthcare professional and operating department practitioners, professionals, health care assistants, administration and support staff
- spoke with 11 patients who were using the service and reviewed eight care and treatment records of patients
- looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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>.

Summary of this inspection

Areas for improvement

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

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The service should embed the learning and changes made to the way intravenous solutions were stored in the operating suite. (Regulation 12). This is required as part of Regulation 12 on management of medicines, but we considered that it would be disproportionate for the one finding to result in a judgement of a breach of the regulation overall at the location.
- The service should also embed the changes made to the management of the medicines ordering and reconciliation logbook. (Regulation 17). This is required as part of Regulation 17 on maintaining secure records as are necessary to the management of the regulated activity, but we considered that it would be disproportionate for the one finding to result in a judgement of a breach of the regulation overall at the location.
- The service should comply with recommended safe use periods for all changeable consumables including privacy curtains.
- The service should remind all staff to follow GDPR guidance and lock all screens and paper document trolleys when not in use.
- The service should identify and record when theatres are not in use or closed in record logs such as the anaesthetic check book.
- The service should involve staff in their auditing process and deliver the planned training in auditing and performance monitoring as soon as practicable.
- The service should identify strategies to record and disseminate important information from any meeting, including daily huddles, so all staff can access this information.
- The service should continue to develop their vision and strategy for this location and integrate newer members of staff into its delivery.
- The service should make arrangements so that new members of staff are encouraged to identify development needs and those who identify training or development needs are aware of follow up dates or have feedback of when these will be reviewed.
- The service should comply with the patient identification policy during consultations.
- The service should ensure all policies are reviewed within the agreed timescale to ensure staff are only working from policies that are in date
- The outpatients service should ensure that equipment is serviced regularly.
- The outpatients service should ensure all tasks, clinical and non-clinical, are clearly assigned to ensure all aspects of care pathways are completed.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Medical care (Including older people's care)	Good	Inspected but not rated	Insufficient evidence to rate	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good 

We have not previously rated the service. We rated it as good.

Mandatory training

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

Ramsay Health UK provided statutory and mandatory training using a combination of 'face to face' training and e-learning. Staff received and kept up-to-date with their mandatory training. Records showed that imaging department staff had completed 99% of all required courses, which was significantly better than the corporate target of 85%.

Managers explained the challenges of providing classroom training during the pandemic and gave examples of how additional training sessions had been arranged to meet performance targets.

We saw training and competency records that demonstrated that radiography staff had appropriate training in the regulations, radiation risks and use of radiation.

Safeguarding

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

Staff we spoke with knew who their safeguarding lead was should they have any concerns. In addition to the local safeguarding lead (head of clinical services) there was a corporate safeguarding lead available to provide advice and oversight.

Safeguarding training was included as part of the mandatory training package and staff told us they knew where to find information in the corporate intranet should they need to. None of the staff could recall the need to raise a safeguarding concern in the last year.

Diagnostic imaging

Patients we spoke with said they felt safe and were always treated respectfully by staff.

We saw that the organisation had well-defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check; occupational health clearance, references and qualification and professional registration checks.

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. Staff managed clinical waste well.

Imaging appointment times had been adjusted to reduce the number of patients waiting to be seen to help maintain social distancing.

Patients we spoke with said the environment was clean and they had seen the radiographer using wipes and hand gel. We saw there were clinical wipes available to clean the equipment between patients and disposable paper covers for couches. There were hand basins, paper towels and waste bins in each room.

Radiographers were responsible for cleaning the diagnostic equipment. Items appeared clean and dust-free and we saw a daily cleaning check list. 'I am clean' stickers were not used.

Staff disposed of clinical waste safely. We saw easy-read pictogram instructions displayed on waste-bin lids and in all cases clinical waste was correctly separated. External bulk waste bins were locked and stored in a secured compound before collection by a contractor.

Environment and equipment

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

Imaging facilities included radiology and ultrasound rooms along with a mobile scanner located in the theatre suite. The X-Ray and scanner suites adjoined the outpatients and physiotherapy consultation rooms and shared a small waiting area and toilet facilities.

The X-ray suite include change room and equipment storeroom, which was locked. The change room contained additional chairs and other items which left it cluttered. The ultrasound consultation room included a toilet and changing room.

There were warning lights outside the doors to the x-ray room. These warned people of the risks of radiation and lit up when the equipment was in use. Within the x-ray room, we saw protective screens in place for the operator along with ample supplies of lead aprons for staff or relatives and lead shields for patient use.

We saw the local rules for the x-ray equipment which described safe operating procedures in line with national guidance. Managers stated that the radiation protection adviser (RPA) had inspected the site prior to the installation of equipment and they continued to provide guidance and support to the radiation protection supervisor, who was the department manager at this hospital and one other Ramsay hospital in the region.

Diagnostic imaging

We were told that the RPA was due to return to the hospital in July to complete their next scheduled report.

In addition to daily quality assurance checks for the x-ray machine we saw that the scanners had inbuilt automatic safety testing systems. We were shown electronic records that demonstrated the department had clear processes for maintenance of equipment and fault reporting.

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

The hospital monitored diagnostic imaging staff for x-ray radiation exposure using portable dose meters.

In addition to clinical areas of the hospital, we inspected facilities that had been constructed to provide key utilities such as uninterruptable power supply, medical gases and clinical waste removal. The design of the environment followed national guidance and had been completed to a high standard.

We saw fire protection and evacuation equipment sited at strategic points throughout the hospital.

We saw that external contractors had completed fire equipment safety checks.

Assessing and responding to patient risk

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

We saw resuscitation equipment placed on a purpose built trolley sited in the outpatient department corridor. As a smaller facility, the trolley was also readily available to the radiographer and physiotherapist.

The service used the three points of identification check for patients and staff we spoke with told us about the society of radiographers' "pause and check" protocol, although we saw one instance where this was not performed correctly when a patient moved just prior to x-ray exposure. We noted that this was subsequently reported as an incident and investigated by the hospital.

The hospital had local rules for x-ray procedures setting out the safe operating arrangements for working with ionising radiation. The department manager was also the radiation protection supervisor (RPS) for the region. We saw visit reports and management reports that indicated facilities, equipment and other key safety aspects such as door lights, PPE storage, local rules and equipment quality assurance had been routinely checked.

The department displayed national and local dose reference levels to minimise the risk of radiation overexposure. Radiographers recorded exposures on patient records as part of the electronic picture archiving and communicating system (PASC). Radiographers told us how any unexpected or significant findings from image reports were escalated to the treating consultant.

Staffing

The service had enough allied health professionals and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care.

Diagnostic imaging

The service ensured there were always two staff members on site during clinic hours to support the needs of patients and maintain staff safety.

The department comprised one manager and two other radiographers. The manager was also responsible for a sister site and staff could be moved within the region if needed to cover unexpected absences. Managers gave examples of how this had worked well during earlier parts of the pandemic.

The hospital had contracts with radiologists to provide reporting services as self-employed consultants under practising privileges. We saw evidence that the hospital checked all medical staff had valid professional registrations, mandatory training status appraisals medical indemnity insurance.

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.

The hospital had a secure electronic record and imaging archiving system to enable staff and referrers to access records using their personal security passwords. The service used an encrypted system for sharing emails and documents between consultants and GPs, and the hospital used a recognised picture archiving and communication system called (PACS) to manage images and medical reports. Records were stored securely.

Incidents

The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

The service had no never events and there were no incidents reported.

Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff we spoke with understood the duty of candour. Managers and staff told us that people received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. We also saw evidence of this in meeting notes, newsletters and poster displays.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not rate effective in diagnostic imaging

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Diagnostic imaging

The provider's policies and procedures were subject to review by the radiation protection advisor (RPA). The hospital had planned for the RPA triennial audit against the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017 requirements in July.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and procedures for the X-ray were based on the (IR(ME)R 2017 and we saw that the local rules were up to date and reflected the equipment, staff and practices at the hospital.

The service applied the Public Health England guidance on National Diagnostic Reference Levels when setting their local diagnostic reference levels (DRLs). These were based on national DRLs for adults.

Staff told us there has been no recalls or returns for poor quality images.

Nutrition and hydration

Staff made sure patients did not fast for too long before diagnostic procedures. Staff took into account patients' individual needs where food or drink were necessary for the procedure.

Pain relief

The service provided diagnostic assessments of patients who might be experiencing pain

Radiographers explained that as an elective service, patients were invariably ambulant and independent.

They assisted patients into comfortable positions for imaging wherever possible. If need be, staff could call on the resident medical officer for advice.

Patient outcomes

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

All reports we viewed were of high quality. Managers explained that the radiologists reviewed 10% of each other's reports in order to check quality and accuracy. The chair of the medical advisory committee had appointed a lead consultant to help manage radiology assurances processes.

See information under this sub-heading in the surgery section.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All health care staff and allied professional were registered with their appropriate professional bodies.

Diagnostic imaging

The service ensured it received evidence from medical practitioners about appraisals and registrations as part of their practising privileges.

Newer staff-members told us they had received full induction tailored to their role and felt well-supported. Managers made sure staff received any specialist training for their role.

We saw examples of radiographer competency booklets that staff had and were signed off by the departmental manager.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for this service were 99%. Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

Staff worked together as a team to benefit patients.

Radiology staff worked closely with the referrers to enable patients to have a prompt diagnosis and treatment pathway. If they identified concerns from scans they escalated them to the referrer.

Health promotion

The service did not provide a role in health promotion.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

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

Are Diagnostic imaging caring?

We have not previously rated the service. We rated it as good.

Diagnostic imaging

Compassionate care

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

Staff were discreet and responsive when caring for patients. We saw staff taking the time to interact with patients in a respectful and considerate way. Patients said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential. We saw that the radiographers discussed patients' details with them in the X-Ray room, not in the waiting area, which helped to preserve patient confidentiality.

We saw and patients told us the radiographers introduced themselves when meeting their patients.

Emotional support

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

Staff gave patients and those close to them support and advice when they needed it.

We saw notices displayed in the waiting area offering patients a chaperone should they prefer.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Patients said staff explained the procedure, checked what X-Ray they were having and checked their identity.

Patients gave positive feedback about the service. We saw a 'value your opinion' card that rated care, cleanliness, staff, accommodation and food as excellent. The individual commented that the hospital did well in explaining the procedure and all-round communication: "all staff are lovely"

Are Diagnostic imaging responsive?

We have not previously rated the service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Diagnostic imaging

According to managers, patient and staff feedback was positive about the location of the hospital, which adjoined a major bus and rail interchange along with access to free parking within the complex. The environment was appropriate and comfortable for patients, and patients we spoke with were positive about this and organisation of the service.

We received positive comments from patients and staff of all grades about the overall layout, decor and natural light levels. Step free access and electronic doors were provided to assist people with limited mobility and wheelchair users enter the building. Rooms, corridors and toilets were spacious enough to accommodate wheelchairs.

Meeting people's individual needs

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

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

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

Access and flow

See further information under this sub-heading in the surgery section.

Learning from complaints and concerns

There were no complaints about this service.

See information under this sub-heading in the surgery section.

Are Diagnostic imaging well-led?

We have not previously rated the service. We rated it as good.

Leadership

See further information under this sub-heading in the surgery section.

Vision and Strategy

See information under this sub-heading in the surgery section.

Culture

Diagnostic imaging

See information under this sub-heading in the surgery section.

Governance

See information under this sub-heading in the surgery section.

Management of risk, issues and performance

See information under this sub-heading in the surgery section.

Information Management

See information under this sub-heading in the surgery section.






Engagement

See information under this sub-heading in the surgery section.

Learning, continuous improvement and innovation

See information under this sub-heading in the surgery section.

Outpatients

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

Are Outpatients safe?

Good 

We have not previously rated the service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Staff told us training was useful and comprehensive and the format it was delivered in was appropriate.

The service was putting on extra, socially distanced intermediate life support training sessions to improve the compliance rates. During the COVID-19 pandemic the hospital had struggled to book face to face training due to be completed by mid-July. In the meantime, there were always staff trained in advanced life support (a more comprehensive training) on site.

Staff told us they were given time to complete their mandatory training. As most training was carried out online staff told us it was easy for them to fit into their day.

Managers monitored mandatory training, alerted staff when they needed to update their training. Compliance with training rates were good.

Safeguarding

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

Outpatients

Staff received training specific for their role on how to recognise and report abuse. The hospital did not care for children but still trained its staff in child safeguarding, this was in case a child was brought into the hospital, the staff would still be able to work to protect them. Safeguarding training was included in the new staff induction package, it was then followed up regularly by e-learning.

Many staff who worked in outpatients were up to date with their training at the time of inspection. This was confirmed by documentary evidence and staff we spoke with, some of whom told us they were part way through the refresher modules.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. All staff we spoke with were clear about who they would take their concerns to and how to protect patients.

The safeguarding lead told us they contacted the safeguarding team at the NHS trust they worked with when they had concerns about patients that had been referred in.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We inspected the service during the COVID-19 pandemic and saw an enhanced cleaning routine. All areas were consistently being cleaned by housekeeping, with particular attention paid to areas that were touched by multiple people such as door handles.

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

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff were observed to be wearing PPE appropriately and were all bare below the elbow. We saw staff regularly cleaning their hands in between seeing patients.

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

Environment and equipment

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

We inspected during the COVID-19 pandemic and found that there were clear measures put in place to support staff and patients to follow guidance. There were large Perspex screens in place to divide the space into a “green” and “amber pathway”. When patients arrived they were greeted and directed to the correct side of the hospital. This meant that patients who were on a “green” pathway and had isolated since their COVID test were protected from those on an “amber” pathway who had not had to isolate. We observed that chairs were spaced out in waiting areas to promote patients remaining socially distanced.

The design of the environment followed national guidance. All flooring was easily cleaned and corridors were wide enough to fit wheelchairs down.

Outpatients

Specialist equipment was checked. We were told the specialist equipment used for ophthalmology appointments was checked by the manufacturer regularly. However, following inspection we requested the service logs, these showed that not all the equipment used for ophthalmology appointments had been serviced in the past year, with some not having been serviced since July 2019. However, there was evidence provided that the hospital was making arrangements to have it serviced soon after inspection.

We saw the hoist was labelled with the last time it was checked this was in line with the Lifting Operation and Lifting Equipment Regulations (LOLER).

The service had suitable facilities to meet the needs of patients' families. Although the service did not routinely allow patients to attend with their families, due to the COVID-19 restrictions

The service had enough suitable equipment to help them to safely care for patients. There was an emergency trolley based in the outpatient area which was checked daily.

Stock rooms were well resourced and kept tidy and equipment was easy to locate.

Staff disposed of clinical waste safely. There were correct waste bins in each area which were clearly labelled with what could be disposed of in them and were regularly emptied.

Assessing and responding to patient risk

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

Staff told us they knew how to respond promptly to any sudden deterioration in a patient's health however, they had not needed to. Staff were all trained to a safe level of life support and there was always somebody on site who was trained to advanced life support level. Staff knew there was an agreement with the local NHS trust to transfer any acutely unwell patients there if they required more support. There was also comprehensive resuscitation and "recognition of the deteriorating patient" policies which explained responsibilities should an event requiring swift action arise.

Staff completed risk assessments for appropriate patients, using a standard questionnaire. All patients who were admitted for surgery had an appointment with the preassessment team. We inspected during the COVID-19 pandemic and there were restrictions still in place, because of this the majority of these appointments were held over the phone. Any observations that could not be taken over the phone they would either contact the patient's GP or carry these measurements out when the patient arrived to have their COVID-19 test prior to surgery. Patient records we reviewed all had the preassessment questionnaire completed.

Staff knew about and dealt with any specific risk issues. The preassessment questionnaire was thorough and, depending on the outcome some patient referrals were sent back to the NHS or to another local hospital in their company which could manage more complex patients. The service had strict criteria for who they could safely accept for treatment.

Staff shared key information to keep patients safe when handing over their care to others. They regularly shared information with the NHS about the patients they cared for and patient's GPs when this was needed.

Nurse staffing

Outpatients

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough nursing and support staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift in accordance with national guidance. There was some flexibility in the system, and if the outpatient department was short of nurses staff could be taken from theatres to ensure safe levels were maintained, and vice versa.

The service had low vacancy rates. The outpatient department was fully staffed at the time of inspection.

Previously the service had a high turnover rate, due to staff moving on as the hospital had low patient numbers. In the past year the workload had increased and, as a result, staff were staying longer and the turnover rate was reducing.

The service had reducing rates of bank and agency nurses as the hospital had recruited more staff to manage the increase in patient numbers.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep patients safe. Medical staff led their own clinics and consultants would provide the hospital with their availability in advance of clinics being booked.

Medical staff were employed by the service using practising privileges. Practising privileges means that staff are employed elsewhere but are allowed to work for another service in a limited, defined capacity. When doctors were employed under practising privileges their clinical background was checked and a set of criteria, based on their expertise, for the patients they could see was drawn up.

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. Most patient notes were kept on an electronic system. There were some paper records that would get scanned into the electronic record later, such as consent forms. The hospital had recently updated their electronic records and we observed staff competently navigating the new record system to locate all elements of the care record

We observed that all records that were started on paper were scanned into the electronic record, meaning the records were complete and contemporaneous.

Records were stored securely. We observed that all computers were locked when not in use.

Outpatients

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines however they were lacking a clear process for returning medicines that were no longer required.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. We observed clinicians discussing medicines with patients and checking they understood how to take them and what supplies they had at home.

Staff stored medicines and prescribing documents in line with the provider's policy. However, there was confusion around the process to return medicines. We found two boxes of medicines marked for return in a storage cupboard that was secured by a keypad and was temperature controlled. It was unclear how long these boxes had been waiting to be returned, the paperwork with them suggested it might have been since February as one box was marked for pick up in February 2021. We asked the outpatient manager about the medicines and they explained they were for return because the labelling was incorrect. They were unable to tell us how long the boxes had been waiting for return or who was responsible for arranging the return.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. The service had an electronic system in place to record what actions were taken and who had confirmed these were completed.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. All staff we spoke with were clear about their duty to report incidents and knew how to do so using the electronic reporting system.

Staff raised concerns and reported incidents in line with hospital policy, however near misses were not always proactively reported. We spoke with the outpatient manager who confirmed they were still instilling a culture in the newer members of the teams of formally reporting all near misses. They explained the team members would talk openly about near misses to work out a resolution, but she was still having to remind them to formally report these on the incident reporting system.

The service had no never events but learning from these, and incidents, in other locations was shared with staff.

Staff reported serious incidents clearly and in line with hospital policy. The hospital was open about any potential serious incidents and proactively informed CQC about them and any immediate actions taken to improve safety.

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

Outpatients

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

However, we found that not all learning from a serious near miss was fully embedded. We saw that consultants were not always following the corporate identification policy, to ensure they had the right patient with them.

Managers investigated incidents thoroughly.

Are Outpatients effective?

Inspected but not rated 

We do not rate effective in outpatients

Evidence-based care and treatment

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

Staff followed policies to plan and deliver high quality care according to best practice and national guidance, however we found some paper copies of policies which had passed their review dates. Following inspection, we were sent the in-date, reviewed policies. However, some policies we were sent evidenced there was a period of time when there were only out of date policies available to staff. These were policies which detailed how to care for patients safely during the COVID-19 pandemic.

Many of the hospital's policies were developed centrally by the corporate owners of the hospital. We were told hospitals were also able to develop local policies and procedures to fit their specific needs.

It had been noted in ophthalmology that different consultants followed slightly different procedures. As a result, the team were comparing local policies with those collated by the National Institute for Health and Care Excellence (NICE). The local policies would then be republished with the expectation that all clinicians followed the same processes, meaning all patients would receive equitable care.

Pain relief

Staff assessed and discussed pain with patients.

Staff assessed patients' pain and could prescribe pain relief in line with individual needs and best practice. We observed clinicians discussing patient's pain levels and pain relief in clinic. Alongside medicine to help relieve pain patients, who would benefit from it, were referred to a physiotherapy service at the hospital to help them recover and regain full movement after surgery.

Patient outcomes

Outpatients

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

The hospital participated in relevant national clinical audits. The hospital submitted data to patient reported measurable outcomes (PROMS) for cataract surgery. In recent months the hospital had a low patient response rate following surgery, they were actively working to try and increase the proportion of patients who reported their outcomes following surgery.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We saw that where necessary actions were identified and performance over time could be checked.

The service had introduced a specific audit to ensure they were complying with current COVID-19 guidance and policies.

The GP service outcomes were measured from feedback from patients. As the service had very few appointments it was deemed inappropriate to try and draw more data from it as the data would easily be skewed.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work. In addition all new members of staff were expected to complete a competency pack tailored to their role.

There was also a central log available clarifying whether staff had been trained to use medical devices in the hospital.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff we spoke with told us they had a recent appraisal and had found it useful.

Managers encouraged staff to attend team meetings if they were working. However, not all team meetings, including the daily huddles, had notes taken so staff could miss information if they did not attend all meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We were told it had been identified that the service would benefit from all staff working in outpatients being able to take blood samples. This training was being rolled out, firstly to nurses and then to the healthcare assistants.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

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

Outpatients

Patients could see all the health professionals involved in their care at one-stop clinics. We saw the nursing staff working closely together with consultants to make patients journeys through a clinic efficient.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff were able to speak with patient's GPs if they needed to clarify anything about their care.

Seven-day services

Services were available five days a week.

Clinics were open between Monday and Friday. GP appointments were arranged as required. This meant there was enough capacity in clinics to see patients in a timely manner.

Health promotion

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

The service had relevant information explaining safeguarding policies and offering advice in waiting rooms.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All clinics were consultant led so the patient's consultant was always available to assess a patient's capacity to consent for treatment. Nursing staff described to us when they might be concerned about a patient's capacity and how they would raise this with consultants.

The hospital had a policy outlining the principles of consenting patients and of capacity to consent.

The service audited their consent forms and found that consent was gained in line with processes. However, the audit noted that considerations around the implications of COVID-19 were not always fully documented, with that section of the consent form being ticked rather than a discussion documented. It was concluded the discussion had happened, however it was not documented clearly on the consent form.

The service had access to consent forms designed specifically for patients who were unable to consent for treatment themselves, staff were clear about when these would be used and how to use them properly.

Are Outpatients caring?

Outpatients

Good 

We have not previously rated the service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff being friendly and kind to all patients. Staff knew their patients well and ensured they interacted with patients in a way that made them feel that they were being cared for as a person and not just their diagnosis being treated.

Patients said staff treated them well and with kindness. Patients we spoke with told us they had “never had treatment as amazing as this” and that staff recognised them after months between follow up appointments and that made them feel like they mattered.

We saw an outpatient comment card that said: “very kind, helpful and polite nurses, they made me feel comfortable and relaxed about a procedure I have never had before”. Another said, “very attentive staff and good experience overall”.

Between January 2021 and May 2021 all the patients who had responded to the friends and family test survey said they would recommend the hospital to others.

Staff followed policy to keep patient care and treatment confidential. We observed staff only using patient identifiable information inside rooms and not in corridors or areas they could be overheard. We also observed all computers were locked when staff left them, meaning patient records remained confidential.

Emotional support

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

Staff gave patients and those close to them help, and advice when they needed it. We observed a patient relative bringing them for an appointment, to support them. While the clinician always primarily addressed the patient, they also ensured they checked with the relative whether they had also understood the information.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. We were told by clinical members of staff that they were mindful of seeing patients as soon as they practically could.

One patient told us how well they were cared for following a procedure and how a nurse had taken the time to speak with them and saw them without a pre-booked appointment.

Understanding and involvement of patients and those close to them

Outpatients

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. We observed consultants explaining treatment and ongoing care to patients clearly and always asking whether they understood or had any questions.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff told us they had access to communication aids, including translation services, and knew how to use them.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There were multiple ways, including tablets and review cards, that patients could feedback about the service, to make feedback as accessible to everybody as possible. Online surveys showed patients gave positive feedback about the service.

Staff supported patients to make informed decisions about their care. Consultants had detailed conversations about patients' options for ongoing care and treatment and described the potential side effects or complications of certain treatments. Consultants gave patients very specific information, that was tailored to their care and specific concerns and gave patients time to ask questions.

Are Outpatients responsive?

Good 

We have not previously rated the service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one visit. Patients commented that the service was very efficient even when they had multiple appointments.

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for patients in need of additional support. The hospital had a policy to support all staff to care for patients with additional needs.

Managers monitored and took action to minimise missed appointments. Managers actively reviewed the number of missed appointments and sent us this information following inspection. It highlighted that the actual number of cancelled appointments was lower than the number sent as their computer system had booked all patients into face to face clinics when many should have been telephone consultations. Managers were aware of this glitch and were able to explain the reasons behind the apparently high numbers of cancelled appointments.

Outpatients

Managers ensured that patients who did not attend appointments were followed up.

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff told us they treated and supported patients with additional needs and during the COVID-19 pandemic had always allowed these patients to have a relative or carer to support them, while other patients were asked to attend alone.

Staff supported patients living with dementia and learning disabilities by using flower boxes to give them something to keep them distracted and it also contained communication aids. The service used patient passport documents, which contained patient preferences so all staff were aware of how best to care for patients who may not be able to verbalise this.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters when needed.

The service also had a contract with a physiotherapy company, who were contracted to carry out follow up physiotherapy following surgery. The physiotherapists had access to information about a patient's care to enable them to care for patients as appropriate.

Most patients seen in the outpatient department did not need food or drink as the appointments were very quick.

A large proportion of the outpatient department's work was ophthalmology appointments, there was a clear appreciation of how this could affect a patient's wider wellbeing and that they may well be relying on loved ones more as a result of poor vision. We observed this being considered when booking appointments, along with the availability of patient's loved ones.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. However, in some instances the data they had access to was from a local NHS hospital they supported, therefore they were unable to monitor precisely how quickly they were seeing patients, as this data incorporated patients that were not referred to them, but the wider NHS hospital they supported.

Outpatients

Managers worked to keep the number of cancelled appointments to a minimum. We were told the number of cancelled appointments was higher than usual, but this was often down to the COVID-19 restrictions and patients either not feeling safe to attend the hospital or having to cancel due to quarantine. Patients were contacted the day before an appointment to remind them. The number of patients leaving the service before being seen for was low. Patients told us how quickly they were seen and that the clinics usually ran on time.

The hospital monitored the length of time patients waited to be seen. We were sent the results of an audit to ensure patients with multiple appointments were seen efficiently. The audit demonstrated patients were not waiting excessive lengths of time in between appointments, with the longest wait being 15 minutes.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns. All patients we spoke with told us they knew how and would feel comfortable to raise a concern. They told us they would be more likely to raise a concern with a member of staff than write formally, but were aware of both.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke with were clear that if patients approached them, they would log the concern and try to resolve it immediately if possible. They would inform the managers and, if necessary, the learning was shared with other staff.

Managers investigated complaints and identified themes and staff knew how to acknowledge complaints. Patients received feedback from managers in a timely manner after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.

Are Outpatients well-led?

We have not previously rated the service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Outpatients

The outpatient manager had been in role for less than one year and was aware the main challenge their team faced was how relatively new into role and the barriers caused by the COVID-19 pandemic to teamwork and team building. They were experienced in managing outpatient departments in both the NHS and other independent health settings. We observed that they were available to support the outpatient team and worked closely with them.

The outpatient manager described the team as still forming and they were normalising the ways of working and establishing expectations in the department.

They described their aspirations for the service and how they planned to support the nursing and health care assistant staff to expand their roles to achieve these. We also observed there were some gaps in leadership and that the manager did not have oversight of everything. For example, as described in safe, there were boxes of medicines that were due to be returned and the manager could not tell us how long they had been there.

Vision and strategy

The service had a vision for what it wanted to achieve and were developing a strategy to turn it into action.

In the staff room the hospital vision and values were clearly displayed on the notice board. Staff were able to tell us what these were.

The outpatient manager described what their vision was for the future of the department, they wanted to look into how to expand the scope of practice for nurses and how they were able to further able support and potentially lead clinics. However, this was a future aspiration and that there was no formal strategy in place to support this work yet.

For the wider hospital vision and strategy please see the surgery report.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us they really enjoyed working at the hospital and felt there was a “close knit team” with a “family feel”, and that it felt “safe to come to work, even throughout the COVID-19 pandemic”.

Not every member of staff felt that their concerns were not always heard and explained they had made suggestions before but had not seen any substantial changes. However, even those members of staff told us they were happy to work at the hospital and still felt safe to raise concerns with managers and would do so again in the future.

Patients told us they were very comfortable in the hospital and although they did not have any worries to raise they felt they were able to without being concerned their care would be affected.

Governance

Leaders operated effective governance processes, throughout the service. Staff at all levels were generally clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn.

Outpatients

The outpatient manager reported into the head of clinical services who reported to the hospital manager who reported to the corporate leaders. As the hospital was small, in practice the department manager was able to speak to the hospital manager directly if that was simpler or the head of clinical services was not available.

There were a range of daily and monthly operational and governance meetings where operational issues and the quality and safety of care were discussed and reviewed. These meetings were both solely with internal staff from the hospital and with the external corporation they belonged to.

We raised concerns about the daily meetings not having minutes taken. Following inspection, we were told the hospital have introduced a monthly newsletter and this will share important learning from meetings in a succinct way.

There were some processes that were not formalised, and it was unclear who was responsible for carrying them out, meaning there was a possibility they were missed. For example, they had a contract with a pathology laboratory to process pathology requests. Staff told us it was unclear who was responsible for arranging for any samples to be collected by the external pathology service. This meant there was a risk this might not be done, or that it might be delayed, and therefore results might also be delayed.

We saw posters in the staff room that summarised any learning from emails sent from the corporate leaders of the hospital. This poster summarised the information in the email and meant that members of staff could easily see if they had missed any key messages.

Managing risks, issues and performance

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

There were risk registers which identified clinical and corporate risks. The top three risks were shared with staff in the staff room.

The hospital risk register was discussed regularly at a range of meetings to ensure all staff knew what was considered to be the biggest risks facing the hospital.

The hospital was in the process of implementing quality boards in the main clinical areas. These boards would clearly display information about the quality and safety of care such as audits.

Managing information

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

The service used an application to manage their clinical audits and to share the results. Once staff had completed their training they were able to access the audits to view the results and areas for improvement.

Outpatients

The service used electronic systems to report incidents and to hold all their policies. The main policies from the corporate entity were all available on the electronic system and were amended to fit the local environment using local operating procedures.

All clinical records were also electronic and we noted there was a function on the electronic system to ensure clinicians were reviewing any test results they had requested to reduce the risk of test results being missed. The electronic records also meant if a patient's care was handed to another hospital in the wider corporate group the notes were immediately available, as there was an integrated electronic record system.

The hospital was open with external stakeholders, including CQC. The hospital had two potentially serious incidents in the year leading up to the inspection and both times had phoned CQC to inform us of what was happening and their response, this was in addition to the statutory notifications.

We were told if the GP service needed to close for any reason all patients would be informed of the change and asked for their new GPs details so all care records could be shared. This was to ensure the new GP had the full history of the patient and nothing got lost in the move between services. This would be done with the patient's consent.

Engagement

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

The service predominantly treated NHS funded patients and worked closely with the hospitals and GP services they regularly supported. We were told the quality of referrals and the information included within them was much improved, following open dialogue with the services about the poor quality of the information that was previously received. This meant patients were able to be seen sooner, therefore improving the service they received.

The hospital had recently renamed itself, following feedback from patients that it was too similar to the local NHS hospital and that this caused confusion. The hospital asked staff for suggestions and agreed on the new name "West Valley Hospital" which was linked to the historical name of the area it was situated in.



The hospital also actively participated in charity work, supporting local charitable organisations to raise money for the local community it served.

Learning, continuous improvement and innovation

Staff were committed to learning and improving services.

As the service was still settling in a new team there was limited innovation in the service offering, as the manager wanted to focus on ensuring all staff understood their expectations before expanding. However, one area where there was active improvement happening was ophthalmology. The ophthalmology team were developing pictorial guides to teach patients how to put their eyedrops in.

Medical care (Including older people's care)

Safe	Good 
Effective	Inspected but not rated 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Good 

Are Medical care (Including older people's care) safe?

Good 

We have not previously rated the service. We rated it as good.

Mandatory training

Records showed that endoscopy staff, as part of the theatre department, had completed 99% of all required courses, which was significantly better than the corporate target of 85%.

See further information under this sub-heading in the surgery section.

Safeguarding

See information under this sub-heading in the surgery section.

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.

All parts of the endoscopy suite were clean and tidy with storage cupboards and trays well-ordered and labelled. We observed some boxed clinical consumables on floors in the utility room and we were unable to determine if these would be removed as part of the preparatory cleaning on a list day. Managers stated that the boxes would be removed and clinical grade mobile racking had already been ordered to lift stock deliveries off the floors.

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

The endoscopes were cleaned and decontaminated in a dedicated decontamination suite immediately adjoining the procedure room. We saw purpose built sinks designed to facilitate manual and semi-automated clearing as well as keeping the scopes in a moist environment until they were reprocessed in the washer-disinfector.

Medical care (Including older people's care)

We saw records that indicated that once an endoscope had been used for a procedure, details were recorded in a logbook with time, date and patient number. A label with this information was added into the patient record to complete the tracking cycle.

We reviewed documents showing that decontamination units were tested in accordance with national guidance (BS EN 15883 parts 1,2, and 4 BS EN ISO 14971:2007). Managers explained that medical devices and test reports were validated by an independent authorising engineer in decontamination.

There were no reported infections. Hospital engineers tested the water supply for bacteria daily and the procedure list was not commenced until results verified. Water samples were also sent to an external laboratory for more detailed testing.

The service monitored the water supply for the risk of Legionella and we saw evidence of recent checks which were clear. Legionella is a type of bacteria that can grow and present health risks to people through poor water supply management.

We saw that all cleaning agents used during the decontamination process were kept in a metal lockable cupboard in the utility room and all chemicals used had supporting documentation describing how to safely store and handle them.

The endoscopy suite was sited within the theatre complex and all rooms were air-conditioned. Room ventilation was suitable with negative air pressure in 'dirty' rooms to reduce the possibility of airborne particles moving into clean areas of the endoscopy suite.

Managers stated that there was a dedicated member of staff who undertook the decontamination process and had received the required training.

The service was in the process of accreditation by the Joint Advisory Group on Gastrointestinal Endoscopy (JAG).

See further information under this sub-heading in the surgery section.

Environment and equipment

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

The endoscopy suite was a purpose-built procedure and cleaning facility, sited within the theatre complex. Patients entered and departed the facility from the theatre recovery room.

Resuscitation equipment was in the recovery room. Medical gases and uninterruptable power supply was available the suite.

Clinical waste was handled, stored and removed in a safe way. Staff segregated and handled waste in line with national guidance.

The service undertook assessments of their activities in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). We saw cleaning agents kept in a locked metal cupboard in the utility room.

Medical care (Including older people's care)

An emergency eye wash and biohazard spillage kit were available.

We saw that consumables used by the service were within date and in sealed packaging.

The equipment we checked had labels attached showing service dates. We saw electronic asset logs which enabled staff to track equipment status. Managers explained that the hospital held contracts with suppliers for the maintenance of equipment.

Managers state that there were enough endoscopes (tubular instrument used to look inside the body) to complete procedure lists and the service had sufficient endoscope washer-disinfectors to ensure endoscopes were treated between uses in line with national guidance.

See further information under this sub-heading in the surgery section.

Assessing and responding to patient risk

Staff could describe how to identify and quickly act upon patients at risk of deterioration or those with unexpected findings.

Staff received training in basic life support.

See information under this sub-heading in the surgery section.

Staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Managers stated that a qualified nurse endoscopists used to operate the service, which was usually scheduled for once a week on a Wednesday. Two part-time endoscopists and a decontamination technician were employed by the hospital.

See information under this sub-heading in the surgery section.

Records

See information under this sub-heading in the surgery section.

Medicines

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

Nurse endoscopists used patient group directions (PGDs) to administer sedation, in line with corporate policy. Sedation and medication used consisted of nitrous oxide gas, oxygen and phosphate enemas. PGDs are processes that enable staff with certain qualifications and training to administer medicines for specific conditions and under defined circumstances.

Medical care (Including older people's care)

Systems were in place for the safe storage and disposal of medicines. This included temperature-controlled, secure storage with restricted access.

See further information under this sub-heading in the surgery section.

Incidents

The service had no never events and there were no incidents reported.

See further information under this sub-heading in the surgery section.

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

Inspected but not rated 

We do not rate endoscopy services for effective.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

The service had opened during the pandemic.

See information under this sub-heading in the surgery section.

Patient outcomes

See information under this sub-heading in the surgery section.

Competent staff

See information under this sub-heading in the surgery section.

Multidisciplinary working

See information under this sub-heading in the surgery section.

Health promotion

See information under this sub-heading in the surgery section.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

See information under this sub-heading in the surgery section.

Medical care (Including older people's care)

Good 

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

Insufficient evidence to rate 

There were no patients listed for endoscopic investigation on the day of our inspection. We did not rate this service.

Compassionate care

Although we did not observe the care of any endoscopy patients during our visit, we read a selection of recent patient feedback forms. These included comments from endoscopy patients such as: “All of the staff were fantastic, but special mention must be made of [names removed]”, “brilliant staff, great hospital” and “very good service (5*)”.

See further information under this sub-heading in the surgery section.

Emotional support

See information under this sub-heading in the surgery section.

Understanding and involvement of patients and those close to them

Managers explained that relatives were not normally permitted to accompany patients as part of the COVID-19 response. We saw reminder signs displayed in the main reception area and staff told us that this restriction was communicated patients in writing and verbally during the booking procedure. Managers gave examples of occasions when relatives were encouraged to wait in their car using the free parking provided immediately outside the hospital.

See further information under this sub-heading in the surgery section.

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

Good 

We have not previously rated the service. We rated it as good.

Service delivery to meet the needs of local people

There were 467 endoscopic procedures completed in the last year. Managers explained this was lower than planned due to COVID-19 restrictions.

See information under this sub-heading in the surgery section.

Meeting people's individual needs

See information under this sub-heading in the surgery section.

Medical care (Including older people's care)

Access and flow

See information under this sub-heading in the surgery section.

Learning from complaints and concerns

See information under this sub-heading in the surgery section.

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

Good 

We have not previously rated the service. We rated it as good.

Leadership

See information under this sub-heading in the surgery section.

Vision and Strategy

See information under this sub-heading in the surgery section.

Culture

See information under this sub-heading in the surgery section.

Governance

See information under this sub-heading in the surgery section.

Management of risk, issues and performance

See information under this sub-heading in the surgery section.

Information Management

See information under this sub-heading in the surgery section.






Engagement

See information under this sub-heading in the surgery section.

Learning, continuous improvement and innovation

See information under this sub-heading in the surgery section.

Surgery

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

Are Surgery safe?

Good 

We have not previously rated the service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Mandatory training rates for substantive staff in the theatres department was 99% and in the day ward 95%, which was significantly better than the corporate target of 85%.

The compliance rate in the day ward was lower because new staff members to the service were booked on training but hadn't completed their modules yet.

The mandatory training programme was comprehensive and met the needs of patients and staff. Training included modules that were relevant to each member of staff.

Medical staff completed their mandatory training through external providers, including the NHS. Compliance with mandatory training was monitored by the provider and held in a central credential register.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Nurses were trained to safeguarding level three for adults and children and health care assistants to level two for adults and children. Medical staff under practicing privileges were expected to undergo safeguard level three training for adults and children.

Surgery

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. We heard of an incident which led to the raising of a safeguard and how learning was shared with the team.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had a safeguard lead trained to level 4 who was able to support staff in escalating their concerns and supporting referral processes to the relevant local authorities.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The hospital occupied the top floor of a multi-storey complex with shared parking and central reception located in the main lobby. We inspected the service during the COVID-19 pandemic and saw that public access to the building had been controlled to reduce the risk of COVID-19 transmission.

Main lobby reception staff were protected by clear plastic screens and hand-sanitiser stations were provided along with explanatory signs and floor markings to help people maintain social distancing while they moved to the upper floors. Lift access was also restricted to two persons at any one time.

These measures were repeated at the hospital reception desk. There, staff asked each visitor a set of scripted questions, offered hand sanitisation and performed a temperature check. All visitors were asked to exchange personal facemasks with clinical-grade disposable masks provided.

All areas we visited were clean and had suitable furnishings which were clean and well-maintained. Seamless easy-clean floor covering was used throughout all clinical areas, waiting rooms and toilets. Store areas were tidy and generally free from clutter and chairs in waiting areas and treatment rooms were covered with easy-clean fabric.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Managers stated that the hospital had an infection control link and they shared corporate resources such as microbiology with other sites in the region. Hand audits were performed monthly as part of a computerised monitoring system and we saw results indicating 100% for technique compliance and 100% for the '5 moments of Hygiene'.

We saw cleaners attending to high traffic areas and 'touch points' during our inspection and we saw clinical staff wiping down couches and equipment between patient attendances. Managers explained that enhanced cleaning was part of the COVID-19 response.

We reviewed risk assessments, protocols and assurance frameworks introduced as part of the organisation's response to the pandemic. Measures introduced included the division of the hospital into 'green' and 'amber' zones, which restricted movement of patients, staff and visitors to help reduce the chances of viral transmission.

Patients undergoing procedures that required sedation or anaesthetic were required to self-isolate after COVID-19 testing and managers stated that patients were not allowed to bring others with them unless there was an essential medical need. Staff told us that symptomatic patients or visitors were not admitted and added that the triaging process commenced with letters sent to each patient prior to admission.

Surgery

We observed staff wearing personal protective equipment (PPE) in line with current guidance. There were ample supplies of personal protective equipment such as aprons and gloves in dispensers on walls and we saw these items being used. Gloves were readily available in the full range of sizes stocked. This meant staff had rapid access to correctly fitting gloves, which help reduce the chance of accidental tearing.

Managers said that infection prevention and control guidance during the pandemic was monitored by the corporate clinical governance team and any changes communicated to managers and staff via the electronic quality management system.

The hospital provided information about COVID-19 safety on their public website and reception staff explained that patients were given information in writing prior to their appointment asking them not to attend if they showed symptoms of the virus. A text reminder was also sent on the day of attendance reminding patients about any likely symptoms and not to attend if they had these.

Theatres and pre operation rooms were compliant with national guidance. They were bright and in good state of repair. Operating suites were well ventilated and provided a safe environment for surgery. Doctors and clinical staff were in scrubs, alternative theatre dress or bare below the elbows for the duration of the inspection

Surgical instrumentation was mainly single use and disposed of correctly. All other equipment was cleaned after patient contact or when required.

The service screened patients prior to surgery for potentially infectious diseases including MRSA and COVID 19. We saw how patient's notes included a complete risk assessment which included their previous surgical history, medical history and previous infective disorders. To manage the risk of COVID19 the service was following current guidance regarding testing prior to surgery and monitored and supported patients with the right information regarding isolation periods before their procedure.

Staff worked effectively to prevent, identify and treat surgical site infections. Managers regularly reviewed patient records to identify how well the service prevented infections. These aspects were reported at monthly head of department meetings and reviewed as part of quarterly key performance reports to business and governance groups at executive level.

There were no incidents recorded for surgical site infections and no serious incidents related to vascular access processes.

However, we saw curtains in use in the endoscopic suite and recovery area that were beyond the recommended six month usage period. We highlighted this to the leadership team who said that the curtains would be changed immediately. We were also informed this change hadn't been done as the use of the rooms was not done on a daily basis and there was a visual inspection of the curtains to assure their cleanliness.

Environment and equipment

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

Surgery

Entry to the clinic was by appointment and bell access. The reception area and hall had identifiable safe distance markers on the floor along with reminders and notices which included the safe use of masks and hand sanitise. We observed that chairs were spaced out in waiting areas to promote patients remaining socially distanced.

We inspected during the COVID-19 pandemic and found that there were clear measures put in place to support staff and patients to follow guidance. There were screens in place to divide the space into a “green” and “amber pathway” and information for patients about which pathway they had to follow.

The design of the environment followed national guidance.

The theatre was bright, had good ventilation and was in an excellent state of repair. Theatres were well organised with equipment clearly labelled and easy access to computer screens allowing quick updates to electronic records and viewing images simultaneously.

Electrical safety checks, including portable appliance testing and servicing and calibration testing complied with current regulations and were all up to date.

The service had enough suitable equipment to help them safely care for patients. Stock and storage of equipment, including disposable instrumentation, was well managed and recorded.

The recovery area consisted of three recovery bays which could be curtained off for patient privacy. The recovery area was used post operatively to monitor patients’ well-being before discharge or being moved to the ward area. All bays had the necessary monitoring equipment. This area was also the base for the resident medical officer as it allowed easy access to patients who may be at more need of medical support.

The ward area consisted of eight individual glass bays which could be curtained for privacy. It contained the necessary equipment for the safe monitoring and management of patients post-surgery and recovery.

There was a locked ‘control of substances hazardous to health’ (COSHH) storeroom for the safe storage and use of chemicals and cleaning materials.

There were two fully equipped adult resuscitation trolleys in theatre and ward areas and followed the Resuscitation Council Quality Standards. During the inspection we found two suction tubes that were out of date and brought this to the team’s attention. The team said that these were not used in case of emergencies as the equipment list had been revised, and that they were unsure why they hadn’t been removed. The instruments were removed immediately by the team.

Clinical waste was disposed and managed in accordance with the Management and Disposal of Healthcare Waste Health Technical Memorandum (HTM) 07-01 on best practice for waste management.

Patient paper documentation and notes were stored in key locked trolleys and only accessible to staff. However, on two occasions we saw the notes trolleys were left open and unattended by staff in the main corridor of the wards. This went against provider policy to ensure documents were stored in locked trolleys when not being used.

Assessing and responding to patient risk

Surgery

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

Staff completed risk assessments for each patient on consultation and pre-operatively and reviewed these regularly. We reviewed five patient records and found all assessments had been completed and signed in line with policy.

Records were in line with the World Health Organisation “5 steps to safer surgery” guidance.

Staff used a nationally recognised tool to identify deteriorating patients and knew how to escalate them appropriately in line with the recommendations by the Royal College of Physicians. The service used the national early warning score (NEWS) 2 to record and monitor potential patient deterioration.

Staff knew about and dealt with any specific risk issues. These were recorded in the patient notes and monitored regularly. Risk was managed well with the support of inclusion and exclusion criteria.

The service’s consent policy addressed the management of incidental findings. It was proportionate to manage risk and patient’s consent for surgery if it may become evident that the patient could benefit from an additional procedure that was not within the scope of the original consent.

We reviewed the anaesthetic check books in all theatres and found that in days where the theatre was not used or closed there was no indication that the theatre was not in use and no record of what had occurred during that day. This could lead to errors in the recording of these logs and challenges in maintaining a clear audit path.

Staff shared key information to keep patients safe whilst discharging the patient from the operating theatre as well as recovery and ward areas.

The service had agreements to transfer patients to a local NHS trust or another provider location if required .

The service ensured the safe management of blood transfusions.

Nurse staffing

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

The surgical nursing team consisted of a lead theatre nurse, a lead ward nurse, scrub nurses, ward nurses and auxiliary assistants.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift in accordance with national guidance. There was some flexibility in the system for sharing of staff between departments if necessary.

We were told that all nursing staff had completed their Nursing and Midwifery Council checks as well as demonstrating certificates for further education including study days and up-dates to develop competencies towards their roles.

Surgery

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

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough medical staff to keep patients safe. All consultants working at the service did so under practicing privileges. There were a total of 45 doctors under practicing privileges at the service in April 2021.

The service had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs and the procedures list for the day. This included arrangements for anaesthetists.

The service always had a resident medical officer during working hours who was present from 8am to 6pm. There was a pool of 3-4 agency doctors which were competency checked by the agency and cross checked by the provider. The resident medical officer also acted as the resuscitation officer.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, mostly stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Patient records were kept in both electronic and paper format. We were told all data was protected in line with general data protection regulation.

In the theatres area the only paper records were the pre-assessment record but these were imminently due to be moved to electronic based records.

Records were mostly stored securely. Paper records were stored in lockable trolleys. These records were easily accessible to staff. Electronic records were stored on a secure cloud based record keeping system and easily accessible to staff. However, on one occasion we observed a computer station in the ward area was left open and not locked when the clinician left their station.

We heard there were effective arrangements for the transfer of images and information with other organisations

We reviewed five patient notes and found that they were all complete, clear and up to date.

Medicines

The service did not always use systems and processes to safely prescribe, administer, record and store medicines. However, changes to policies and procedures were implemented following our inspection to improve this.

Surgery

Staff did not always follow systems and processes when safely prescribing, administering, recording and storing medicines. On the day of inspection, we found that staff had pre-opened the packaging on intravenous solutions for both morning and afternoon surgical sessions. This practice raises the risk of bacterial contamination or tampering.

We reviewed the record keeping logs for controlled drugs delivery and reconciliation and found that this was not being recorded accurately with gaps in the dates and 'sign off'. This posed a risk as it meant that if controlled drugs were not fully accountable, these may potentially have been lost or tampered with.

We informed the service of our concerns and findings during the inspection. The leadership team responded to the concerns and immediately addressed them. Before the end of the inspection period we were assured that the practice of preparing intravenous solutions in advance was stopped immediately, and solutions were only prepared immediately before surgery. We were also informed that the leadership team had develop a standard operating procedure to highlight the risks and good practice in relation to the preparation of solutions.

With regards to the controlled drugs order book, as part of the new medicines policy launch the service was planning a series of webinars in July 2021 to inform staff with the correct processes. Additionally, the service has employed a dedicated pharmacist who will take on oversight of this process. Both actions will be monitored, and spot checks taken to assure compliance with the new procedures.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines and had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

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.

According to data provided by the hospital, there were 80 incidents and near misses reported over the last year. All apart from three of the incidents were non-clinical and several related to disruption of service or cancelations due to COVID-19. Temperature excursions, equipment faults, administration and communications errors accounted for the rest. 78 were rated 'no harm'; and two rated as 'minor harm'. There were two sharps injuries reported.

Of this total, five were 'near misses', which indicated these were recognised and reported as part of the organisation's safety culture.

The service had no never events.

Staff knew what incidents and near misses to report and how to report them. Staff also reported serious incidents in line with provider policy.

Surgery

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We also heard how managers debriefed and supported staff after any serious incident.

Staff received feedback from investigation of incidents. There was evidence that changes had been made as a result of feedback. We heard of an example that led to a safeguard being raised and the learning and measures the service put in place to minimise the possibility of reoccurrence.

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

Safety thermometer

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

This service was a day case only service but they did carry out venous thromboembolism assessments and falls risk assessments which were recorded in the patient notes.

The service continually monitored safety performance, including surgical site infection rates, and were in the process of implementing a quality board to view these metrics in all surgery and ward areas. This was due to be implemented within a month's time from inspection the inspection date.

Are Surgery effective?

We have not previously rated the service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service adhered to relevant national guidelines such as The National Institute for Health and Care Excellence (NICE) guideline [NG15] Antimicrobial stewardship.

The service had incorporated the National Safety Standards for Invasive Procedures (NatSSIPs) into their standard operating procedures (SOP) with the aim of reducing the number of patient safety incidents related to invasive procedures. We saw evidence of these in a range of standard operating procedures.

At handover meetings, staff referred to key guidance and central alerting system alerts. These were also documented in the governance meetings and medical advisory committee meetings for consultation.

All clinical staff we spoke with were clear on where to find policies which were stored on their intranet system.

Surgery

Many of the hospital's policies were developed centrally by the corporate owners of the hospital. We were told hospitals were also able to develop local policies and procedures to fit their specific needs.

Nutrition and hydration

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

The service only carried out day procedures and did not have overnight stays. However, staff made sure patients had enough to eat and drink including those with specialist nutrition, cultural and hydration needs in line with surgical recommendations

The provider informed us that where procedures were carried out under general anaesthetic, starve times prior to a procedure were respected and patients monitored safely.

The service provided pre and post-operative advice regarding the management of a healthy diet and supporting nutritional intake prior to surgery.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

We did not observe the service using a recognised tool to identify levels of pain. However, when surgery was done under local anaesthesia, patients were able to feedback if they were in pain or if their pain threshold was being met. We were also informed post inspection that the service had a pain tool on their patient observation chart which was used to monitor patients' pain.

We saw staff regularly monitoring patients' pain and giving pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it.

Patient outcomes

Managers monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. However, staff were not sufficiently involved in the audit process and weren't always knowledgeable about outcomes of the audits and performance.

The service carried out a programme of repeated audits to check improvement over time. We were told the clinical audit programme ran from July to June each year. In February 2021 the clinical audit programme completed its migration to an application based audit programme. The auditing programme included oversight of infection prevention control and hand hygiene assurance and observation, medical records for the ward, theatre and pre-op assessment, NatSSIP implementation and PPE compliance.

Due to the COVID-19 pandemic there was no patient activity at the service for March, April, May and June 2020 so patient focused audits could not be fully completed. Managers used information from the audits to improve care and treatment and improve patients' outcomes.

Surgery

At the time of inspection audits were managed by the head of clinical services. They intended to hand this to local department leaders and their staff once they had completed their training for the use of the auditing application tool. However, we were not assured all staff were familiar with the auditing programme. We asked staff what audits they were familiar with and how they knew how they were performing and staff were unsure about both aspects.. We highlighted this to the leadership team during our inspection and were told that due to the team still having a significant number of new members the priority at this time was to embed good practice into the team and then review performance. We were also told the service was in the process of providing staff with training to complete and review auditing data in the coming months.

The service benchmarked their outcomes with other locations within the provider's group. The service were best performers for hand hygiene audit and not having never events or surgical site infections.

At the time of the onsite inspection the service was submitting data to the Private Healthcare Information Network (PHIN). In 2014 the Competitions Market Authority (CMA) published the Private Healthcare Market Investigation Order 2014. This imposed a duty on hospitals to submit data to PHIN as the new information organisation for private healthcare. We saw that data published on the PHIN website was consistent with our findings on inspection.

We were told the service were registered with the Breast and Cosmetic Implant Registry.

The service did not report any readmissions following any surgical procedure. We were told that patients could contact the service for assurances regarding monitoring of their recovery.

Competent staff

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

Senior staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Nursing staff however consisted mainly of new members of staff who had not worked in the service for over a year. This meant that some staff had not had their yearly appraisal and were still in the process of identifying their learning needs.

New members of staff who had not completed a year in the service had undergone competency training and had a probationary period review.

Managers made sure staff received specialist training for their role. Managers gave all new staff a full induction tailored to their role before they started work. We heard how all staff completed an induction pack before starting to work at the service. However, on discussion with new staff members not all were aware of training opportunities beyond their probation period or practice development opportunities. They were still waiting to see how things progressed and did not have a review date in place for this to happen.

Managers supported staff to develop through yearly constructive appraisals of their work. Managers helped identify any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. With one exception all staff had completed their yearly review.

Surgery

Doctors with practicing privileges had arrangements for external appraisal for their professional development through regular clinical supervision of their work with a responsible officer or through appraisals within their NHS work. The service was assured these development reviews were carried out through their governance processes as well as overview from the medical advisory committee.

The service arranged training of staff in new cases and procedures.

Managers encouraged staff to attend team meetings if they were working. However, not all team meetings, including the daily huddles, had notes taken so staff could miss information if they did not attend all meetings.

Clinical staff were registered with their governing bodies. This was overseen as part of their recruitment, supervision and appraisal review.

Managers said they were satisfied with the performance of their staff, however if they identified poor staff performance, they would support staff to improve.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff recognised their role and responsibility in the care of patients and escalated any concerns effectively.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff were able to speak with patient's GPs or referring doctors if they needed to clarify anything about their care. We saw evidence of very good communication in the patient's notes between the pre assessment and anaesthetist regarding anti coagulation therapy for a patient.

The service contracted a physiotherapy service to support recovery after surgery and avoid post-operative complications and consequences such as falls

Seven-day services

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

The service was open five days a week. Operating lists were arranged to meet patient need and consultant availability.

Health promotion

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

The service gave relevant information promoting healthy lifestyles to their patients. Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle and support the surgery healing process.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Surgery

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. This was clearly recorded in the patient's notes. Nursing staff described to us when they might be concerned about a patient's capacity and how they would raise this with consultants.

The hospital had a policy outlining the principles of consenting patients and capacity to consent. Staff gained consent from patients for their care and treatment in line with legislation and guidance. As an example, consent for surgical procedures was obtained in a two-stage process with a cooling-off period of at least two weeks to allow the patient to reflect on their decision where applicable.

Staff clearly recorded consent in the patients' records. All five records we reviewed had accurately dated and signed consent in line with local policy.

Are Surgery caring?

Good 

We have not previously rated the service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way and made them feel comfortable in their interactions.

Staff followed policy to keep patient care and treatment confidential. However, we saw one example where a consultant was calling in the ward for a patient and citing their name and procedure. We highlighted this to the leadership team and were assured that the consultant had apologised and would be more conscious of not breaching patient confidentiality in the future.

Four patients we spoke with said staff treated them well and with kindness throughout their journey. They felt informed and part of the team in each step of the procedure. We reviewed a selection of comment cards. One patient thought the hospital could improve "I was a little disappointed to be left on reception for one hour between 1.00 pm and 2.00 pm without anybody speaking to me and advising when I'd be seen". Other cards we saw were overwhelmingly positive.

Day case patient comments included: "throughout all my care at West Valley, every member of the team informed me about my care in a very professional and caring manner", "the service was excellent, well done!", "I've been treated twice here in this hospital and both times service and hospitality were absolutely amazing", "nursing, theatre and consultant were informative reassuring and very kind. Thorough with all paperwork and person centred care and consent", "very attentive staff and an efficient and personal experience."

Surgery

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude. We saw examples where staff helped patients recovering from general anaesthesia procedures were assured and supported by staff until recovering.

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

Emotional support

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

Staff gave patients emotional support and advice when they needed it. We saw how staff supported patients and made them feel less distressed and concerned about their surgical procedure. Patients recognised the importance of this in assuring their fears and said the team worked incredibly well to support them emotionally.

Staff understood the emotional and social impact that a person's care, treatment and condition had on their wellbeing and on those close to them.

We heard how staff would support patients who became distressed in an open environment, and how they would help them maintain their privacy and dignity.

Staff understood the importance of supporting and adhering to any patient's personal, cultural and religious needs. We saw how these were part of the team's focus and how the team discussed these needs being met.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients understood their care and treatment. In all patient interactions we observed staff explained the procedure and follow up care clearly and concisely and were happy to explain anything if something was not understood.

Staff spoke with patients in a way they could understand and supported them to make informed decisions about their care. As an example, all patients we spoke with said they were made to feel part of the team and understood their procedure clearly.

All patients we spoke with said they felt empowered to make decisions about their care and that the service didn't feel like a process. Fees were disclosed in the treatment plan and discussions. The quotation for the procedure was discussed prior to the surgery and terms and conditions explained.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service used a feedback form that included all services being provided at the location.

Surgery

Patients gave positive feedback about the service. The patient satisfaction survey had an after care year to date response rate of 15%. Of the 206 responses, 98% were positive about the care and cleanliness of the service. 97% recommended the staff and 83% recommended the accommodation settings and environment.

Are Surgery responsive?

Good 

We have not previously rated the service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the needs of the local population. The service offered day-case services to private and NHS patients living mostly in south east London. Clinical specialties offered included gastroenterology, general surgery, orthopaedics, gynaecology, ophthalmology, plastic surgery, urology and pain management.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff were able to speak with patient's GPs or referring doctors if they needed to clarify anything about their care.

Facilities and premises were appropriate for the services being delivered.

Managers planned and organised services to meet the needs of their patients. Appointments were booked to accommodate people's available days and took into account recovery times.

Managers monitored and took action to minimise missed appointments. In addition, patients told us they were contacted the day before their appointment to remind them of it. This was done to minimise the risk of them forgetting and patients reflected that it helped them to have the "polite reminder".

Managers ensured patients who did not attend appointments were contacted and offered new appointment dates, should this be the wish of the patient.

Meeting people's individual needs

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

The hospital had a policy to support all staff, both clinical and non-clinical to care for patients with additional needs. This policy included guidance to direct staff to record not what the person's disability was but what support they needed. Staff supported patients living with dementia and learning disabilities by highlighting their care needs in documents and patient notes.

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Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff told us they treated and supported patients with additional needs. During the COVID-19 pandemic the service made arrangements for patients with additional needs to have a relative or carer to support them, while other patients were asked to attend alone.

Managers made sure staff and patients could get help from interpreters when needed. The service had access to a telephonic interpreter service if required.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were monitored.

The service only offered day case surgeries. Their waiting list time was dependent on availability of the surgeon and operating lists. There were no concerns regarding delays.

The service monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. We saw through the patient notes we reviewed and from the service's policy that important time frames such as the cooling-off periods were respected and monitored.

The service worked to keep the number of cancelled appointments, treatments and operations to a minimum. They were supported by an administration team who were tasked to contact patients and support them through their surgical journey. When patients had their appointments/treatments/operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

The service had 394 theatre cancellations between January and June 2021 of a total 1395 planned cases. The majority of cancellations were due to patients changing their minds or asking for a delay.

Managers and staff worked to make sure patients did not stay longer than they needed to. We were told the service was continuing to look to improve this by auditing length of stay.

Managers made sure they had arrangements for surgical staff to review any surgical patients on the post operation and recovery wards. Discharge planning was started as early as possible.

Staff supported patients when they were discharged and during their aftercare by providing information and encouraging them to contact the service if they had any concerns.

Managers monitored patient transfers and followed national standards.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

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Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

We saw a summary of complaints from 2020/2021 showing that there were 12 complaints in total, of which nine were closed and three were still in progress. One of these complaints related to a clinical matter; two were about interactions with consultants, two related to hospital processes and five about communications. All the complaints we reviewed were responded to, in writing, in the service's set time frames with thorough investigations and apologies where appropriate.

Staff understood the policy on complaints and knew how to handle them. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers. Staff could give examples of how they used patient feedback to improve daily practice.

Themes from complaints and learning were shared across the provider group and in the team meetings. Managers shared feedback from complaints via emails and meetings and learning was used to improve the service.

Are Surgery well-led?

Good 

We have not previously rated the service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

With a headcount of 45 permanent, part-time bank staff, the senior management team at the hospital comprised a hospital director, head of clinical services, finance manager, administration manager, HR coordinator and private patient manager. The theatre manager, day ward manager, radiology manager, lead physiotherapist (outsourced) and housekeeping supervisor reported to the head of clinical services.

The hospital senior management team was supported by regional engineering, quality and corporate services from the provider.

The surgery service had a structured leadership team with a clinical service manager, responsible for overseeing the whole service, a theatre lead and a lead ward nurse. All managers were clear about their duties and understood the remit of their roles in the service and the scope of their responsibilities.

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service.

The clinical service manager described the surgery team as still growing with the support of experienced clinicians. This was supported by the theatre and ward managers who said they were normalising the ways of working and establishing expectations in the department. All managers were aware of the challenges that a growing team presented amidst the COVID-19 pandemic.

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Managers described their aspirations for the service and how they planned to support the nursing and health care assistant staff to expand their roles. However, they did acknowledge this may take some time as the team needed to be fully established before they were able to consider expanding clinical and non-clinical responsibilities.

Staff we spoke with said managers were accessible, visible and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. However, it was felt that staff in particular more junior staff could be more involved in the delivery of the vision and strategy of the service.

The service had a vision to be a safe, caring and an integral part of the local health economy by providing services to support patients and their families. They followed the provider principles and values which included and were not limited to being: “caring, progressive, enjoy our work and use a positive spirit to succeed.

All managers for the service had an aligned vision and strategy for the service in line with the provider values. There was a clear plan for delivery of their strategy but due to the COVID pandemic there had been delays and impacts on the delivery of some crucial developments.

The strategy for surgery focused on improving and strengthening auditing and clinical practice whilst maintaining the level of care and patient experience in the department.

The theatre lead highlighted that their main focus was creating a sustained safety culture. They recognised that they were keen to introduce staff who were able to fit within the team but also balance the clinical skills mix needed. As the workload had increased significantly over the last six months, they also recognised that they had to step into clinical roles more often to support the team and sometimes this had an impact on governance. However, managers had a clear plan to develop staff and assign responsibilities to other members of staff allowing the governance processes to then strengthen.

The ward lead also recognised the need for the team to mature and develop.

However, during inspection newer members of staff we spoke with felt they had not been made aware of the service strategy. They were aware of the importance of a safe culture of clinical practice but did not recognise other crucial points of the strategy such as strengthening auditing and governance.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear. However, it was felt that newer members of staff where still unclear how their development needs where going to be met.

Managers identified they looked to create an open and honest culture by leading by example and living the provider values. We heard this was promoted by having an open door policy, interacting with staff daily and doing walk around the hospital every day and by spending time with the patients.

Surgery

We were told the team was still relatively new, and as a result of this the team was still embedding and were learning what was expected of them.

Managers at all levels expressed pride in their teams and gave examples of how staff adapted to changes brought about by the pandemic as well as supporting other parts of the organisation and the NHS during the crisis.

Staff we spoke with said they liked working at the hospital and felt there was a supportive team behind them to make things run smoothly.

All staff we spoke with said they felt that their concerns were addressed, and they could easily talk with their managers.

Patients told us they were very happy with the hospital services and did not have any worries to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Governance

Leaders operated effective governance processes, throughout the service. Leaders were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Staff had access to the governance documents and meeting minutes.

Both theatre and ward manager reported to the head of clinical services who reported to the hospital manager who reported to the corporate leaders. Despite this both managers had access to the hospital manager directly.

The department leads regularly met with the hospital manager and the head of clinical services to discuss wider concerns and changes in the hospital.

The heads of department meeting was complimented by a regular clinical governance meeting which also included some of the clinicians to ensure they were integrated into the meeting structure to have a space to air their views. This meeting had oversight of activities run in the hospital, new contracts and processes, update on external guidance and lessons learnt across the provider locations.

The service also held regular medical advisory committee meetings which covered all the specialities provided by the hospital.

The surgery team had regular opportunities to meet through the daily morning and other staff meetings

We saw posters in the staff room that summarised learning from emails sent from the corporate leaders of the hospital.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

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There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. For example, the service used the medical advisory committee as a tool to monitor all information and identify action points should they be required.

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them.

The hospital risk register was discussed regularly at governance meetings to ensure all staff knew what was considered to be the biggest risks facing the hospital.

The hospital was in the process of implementing quality boards in the main clinical areas

Information Management

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

The service used an application to manage their clinical audits and to share the results. At the time of inspection, due to the application being new and training being undertaken, this was managed by the head of clinical services. It was due to shortly be handed to the clinical teams.

Staff had access to both wider provider level policies and local operating procedures and policies.

Clinical records were also electronic, the hospital had begun using a new system shortly before inspection.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

Engagement

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

The service predominantly treated NHS funded patients and as a result worked closely with the local NHS trust hospital and GP services. We were told the quality of referrals and the information included within them was much improved, following open dialogue with the services about the poor quality of the information that was previously received. The better quality referrals meant patients were able to be seen sooner, therefore improving the service they received.

The service was also a part of the relevant clinical commissioning networks and reported outcome measures to key stakeholders.

The hospital had recently renamed itself, following feedback from patients that it was too similar to the local NHS trust and that this caused confusion.

Surgery

The hospital also actively participated in charity work, supporting local charitable organisations to raise money for the local community it served.

Learning, continuous improvement and innovation

Managers were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. However, staff could be more involved in leading these processes and the service was looking to expand their innovation projects.

As the service was still settling in a new team there was limited innovation in the service offering, as the manager wanted to focus on ensuring all staff understood their expectations before expanding.

We heard of some examples of learning and continuous improvement. As an example, the service simulated scenarios of major haemorrhagic scenarios which identified concerns and delays with getting blood urgently. This led to changes in the provision and arrangement of bloods with the transfer time dropping from over 40 minutes to 20 minutes.