

Nuffield Health Wessex Hospital

Quality Report

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Date of inspection visit: 4 November 2016
Date of publication: 25/04/2017

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

Standard Health Ltd provides this service at Nuffield Health Wessex Hospital (host hospital) which has 46 beds for inpatients and day cases. We carried out a comprehensive inspection on the 4 November 2016, as part of our national programme to inspect and rate all independent hospitals. We inspected the core service of surgery as this is the main activity carried out at this location by the provider Standard Healthcare Ltd. We rated the core service as good overall.

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

Summary of findings

Throughout the inspection we took account of how the provider understood and complied with the Mental Capacity Act 2005.

The service provided by Standard Healthcare at this location was Orthopaedic surgery. Services were provided under a service level agreement with the host hospital. Some of these included:

- Theatres.
- Pharmacy
- Staffing including nursing and others.
- Medical cover such as Resident Medical officer (RMO) provision.
- Infection control.
- Physiotherapy.
- Radiology and imaging
- Catering and laundry services.
- Clinical Waste disposal services.
- All equipment in theatres and wards and their maintenance.

We rated this service as good overall because:

- There were adequate systems to keep people safe and to learn from incidents.
- Medicines were managed safely and patients had access to their medicines including pain control as needed.
- There were enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- The areas we inspected were clean and well maintained and there were processes which staff followed to control and prevent the spread of infection.

- There was adequate equipment and this included those for bariatric patients. The operating theatre had a laminar flow system
- Care was delivered in line with national guidance and the outcomes for patients were good when benchmarked.
- Patients could access care when they needed it and they were treated with compassion and their privacy and dignity was maintained at all times.
- People were supported and received adequate food and fluids and choices were offered that meet their needs.
- All staff demonstrated a good understanding of the duty of candour and their responsibility in safeguarding people from abuse.
- There was effective multidisciplinary working for the benefits of patients which patients confirmed to us.
- There was a robust admission procedure which staff followed and this reduced the risk of inappropriate admissions.

We found areas that required improvements

- The provider was not involved and did not attend governance or medical advisory committee (MAC) meetings. The governance process was not robust as minutes of MAC were not shared in order to promote learning.



Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Name of approver

Deputy Chief Inspector of Hospitals: Professor Ted Baker

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Location	Good 	<p>Standard Health Ltd operates a service at Nuffield Health Wessex the (host hospital). The service was registered in 2011. The registered manager is Mr Gorav Datta. The service is provided at the Wessex Nuffield Hospital, a private hospital in Southampton, Hampshire.</p> <p>We last inspected the service in 2014 and the provider was meeting all the quality and safety standards it was inspected against.</p>
Surgery	Good 	<p>Orthopaedic surgery was the main activity of the service. In the reporting period of July 2015 to June 2016, there were 408 in patient and day care episodes recorded.</p> <p>Staffing was managed jointly with the host hospital where the service was provided.</p> <p>The provider did not provide surgery for anyone under the age of 18 years.</p> <p>The most common types of orthopaedic surgery were arthroscopies, hip, knee and shoulder replacements.</p> <p>We rated this service as good for safe, effective, caring and responsive care. We rated this service as requiring improvement for well led.</p>

Summary of findings

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Good 

Nuffield Health Wessex Hospital

Services we looked at

Surgery

Summary of this inspection

Background to Nuffield Health Wessex Hospital

Standard Health Ltd provides a service at Nuffield Health Wessex Hospital. The service was registered in 2011. The registered manager is Mr Gorav Datta. The service is provided at the Wessex Nuffield Hospital, a private hospital in Southampton, Hampshire. The service primarily serves the communities of the south coast of England. It also accepts patient referrals from outside this area.

We last inspected the service in 2014 and the provider was meeting all the quality and safety standards it was inspected against.

We carried out this announced inspection of the service on 4 November 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in operating theatres.

Why we carried out this inspection

We carried out a comprehensive inspection on the 4 November 2016, as part of our national programme to

inspect and rate all independent hospitals. We inspected the core service of surgery as this is the main activity carried out at this location by the provider Standard Healthcare Ltd. We rated the core service as good overall.

How we carried out this inspection

During the inspection, we visited the ward and one operating theatre. Standard Healthcare had two consultants. All activities were provided under a service level agreement with Wessex Nuffield Hospital (the host hospital). Nursing, theatre and all other staff were also provided by the host hospital as part of service level agreement. We spoke with 12 staff including; registered nurses, health care assistants, reception staff, medical staff, operating department practitioners, and senior

managers. We spoke with three of the four Standard Health patients who were receiving care at the time of the inspection. We reviewed seven sets of patients' records and other information such as policies, incidents reports and data we received from the provider. The surgical procedures undertaken at the hospital consisted of orthopaedic surgery including joints replacements and shoulder surgery.

Information about Nuffield Health Wessex Hospital

Standard Health Ltd is registered with the Care Quality Commission. Mr Gorav Datta is the registered manager and provides the following regulated activities:

- Diagnostic and screening procedures

- Surgical procedures
- Treatment of disease, disorder, or injury.
- There were no special reviews or investigations of the service on going by the CQC at any time during

Summary of this inspection

the 12 months before this inspection. The service has been inspected once, in February 2014, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (July 2015 to June 2016) -

In the reporting period July 2015 to June 2016 there were 408 episodes of care provided. All the patients treated at the service were NHS funded patients.

There were no serious incidents or never events at the hospital. Never events are serious incidents that are wholly preventable and have the potential to cause serious patient harm or death. There were no unexpected deaths reported.

There were 11 other clinical incidents during the same time period. Of these 6 caused no harm, 4 were classed as low harm and one was moderate harm.

During the same period, we did not receive any direct complaints, whistle blowing or safeguarding concerns reported to us. The provider confirmed that they had not received any complaints.

There were no reported cases of serious infections such as methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile (c.diff) or E-coli.

What people who use the service say

Patients were highly complimentary about the care and treatment they were receiving. They told us they were able to discuss their surgery with Mr Datta and received information to enable to make an informed

choice. This included the risks of surgery and pain management following their surgery. Patients also told us that the staff were respectful and took account of their privacy and dignity when providing care.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- There was a positive incident reporting culture with the majority of incidents being classed as low harm. We found evidence of sharing learning from incidents at the service.
- Infection control processes were followed and equipment were regularly serviced and maintained safely. Emergency equipment was checked to ensure they were ready for use.
- Safeguarding policy and procedures were followed and staff were knowledgeable about reporting any concerns to safeguard patients.
- Patients were assessed and admission criteria adhered to.
- Five Steps to Safer Surgery (based on the World Health Organization (WHO) surgical checklist) guidance was followed and records were fully completed as part of safety for patients undergoing surgical procedures.
- Patients 'records were available and stored securely.

Good



Are services effective?

We rated effective as good because:

- The provider monitored outcomes against recognised performance indicators such as Patient Reported Outcome Measures (PROMS).
- Care was provided in line with guidance such as the National Institute for Health and Care Excellence (NICE) and the Royal College of Surgeons Emergency Surgery Guidance.
- Patients were provided with information and consent was taken appropriately in line with best practice guidelines.
- Staff were trained to be competent in their roles. Practising privileges were monitored through the Medical Advisory Committee (MAC), on an annual basis.

Good



Are services caring?

We rated caring as good because:

- Patients were overwhelmingly positive about the care treatment they received and they were involved in their treatment plan.
- Care was provided ensuring patients' privacy and dignity were preserved at all times.
- The friend and family test data showed that patients would highly recommend the service.

Good



Summary of this inspection

Are services responsive?

We rated responsive as good because:

- The service consistently met the referral to treatment times, no patient's surgery was cancelled on the day of admission for non- clinical reason.
- There was a clear admission process which staff followed to mitigate inappropriate admissions for surgery.
- There was a process which staff followed to respond to any patients' concerns or complaints.
- Arrangements were in place to meet the needs of people including those living with dementia. This included flexible visiting hours.

Good



Are services well-led?

We rated well-led as requires improvement because:

- There was limited evidence of quality assurance processes and governance arrangements that were separate from the host hospital. The governance strategy was not robust; whilst processes were in place for sharing of information between the provider and the host hospital, these were not documented and outcomes could not be measured.
- The provider was not involved in ,and did not attend, either governance or MAC meetings at the host hospital. Minutes of any assurance meetings with senior management at the host hospital were not recorded.






However:

- The provider's vision and strategy related to the development of the service. Staff were positive about the leadership at the service.
- Although the provider treated a small number of patients; they engaged with patients and sought their views in order to improve the service. There was a supportive culture and effective team work.
- Whilst not documented, there was clear line of communication between the provider and senior management.
- The provider and staff spoke positively and passionately about the care and the service they provided. They worked well individually and collectively to make the patient's experience of care the best they could.

Requires improvement



Surgery

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

Information about the service

Standard Health Ltd operates at Nuffield Health Wessex Hospital. The service was registered in 2011. The registered manager is Mr Gorav Datta. The regulated activities are provided under a service level agreement at the Nuffield Health Wessex Hospital, a private hospital in Southampton, Hampshire.

The service is registered to provide the following regulated activities:

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

Summary of findings

During the inspection, we visited the ward and one operating theatre. Standard Healthcare had two consultants. All activities were provided under a service level agreement with Wessex Nuffield Hospital (the host hospital). Nursing, theatre and all other staff were also provided by the host hospital as part of the service level agreement. We spoke with 12 staff including: registered nurses, health care assistants, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with three of the four Standard Healthcare patients who were receiving care at the time of the inspection. We reviewed seven sets of patients' records and other information such as policies, incidents reports and data we received from the provider. The surgical procedures undertaken at the hospital consisted of orthopaedic surgery including joints replacements and shoulder surgery.

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

Activity (July 2015 to June 2016) -

- In the reporting period July 2015 to June 2016 there were 408 episodes of care provided. All the patients treated at the service were NHS funded patients.

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- There were no serious incidents or never events at the hospital. Never events are serious incidents that are wholly preventable and have the potential to cause serious patient harm or death. There were no unexpected deaths reported.
- There were 11 other clinical incidents during the same time period. Of these 6 caused no harm, 4 were classed as low harm and one was moderate harm.

During the same period, we did not receive any direct complaints, whistle blowing or safeguarding concerns reported to us. The provider confirmed to us that they had not received any complaints.

There were no reported cases of serious infections such as methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile (c.diff) or E-coli.

Are surgery services safe?

Good 

We rated safe as good

Incidents

- Staff used their electronic reporting system to report incidents. Staff we spoke with knew how to report incidents and they were able to tell us the types of incidents they would report. Staff received feedback at staff meetings so that improvements were made. For example the delay of ambulance relating to an emergency transfer was investigated by the host hospital where the service was provided and feedback provided.
- Between July 2015 and June 2016, there were 11 other clinical incidents during the same time period. Of these 6 caused no harm, 4 were classed as low harm and one was moderate harm. The incident of moderate harm related to a patient who needed transfer to the local NHS trust with a suspected stroke. The patient returned to the service and continued with their post-operative care prior to discharge home.
- There were no reported never events between July 2015 and June 2016.
- The provider told us they would attend mortality and morbidity meetings if this related to their patients and findings would be shared. These meetings were organised by the host hospital, however they did not attend these meetings and opportunity for learning was missed.
- Incidents records showed that staff reported issues such as wound healing and action taken such as use of different type of dressing was shared as part of learning.
- The Duty of Candour legislation requires healthcare providers to disclose safety incidents that result in moderate or severe harm, or death. Any reportable or suspected patient safety incident falling within these categories must be investigated and reported to the patient, and any other 'relevant person', within 10 days.
- The provider and senior staff were aware of their responsibilities under duty of candour, and process to

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follow ensuring patients and their relatives were informed of incidents that had affected their care and treatment and were given an apology. The provider told us there had been no incident where the duty of candour had been initiated. The incident records we looked at confirmed this.

Cleanliness, infection control and hygiene

- Infection control was managed by the host hospital as part of service level agreement. All the areas we visited, including the operating theatre was clean and staff followed their infection control policies in the management and prevention of the spread of infection. The provider followed the host hospital policies and procedures which enabled staff to prevent and control hospital associated infections.
- At the pre-operative assessment stage, staff screened patients for methicillin-resistant *Staphylococcus aureus* (MRSA). This was in line with Department of Health: Implementation of modified admission MRSA Screening guidance for the NHS (2014). Staff told us a patient with a positive result received treatment and action would include placing the patient last on the theatre list. All patients were nursed in single rooms with en suite facilities which provided isolation facilities as needed.
- Hand sanitising gels were available at the entrances of the hospital and wards to reduce the risks of cross infection. Staff adhered to the hospital's policy of "bare below the elbow" in clinical areas.
- There were separate clean and dirty utility areas in the operating theatre to ensure that the risk of infection transmission was minimised. Staff we spoke with all understood their responsibilities in minimising the risks of infection.
- We noted that sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The sharp bins were clearly labelled and tagged to ensure appropriate disposal and closed when not in use.
- Staff followed best practice during surgery which included drapes around the surgical site and the use of sterile gowns and gloves. There was a designated nurse to ensure all swabs, needles and blades used, were accounted for during and after the surgery. This further reduced the risk of surgical site infections and the risk of retained instruments and equipment post-surgery.
- Access to the operating theatre was also restricted. This formed part of infection control process to keep patients safe by reducing the risk of surgical site infections. This was in line with the National Institute of Health and Care Excellence (NICE) guidelines CG74, for the preoperative stage of surgery.
- We observed all staff followed their procedures such as cleaning of the operating theatre equipment in between cases. At the end of the day, the theatre was cleaned and made ready for use in an emergency or for the following day.
- There was adequate supply of personal protective equipment (PPE) such as gloves aprons in the theatre and on the ward area. We observed staff adhered to 'bare below the elbow' policy in clinical areas and used PPE as appropriate.
- The sharp bins were secured to the trolleys to minimise the risks of being accidentally knocked over. These were maintained at a safe level ensuring these were not overfilled posing risks to staff and others.
- Cleaning schedules and checklists were used in accordance with local or national policy, such as The Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance.
- There were clear processes which the staff followed for decontamination of reusable medical devices in line with national guidance. This included segregated storage for dirty instrument areas and restricted access to the dirty equipment.

Environment and equipment

- The environment was well maintained, bright and welcoming. Adequate seating was available in the reception area which contained facilities for patients and visitors to make hot drinks.
- There were dedicated car parking spaces for people with limited mobility and there was level access to the entrance to the service and a passenger lift.

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- We viewed the resuscitation equipment for adults in the operating theatre as the provider did not treat children at this service. Checks were carried out daily and records of these were maintained to ensure they were ready for use.
- Staff followed their process to ensure the anaesthetic machines and other emergency equipment in theatre was in working order which was essential to patient's safety. Daily checks of anaesthetic equipment and monitors were undertaken in accordance with recognised guidance by the Association of Anaesthetists of Great Britain and Ireland (AAGBI), 'Checking Anaesthetic Equipment' 2012 guidance.
- There was a process for the recording of implants and single use instrument kit where the unique identifying labels were attached to the patients' records for audits and traceability if required. This included size, type and make of implant which would be recorded on the white board.
- There was a variety of equipment such as wheelchairs, hoists and walking frames provided by the host hospital. A random check of equipment showed that they had been serviced at regular intervals to ensure they were safe for use.
- A patient told us the physiotherapist carried out an assessment and they were provided with walking aids as needed.
- Equipment such as beds was suitable for bariatric patients and hover mattress (an air assisted mattress used for transfer of patient) was available in the X-ray department.
- Dedicated fridges were available for the storage of medicines and staff completed daily checks of the fridge temperatures to ensure medicines were stored as per manufacturer's recommendations.
- There was an in-house pharmacy service provided for patients between 8am and 5pm Monday to Friday as part of service level agreement (SLA). There was specific arrangement for access to the pharmacy out of hours. This required two staff members such as a registered nurse and the resident medical officer (RMO) holding separate keys for dispensing any medicines for the patients. This was a safety measure which reduced the risk of single access to the pharmacy.
- We reviewed seven records and this showed the pharmacist carried out medicines reconciliation of patients' medicines on admission. This was to ensure they continued to receive their regular medicines prescribed by their doctor.
- There was set criteria which the host hospital staff used at pre -assessment to identify if patients should be referred to the in house pharmacist. This included a list of medicines which patients were taking such as steroids and anti- psychotic medicines to alert staff to instigate a referral to the pharmacist.
- Staff told us there were no problems in patients' receiving their take home medicines dispatched in a timely way for their discharge. Arrangements were in place and patients' medicines were pre- ordered for weekend discharges if appropriate.

Records

Medicines

- During the inspection, we found medicines were stored safely and securely.
- We checked the records of the controlled drugs in the operating theatre department. T
- In the operating theatre, medicines were managed safely and drugs were drawn up and labelled. No drugs were left unattended on the side in the anaesthetic room when we visited.
- Emergency drugs were available and to hand in case they were needed in the operating theatre and on the resuscitation trolley which was tamper proof.
- Patients' records were stored securely and in line with data protection Act 1998. This minimised the risks of unauthorised persons having access to patients' confidential notes and records.
- We looked at seven patients' records and these contained pre- operative assessment, peri- operative (during surgery) and post- operative (after surgery) information. These included clear instructions and action needed in order to support the patients following surgery.
- Staff in the administrative office effectively managed patients' records to ensure they were available on site

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for clinic appointments and inpatient or day care admissions. Staff we spoke with told us some of the records were sent from the NHS trust and they could not recall recent examples of any missing notes.

- Patients' records were detailed and included information such as pre admission and risk assessments, investigations and test results, care plans and records of care provided. Records followed the same formats which allowed for ease of access to relevant information.
- We reviewed the surgical register in the operating theatre and this recorded procedures which were undertaken, names of surgeon and scrub nurse, the time each patient entered and left theatre, the patient's name and identifier. Other information included implants and swab counts.

Safeguarding

- In the reporting period of June 2015- July 2016, there were no safeguarding concerns relating to this service reported to CQC.
- Patients we spoke with told us they felt safe and one patient who had previously used the service told us "there was nothing to worry about".
- The provider demonstrated through discussion good understanding of how to identify potential safeguarding concerns and was aware of their responsibility to recognise and escalate concerns if a patient is at risk of avoidable harm or abuse.
- The provider told us they followed the host hospital's safeguarding policies and procedures and any concerns would be dealt by matron who was the safeguarding lead at the service. Safeguarding training for hospital staff was part of SLA and staff confirmed they completed regular training and updates.
- Hospital staff were clear of their responsibilities in raising any concerns to protect patients from the risk of poor practice and abuse. They said they would raise their concerns with the provider and were confident actions would be taken as they had "zero tolerance".

Mandatory training

- There was a training programme for host hospital's staff and this was part of the (SLA). This included mandatory training for staff and the resident medical officer who

completed local training to supplement training provided by the recruiting agency. This hospital was inspected separately and there were no concerns about staff's mandatory training completion.

- The provider confirmed they had completed mandatory training in infection control and health and safety as part of their contract with the host hospital.

Assessing and responding to patient risk

- There was strict admission criteria guidance which staff followed. A pre- admission assessment was carried out for all patients and this was reviewed by the provider and host hospitals matron to ensure patients met the criteria for admission. This took account high risks patients such as those with high BMI and other co morbidities (additional disease or disorders co-occurring). The provider was kept informed and was part of the decision making process and discussed with the anaesthetist.
- The service had a process which staff followed and this outlined the clinical risk assessment criteria for patients. As part of the pre-operative assessment process, patients with high risk medical conditions or special requirements would be identified via the Pre-Admission Medical Questionnaire (PAMQ). This assisted the service to plan care and treatment and identify those who were high risks or would be declined surgery at the service.
- There was a system of screening all surgical patients pre-operatively for risks of potential blood clots and appropriate therapy was prescribed according to risks. We saw in all seven records that assessments were completed and patients were prescribed appropriate therapy or preventative measures such as anti -embolic stockings. Other devices were used such as boots to assist with blood circulation.
- During the pre-assessment patients had a number of tests such as blood and electrocardiogram (heart rhythm reading), any abnormal readings were communicated to the anaesthetist to ensure patients met the criteria for surgery.
- Staff at the host hospital used the modified early warning score (MEWS) to aid recognition of deteriorating patients, and are based on physiological parameters, which are taken when recording patients' observations. There was an escalation pathway which outlined

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actions required for timely review ensuring appropriate interventions for patients. Staff were aware of the actions to take when patients' scores fell outside expected parameters. We saw evidence of this when a patient's MEWS indicated a decline in the patient's wellbeing and actions were taken and the patient was transferred to the local NHS facility for further investigation and treatment. Staff told us their first line of contact would be the resident medical officer (RMO) and following assessment of the patient, they would escalate to the surgeon or anaesthetist as needed.

- Deteriorating patients or those assessed as high risks were nursed in the high dependency unit either as planned or as emergency and received 1:1 care. This was as part of service level agreement (SLA), patients were stabilised until they could be safely transferred out to another hospital.
- Five Steps to Safer Surgery (based on the World Health Organization (WHO) surgical checklist) is guidance to increase safety for patients undergoing surgical procedures. The guidance sets out what should be undertaken during every procedure to help prevent errors. We observed in the operating theatre, staff used the five steps to safer surgery which included team brief, sign in, time out, sign out and debrief. A random check of six records also showed these were fully completed.
- We observed handovers following surgery and this was well managed; theatre staff ensured information relating to the patients' care post- surgery was communicated to the ward's staff.

Nursing and support staffing

- The provider did not directly employ any nursing staff. The host hospital provided nurse staffing under service level agreement (SLA). Feedback from the staff and patients were that there was adequate number of skilled nursing and support staff to assist Standard Health staff to deliver safe care and treatment to patients. Bank staff were used to supplement any shortfall and staff told us this was effective. This included 1:1 care in the high dependency unit if needed.
- The provider only went ahead with surgery when the host hospital had sufficient nursing staff to safely manage the patient during the whole of the surgical pathway.

- The provider told us they would discuss any staffing concerns immediately with the managers from the host hospital. However, at the time of our inspection there had been no such concerns. The provider was happy with the numbers and quality of nursing staff supplied.

Medical staffing

- Arrangements were in place which included out of hours cover. The consultant had overall responsibility for the patients under their care.
- The consultant and anaesthetist were available to provide consultant led care 24 hrs and in cases of emergency they could be in attendance within 30 minutes or less.
- There was a resident medical officer (RMO) providing 24 hrs cover under (SLA). The RMOs were directly employed by the host hospitals. They were able to contact the consultant and anaesthetist for advice and support and we were told this worked well.

Emergency awareness and training.

- Fire evacuation tests and evacuation plans had been developed and training for staff was managed by the host hospital. There was a back- up generator available in case of power failure.
- There was a service level agreement with the local NHS hospital trust to accept patients in the event of an emergency.

Are surgery services effective?

Good 

We rated effective as good

Evidence-based care and treatment

- Staff provided care and treatment to patients based on national guidance such as the National Institute for Health and Care Excellence (NICE) and the Royal College of Surgeons Emergency Surgery Guidance.
- The pre-assessment nursing staff followed a number of NICE guidelines and local policies to ensure patients had a thorough assessment to minimise the risk of complications during or after surgery.

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- Care was provided in line with NICE CG50 recognition of deteriorating patients. This included regular monitoring of patients post operatively and the frequency of monitoring increased if abnormal physiology was detected.
- Patients were provided with information and took part in surgical site infection survey (SSI). The result of this survey was not available at the time of the inspection.
- All pathways and policies were the host's hospital and staff were confident in accessing these via their on line system.
- Staff used the pre-operative fasting guidelines for adults. These were aligned with the recommendations of the Royal College of Anaesthetists (RCoA). Patients told us they were given clear information about fasting and this included fasting prior to their operation and the timings when they could and should not eat and drink.
- Nausea and vomiting were assessed and recorded in patients' care records and intravenous fluids were prescribed and administered as appropriate.
- We saw that patients had access to hot drinks and snack at all times as required and they were complimentary about the quality and food choices available to them. Staff had access to specialist link nurse and could be referred to via the patient's GP.

Pain relief

- Patients were positive about their pain relief and information was provided. A patient told us they had "excellent" pain relief following their previous surgery at the service. Pain control was also discussed at the pre admission assessment clinic.
- Patients told us nursing and medical staff were responsive to their requests for pain relief and monitored the effectiveness of medicines provided. Records we looked at confirmed this happened.
- Patients were prescribed pain relief as part of their pre medication preparation and types of pain control were discussed such as epidural and patient control analgesia (PCA) which was administered via a syringe pump. This would allow patients control of their pain management.
- Patients were seen on the day of the surgery and a patient told us the consultant and the anaesthetist had both discussed pain control that morning. This included options such as an epidural which they had opted for.

Nutrition and hydration

- Patients had their nutritional needs assessed using the malnutrition universal screening tool (MUST) which is a recognised tool for assessing patients who may be at risk of malnutrition or obese.
- Staff at the host hospital told us they enquired about patients' dietary needs during their pre- assessment. Patients told us that their dietary needs were assessed on admission and the chef also visited them to discuss any specific dietary needs. .

Patient outcomes

- The service had good consent processes in relation to hip and knee replacement procedures. Outcomes were measured nationally for example via the National Joint Registry.
- The provider took part in national clinical audits such as Patient Reported Outcome Measures (PROMs) in relation to hip and knee replacements. The PROMs audit is used for the routine collection and use of patient reported outcome data. Data was collected for patients both before and after surgery to assess a variety of patient factors pre and post-surgery. However the provider told us the number of patients was too small to be compared with England's average. We have seen the outcomes
- The provider confirmed that they treated a small number of patients and data showed there was no unplanned readmission within 28 days following discharge.

Competent staff

- Records showed that the Standard Healthcare consultants had the correct pre-employment checks completed. The provider also worked at the host hospital under practising privileges. The medical advisory committee (MAC) reviewed and authorised all practicing privileges applications.
- The host hospital also maintained a record of the consultant's indemnity insurance.

Surgery

- The host hospital employed two resident medical officers (RMOs) through an agency who was responsible to ensure they had the necessary training for the role. The matron confirmed that the RMOs were trained in advance life support and completed the mandatory training programme.

Multidisciplinary working

- Therapists were employee of the host hospital and supported patients under (SLA). We saw that the therapy team worked closely with the ward staff to ensure that patients were seen pre and post operatively, providing advice and support to enhance their recovery and discharge.
- We observed theatre staff interacting in a positive and professional manner with the consultant.
- All theatre lists were consultant led and the consultant used the host's hospital staff as they did not employ any of their own staff.
- Staff liaised with a number of different services when co-ordinating a patients' discharge. This included hospitals, community services and allied healthcare professionals. Referral to specialist nurses in the community could be made if required for patients and this was accessed via their GPs.
- The provider had a service level agreement with the local NHS trust for transfer of patients whose conditions may deteriorate and requiring acute care and support. We saw this was initiated on one occasion recently when a patient needed to be transferred out for further care.
- The provider told us if patients needed input from a physician for example; they would arrange for them to attend from the local NHS trust. We were told there were no delays as they would come to see the patient on the same day.

Seven-day services

- The provider carried out orthopaedic surgery on average once a month and operated on weekdays. However the consultant and anaesthetist were responsible for the patients' care and provided 24 hour on call cover for all patients under their care.

- Theatre staff were available on call in the event that a patient needed to go back to theatre and were supported by a radiographer to provide diagnostic cover. This was under the provider's (SLA).
- The resident medical officer employed by the host hospital provided 24 hours and would contact the consultant or anaesthetist as required.
- Staff had access to the pharmacy out of hours for regular medicines if required or could contact the on call pharmacist.

Access to information

- All patients' records were in paper formats. Staff and the consultant told us patients' notes were available when patients were referred from the NHS.
- We saw staff followed their internal process for the preparation of notes at least 48 hrs prior to the patients attending the service for their pre-assessments. The provider told us about the system of requesting patients' NHS medical records from the local NHS Trust. The matron said there was a good working relationship with the trust which enabled timely access to medical records as required.
- The consultant had access to the host hospital's system to view blood, X-rays and scan results and this ensured continuity in patients' care and treatment.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider told us they used the host hospital's policy for consent, mental capacity act 2005 (MCA) and deprivation of liberty safeguards (DoLS).
- Staff we spoke with were knowledgeable about consent and mental capacity assessment. They said if they had any concerns over a patient's capacity to consent, they would seek further advice and assistance. There was a lead for mental capacity and DoLS and staff said they felt supported.
- Patients told us the consultant had discussed the benefits and risks of their surgery and answered their questions prior to them giving consent to proceed with their surgery.

Surgery

- We reviewed seven sets of notes and followed a patient's journey through to surgery and spoke to another patient. We found that consent was discussed and recorded appropriately which included on the day of their surgery.
- Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) were placed at the front of patient's notes as required. None of these were required for the patients we tracked during our inspection and therefore we did not see any which had been completed.

Are surgery services caring?

Good 

We rated caring as good

Compassionate care

- Patients told us that that they were "always treated with dignity and respect" by all staff members. Patients were very positive about their treatment and care they were receiving
- Patients were encouraged to provide feedback and this was analysed to improve the care provided. The Friends and Family Test results showed that patients were always given privacy when receiving care.
- The service took part in the Friends and Family Test (FFT). This is a survey which asks NHS patients whether they would recommend the service they have received to friends and family. From January 2016 to June 2016 the service had an average response rate of 13.6% for NHS funded patients and achieved a score of 100% for NHS funded patients in the four months of the reporting period and 98% in the other two months of the reporting period.
- There was a chaperone to all patients that requested this service. A chaperone is a person who serves as a witness for both a patient and a medical practitioner as a safeguard for both parties during a medical examination or procedure.

Understanding and involvement of patients and those close to them

- We observed staff to be professional and friendly and introduced themselves to patients. The patients we spoke with said they were involved in planning and

making decisions about their care and treatment. A patient told us the consultant was "very accommodating" and offered the patient a date which was convenient to the patient for their surgery.

- Patients confirmed that the nursing and medical staff explained their care and treatment and kept them up to date with any required information.
- Visiting times were flexible which took into account the needs of the patients' relatives.
- The provider used the host hospital access to a translation service which provided assistance for patients whose first language was not English.
- Records seen and patients confirmed that the provider followed due processes in terms of assessing and consulting the patients about their suitability for proposed surgery. This included pre-operative meeting, and daily visits during admission and post operatively to provide support and information as needed.

Emotional support

- Patients told us they had been reassured by the consultant and they felt prepared for their surgery.
- Staff confirmed that patients had access to clinical nurse specialists and this would be through consultants' referrals or via patients' GPs and could include counselling services

Are surgery services responsive?

Good 

We rated responsive as good

Service planning and delivery to meet the needs of local people

- Patients were referred to the service from the NHS trust and this supported the trust and GPs in getting patients seen in a timely way.
- All admissions were pre planned as there was no emergency admission to this service. This meant that services were planned around patients' specific needs and were known to staff prior to admission.

Access and flow

Surgery

- The service saw 408 patients for the period of December 2015 to September 2016. The NHS patients were either referred to the hospital via their general practitioners (GP), via the 'choose and book' system, or were referred directly to the hospital from the local NHS trust.
- During the same period there were 116 patients referred to the service via the "choose and book." This was a system where NHS patients were referred to the private sector for treatment.
- The service did not provide care to children. The service monitored their referral to treatment time through their quality scorecard. This showed 100% of patients were seen within 4 weeks of referral. At 8 weeks 91-96% of patients referred were seen. The data showed 100% of patients were seen at 18 weeks of referral to treatment time.
- The cancellation rate was good as no patients' surgery was cancelled the on day of admission for non- clinical reasons, according to data provided by Standard Healthcare. There were robust arrangements in place for unplanned surgery such as if a patient needed to go back to theatre post- surgery and the consultant would attend.
- Patients told us they were seen on time and they did not have to wait long when they attended the outpatient's department and pre admission clinics.

Meeting people's individual needs

- Services were planned and delivered to take account of the needs of different people such as those living with dementia. Individual needs were considered at pre -operative assessment clinics and arrangements were initiated as appropriate to ensure patients' needs could be met prior to surgery. This included dietary or carers' support as needed.
- Staff told us they rarely nursed patients with a learning disability. However they were able to access support from the local NHS trust if needed. They told us they would accommodate the patient by ensuring they had support from their carers or relatives.
- Patients were nursed in single rooms and facilities were available for carers or relatives to stay with the patients and provide support as needed.

- A translation service was available for people whose first language was not English and staff told us they could access this if required.

Learning from complaints and concerns

- Information from the provider showed they had not received any complaints or concerns. Patients were given leaflets explaining the process on how to raise a complaint. Complaints were logged as part of the quality scorecard.
- Patients were complimentary about their care and treatment and a patient said they would be happy to speak with the consultant or nursing staff if they had any concerns. Comments from patients included that care was "fantastic" and they did not have anything to complain about.
- Patients were asked for the comments and their views sought following outpatient's appointments and on discharge. The provider told us any complaints would be fully investigated and lessons learned shared with matron and cascaded to the staff through team meetings.

Are surgery services well-led?

Requires improvement 

We rated well-led as requires improvement

Vision and strategy for this this core service

- The provider told us the service treated a small number of patients at this hospital and their vision and strategy was to develop the service. They told us that they considered quality of service and safety of patients as their top priority.
- The host hospital's staff vision was to deliver the highest quality patients' care in a safe clinical environment and being the best independent healthcare provider.

Governance, risk management and quality measurement

- The provider followed the host's hospital governance processes. They did not have an internal risk register.

Surgery

However the provider said any risks would be included on the host hospital's register. They told us that no risk had currently been identified; though there was no process to assess this.

- There was limited evidence that the provider carried out internal risk assessments as part of their quality assurance process to improve the quality of the service delivery.
- The process for assessing risks was not robust in order to mitigate risks associated with carrying the regulated activities. This included no internal audits or reviews of complaints and incidents relating to the service.
- Standard Health did not take part in the host hospital's medical advisory committee (MAC) meetings as the provider told us they were not on the board. Although they said they had discussed attendance to the MAC meetings with the host hospital director. However minutes of these meetings were not shared with the provider with opportunity for learning missed.
- The provider held regular meetings with the local care commissioning group (CCG) and minutes of these were available which looked at performance and activities.
- The provider held regular meetings with the matron and the director at the host hospital and risks were discussed. We were told these were constructive meetings; however they did not keep any minutes. This meant there was no formal record of any arising concerns or agreed actions.

- As part of (SLA); the provider had to ensure that any new equipment used for surgery had to be assessed and agreed by the host hospital. This was to mitigate any risk and ensuring patients' safety.

Leadership / culture of service related to this core service

- Staff from the host hospital told us they had "excellent" working relationship with the Standard Health provider and felt supported.
- The host hospital matron had an open door policy and staff said they worked well with the provider and as a team and were supportive to each other.
- The provider told us they found the hospital staff very supportive and liaised regularly with matron and the hospital director.

Public and staff engagement

- The provider regularly sought the views of people using the service. The friend and family test result showed 96% were satisfied with the care and treatment they had received
- Standard Health did not employ any staff and they used the host hospital's staff who carried out their own staff survey.

Innovation, improvement and sustainability

- We asked the provider for any innovation of the service and we were not provided with any. We were told they were looking at increasing the level of service provision and to continue treating patients from Dorset for hip and knee surgery at this hospital.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- Systems and processes must be established to assess, monitor and improve the quality of the service provided as part of internal quality assurance.

Action the provider **SHOULD** take to improve

- Meeting between the provider and the host hospital managers should be formalised and minutes taken to ensure there is a record of agenda items discussed and any arising actions.
- The provider should ensure there is a system in place for them share learning arising from the host hospital's MAC meetings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 1.Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>2.Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to-</p> <p>(b) assess, monitor and mitigate risks relating to health, safety and welfare of service users who may be at risk which arise from carrying out the regulated activity;</p> <p>How the regulation was not being met:</p> <p>The governance process to assess, monitor and improve the quality of the service was not robust. Risks were not assessed in order to mitigate these.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.