

Spire Parkway Hospital

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Spire Parkway Hospital is operated by Spire Healthcare. The hospital has 59 beds. Facilities include five operating theatres, a recovery unit, two in-patient wards, a day care unit, a specialist cancer centre, endoscopy and ambulatory care unit. The hospital provides surgery, oncology services, services for children and young people, and outpatients and diagnostic imaging.

We carried out an inspection of the hospital on 26 November 2018. We announced the inspection because we needed to make sure staff and patients would be available to speak with us when we visited. We inspected the surgical service using our focused inspection methodology. The inspection was prompted by concerns we received about surgery staff being bullied and an unsafe theatre environment. We did not find any evidence to support these concerns. We did not inspect any other core services. Although surgery was provided to children and young people under sixteen years old we did not look at this aspect of the service.

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

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

Services we rate

Our rating of this core service improved. We rated it as **Good** overall. Although we re-rated the surgery core service, our overall aggregated for the service has not changed.

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse.
- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient.
- The service had enough staff including nursing and medical with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well.
- The service used safety monitoring results well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.

Summary of findings

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service offered seven-day services to ensure surgery patients would receive consistent care and outcomes.
- People were provided with information which enabled them to make informed decisions about their life style choices and how they could improve the quality of their lives and outcomes.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

We found areas of outstanding practice in surgery:

Summary of findings

- Staff identified innovative ways to providing integrated person-centred pathways of care for people with learning disabilities and those living with dementia to manage their anxieties at all stages of their treatment. This included providing care in environments where people felt safe, identifying how to make their admission to the hospital as reassuring as possible and providing continuous care and support from staff and people they were familiar with and trusted.

However, the service should:

Seek to improve the response rate to the family and friends test (a measure of patient satisfaction).

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

Surgery was the main activity of the hospital. Action had been taken to address concerns identified at our last inspection. Staff felt valued and well supported by senior staff. Theatres and ward environments were well maintained and fit for purpose. We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

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Requires improvement 

Spire Parkway Hospital

Services we looked at-

Surgery.

Summary of this inspection

Background to Spire Parkway Hospital

Spire Parkway Hospital is operated by Spire Healthcare. The hospital originally opened in 1982 and was bought by its current owners in 2007.

Spire Parkway Hospital offers private hospital treatments, procedures, tests and scans to patients from Solihull, Birmingham, Worcester and surrounding areas. Surgical procedures include knee replacement, hip replacement, diagnostic nasal examinations and gynaecological examinations. Paediatric services are offered to children aged three and over. There are no urgent admissions. Other hospital services include cancer care, rapid access to assessment and investigation and a physiotherapy service. We did not inspect these services.

The service is regulated for the following activities:

- Diagnostic and screening procedures
- Family planning
- Management of supply of blood and blood derived products
- Surgical procedures

- Treatment of disease, disorder or injury

There was a relatively new senior management team at the hospital. The registered manager who was also the Hospital Director had recently left the service before our inspection and the new Hospital Director was in the process of applying to be the new registered manager. There was a Head of Clinical Services /Matron who had recently joined the service to replace their predecessor who had retired.

The surgery service along with the outpatients was last inspected 21 July 2015 when we identified a breach of Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance. Governance systems had not ensured staff could access all care records or that all consultants with practising privileges adhered to the hospital's directives when risks had been identified. At our latest inspection we found the surgical service was meeting all standards of quality and safety it was inspected against.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, another CQC inspector and two specialist advisors with expertise in surgery and theatre management. The inspection team was overseen by Victoria Watkins, Head of Hospital Inspection.

Information about Spire Parkway Hospital

People who used the surgery service attended initial consultations with their preferred surgeon to identify suitable procedures to meet their specific needs. Patients undergoing cosmetic surgery had a cooling off period before being admitted for surgery.

Surgery in-patients were accommodated on either the Henley or Lapworth wards. After surgery, patients were initially cared for in a dedicated recovery unit so theatre staff could monitor their recovery and look out for any

side effects from the procedure and anaesthetic. When it was deemed safe to do so, patients were transferred to a ward for general nursing care and monitoring until their discharge. Patients received regular visits from their consultant while on the ward and returned to the service as outpatients for check-ups.

Summary of this inspection

There were diagnostic imaging and therapy services available to support surgical patients during their stay. There were processes in place to provide emergency care on site and transfer to other providers who could better meet patient's care needs if necessary.

During the inspection, we visited five operating theatres, an extended recovery unit and two in-patient wards. We spoke with 25 staff including; hospital director, Head of Clinical Services /matron, consultant surgeon, anaesthetist, theatre superintendent, theatre manager, ward managers, registered nurses, scrub staff, health care assistants, housekeepers, hostesses and porters. We spoke with seven patients and one relative. During our inspection we reviewed five sets of patient records and other documents such as theatre notes and quality monitoring records. After our inspection we reviewed additional documents we requested from the provider.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

Activity (August 2017 to July 2018)

- In the reporting period August 2017 to July 2018 there were 7128 adult surgical procedures undertaken.
- In the reporting period August 2017 to July 2018 there were 79 surgical procedures undertaken on children and young people under 18 years.

There were 311 doctors eligible to work at the hospital under practising privileges. Two regular resident medical officers (RMO) worked on a weekly rota. The service employed 26 registered nurses, seven health care assistants within the inpatient service as well as having its own bank staff.

Track record on safety

- There had been one never event in the reporting period August 2017 to July 2018
- There had been no serious injuries in the reporting period August 2017 to July 2018
- There had been 366 clinical incidents of no harm, 47 low harm, 58 moderate harm, five severe harm and five deaths reported.
- 0 incidences of hospital acquired MRSA.
- 0 incidences of hospital acquired MSSA.
- 0 incidences of hospital acquired Clostridium difficile (C. difficile)
- 0 incidences of hospital acquired E-Coli
- Two surgery related complaints had been received in the reporting period August 2017 to July 2018

Services accredited by a national body:

- ISO15189 accreditation for Pathology
- Macmillan Environment Quality Mark
- SGS Accreditation for Sterile Services Department

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?

Are services safe?

Good



Our rating of safe improved. We rated it as **Good** because:

- There were enough skilled staff to deliver the service. The service was on track to achieve all mandatory training modules by the end of 2018.
- All areas were visibly clean and tidy. We saw cleaning being undertaken and monitored.
- Staff understood their responsibilities in relation to safeguarding children and vulnerable adults and knew how to raise a concern.
- Risk assessments had been undertaken to identify if a patient was experiencing, or at risk of, deteriorating health.
- The departments and equipment were clean, well maintained and suitable for their use.
- Patient records were complete, legible, and entries were timed, dated and signed. There was a clear written diagnosis of the patient's condition and a comprehensive management plan.
- Incidents were reported, managed appropriately and learning was shared.

Are services effective?

Are services effective?

Good



Our rating of effective improved. We rated it as **Good** because:

- The service used evidence-based care pathways from established professional bodies.
- Information about the outcomes of patients' care and treatment was routinely collected and monitored.
- Patients had their assessed needs, preferences and choices met by staff with the right skills and knowledge.
- When necessary staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients were supported to make decisions in line with the Mental Capacity Act 2005.

Are services caring?

Our rating of caring stayed the same. We rated it as **Good** because:

Good



Summary of this inspection

- Our rating of caring stayed the same. We rated it as **Good** because:
Staff involved patients and those close to them in planning and making shared decisions about their care and treatment.
- Staff understood and respected patient's personal, cultural, social and religious needs.
- Patients were given appropriate and timely support and information to cope emotionally with their care, treatment or condition.

Are services responsive?

Our rating of responsive stayed the same. We rated it as **Good** because:

- The importance of flexibility, informed choice and continuity of care was reflected in the services.
- Facilities and premises were appropriate for the services being delivered.
- The needs and preferences of different people were taken into account when delivering and coordinating services.
- People knew how to give feedback about their experiences and could do so in a range of accessible ways.
- The service used the learning from complaints and concerns as an opportunity for improvement.

Good



Are services well-led?

Our rating of well-led improved. We rated it as **Good** because:

- Leaders at every level were visible and approachable.
- There was a clear statement of vision and values, driven by quality and sustainability.
- Leaders encouraged compassionate, inclusive and supportive relationships among staff so they felt respected, valued and supported.
- Structures, processes and systems of accountability were clearly set out. Staff were clear about their roles and accountabilities.
- There was an effective and comprehensive process to identify, understand, monitor and address current and future risks.
- Staff received helpful data on a daily basis, which supported them to adjust and improve performance as necessary.
- Peoples' views and concerns are encouraged, heard and acted on to shape services and culture.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Good



Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are surgery services safe?

Good 

Our rating of safe improved. We rated it as **good**.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Information provided showed the service was on track to achieve all mandatory training modules by the end of 2018. Mandatory training completed rates at the time of our inspection were; equality and diversity (96%), fire safety (96%), infection control (96%), safeguarding adults (100%) and safeguarding children (96%).
- Staff were required to complete annual mandatory training, both on line and face to face as appropriate. Staff said they were well supported to undertake mandatory training and felt this had equipped them with the basic skills required to keep patients and others safe.

Safeguarding

- Staff understood how to protect patients from abuse including radicalisation.
- All staff had undertaken safeguarding levels one and two as part of their mandatory training. Staff who supported children and young people had also completed level three. There was a dedicated safeguarding lead to provide expert advice and guidance when necessary.

- Safeguarding information for visitors and staff was displayed in public areas to support them to identify the signs of abuse and inform the appropriate persons.
- Staff were able to tell us how they would recognise and report potential abuse in line with local and national safeguarding procedures.
- Staff had involved dedicated safeguarding staff and other agencies when patients were at risk of, or had experienced, abuse.
- Information for patients was available in different languages to prevent harassment and discrimination in relation to protected characteristics under the Equality Act.
- There were up to date policies in place for the safeguarding and protection of adults at risk and safeguarding children.
- There was information on Female Genital Mutilation (FGM) in the safeguarding adults and children's policies.

Cleanliness, infection control and hygiene

- The service controlled infection risk well.
- All areas were visibly clean and tidy. We saw cleaning being undertaken and the relevant checklists being completed.
- Staff were knowledgeable about how to minimise the risk and spread of infection.
- Records indicated when equipment had been cleaned and when its next clean was due. Equipment had been cleaned within required timescales.
- Stickers were in use to indicate equipment was clean and ready for use.

Surgery

- There was a dedicated infection control lead who promoted and monitored compliance with the hospitals' infection prevention and control policy and procedures.
- There were clear decontamination of equipment policies to prevent the risk and spread of infection in theatres which staff followed.
- The service carried out hand hygiene audits and the outcome and action plans were shared with staff to remind them of their responsibilities to reduce the risk of cross infection.
- Staff practised the service's policy of 'bare arm below the elbow', to enable effective hand washing and minimise the risk of infections being spread by jewellery and watches.
- Access to theatres was restricted and there were separate clean and dirty utility areas to reduce the risk of infection.
- Antibacterial hand gel dispensers were available at the entrance and within clinical areas which staff used.
- Sharps bins were clearly labelled and tagged to ensure appropriate disposal and prevention of cross infection.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- The environment was tidy and clinical areas were well maintained, bright, secure and welcoming.
- Call bells and emergency cord pulls in bathrooms were checked regularly to ensure people could promptly summon support when required.
- Emergency resuscitation trolleys were tamper proof and contained the appropriate equipment necessary to provide lifesaving support.
- Doors to the theatre areas were secured by staff swipe card access to prevent them from being accessed by unauthorised people.
- Staff had access to suitable equipment, which was regularly maintained, to meet people's needs.
- Equipment was tagged and monitored so staff would know when it was due for servicing and how to report faults.

- We saw clinical and non-clinical waste was segregated, stored and disposed of appropriately.
- We saw and records confirmed, all equipment used during surgery had been checked, calibrated and serviced.
- Staff confirmed they had all the equipment they required to carry out their role.

Assessing and responding to patient risk

- Staff completed and updated risk assessments for each patient.
- The service had a dedicated policy and service level agreement with a patient transport service to ensure patients who required support from other providers were transferred quickly.
- The service followed clear admission criteria to identify any risks associated with patients' specific conditions. Pre-operative assessments and diagnostic investigations were undertaken before any decision on whether surgery would be offered.
- Patients were continuously monitored. Observation records were updated frequently and reviewed during ward rounds to identify changes in patient conditions and review their current care plan.
- Staff used National Early Warning Scores (NEWS) to identify early if a patient was experiencing, or at risk of, deteriorating health. Audits of these scores showed they had been completed appropriately by staff.
- Staff assessed patients for specific conditions they could be at risk of, such as sepsis.
- There were systems in place to escalate concerns about a patient's health to other appropriate health care professionals and transfer patients to other hospitals if necessary.
- Surgical safety checklists were used during every surgical procedure to reduce the risk of errors. Action was taken to prevent errors from reoccurring.
- There was a dedicated post-operative recovery area where staff monitored patients progress after surgery.
- Following surgery, patients were provided a 24-hour helpline for advice and help if needed.

Nursing and support staffing

Surgery

- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Senior staff used a safe staffing tool to identify the numbers and types of staff required each day to meet patients' specific care needs.
- Patients told us there was always enough nursing staff on duty to respond promptly when they requested assistance or required support.
- Theatre lists were staffed with enough suitable staff in accordance with the Health and Care Professions Council Guidance.
- There were active recruitment and training programmes in place to manage staff vacancies.
- When necessary bank staff and agency nurses who were familiar with the service and received an induction were available to ensure there were enough staff to meet patient's needs.
- Managers could identify the safe staffing levels required for each theatre list because all surgical procedures were planned and the service did not provide emergency care.

Medical staffing

- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- There was a doctor on site 24 hours a day to provide guidance and advice to staff. When necessary there were arrangements in place for the doctor to contact patients' consultants for additional advice if they were not in the hospital.
- There was an on-call Intensivist available to provide guidance and advice to staff regarding patients out of hours.
- The hospital employed medical staff under practising privileges approved under comprehensive policies and procedures by the Medical Advisory Committee (MAC).
- Practising privileges is when, after appropriate checks, a medical practitioner is granted permission to work in an independent hospital or clinic.

- The MAC provided medical supervision and was responsible for reviewing and monitoring clinical practices for the service.
- A contact list was maintained for all doctors with practising privileges and the consultant surgeon was responsible for ensuring alternative anaesthetic cover if their usual anaesthetist was not available.

Records

- Staff kept detailed records of patients' care and treatment.
- The surgical register in the operating theatre was completed and recorded procedures undertaken. Information included the names of surgeon and scrub nurse, the time each patient entered and left theatre, the patient's name and unique identifier as well as implants and swab counts. This enabled senior staff to check patients had received the appropriate support and who to approach when patients required follow up care or had concerns about their treatment
- Patients' records were stored securely and staff practices protected confidential information from being accessed by unauthorised persons.
- Patient records were largely complete, legible, and entries were timed, dated and signed. There was a clear written diagnosis of the patient's condition and a comprehensive management plan.
- Records contained evidence of input from patients' consultants and the multidisciplinary team (MDT), care plans, and risk assessments.
- Staff confirmed there had not been any instance of patient records not being available when required.

Medicines

- The service followed best practice when prescribing, giving, recording and storing medicines.
- Patients received the right medication at the right dose at the right time.
- Members of the pharmacy team reviewed patient's records so their medicines were available and up to date.

Surgery

- Patients' weights, known allergies and any sensitivities to medicines were recorded on the medicine charts to support staff to prescribe and administer the correct dose of medicine and reduce the risk of it being given in error or causing harm.
- Patients were counselled and educated about their medicines prior to discharge. This supported patients to continue to receive their medicines as prescribed once they had left the hospital.
- Medicines were stored securely and at the correct temperature to remain effective.
- Controlled drugs which require special storage and recording were stored and monitored appropriately. This prevented them from being accessed or administered by people who were not authorised to do so.
- Arrangements were in place to ensure that medicines incidents were reported, recorded and investigated.
- Information including learning from medication incidents was cascaded to staff to prevent similar incidences from reoccurring.
- There had been one never event in the last twelve months which was under investigation by the service at the time of the inspection. Staff we spoke with were aware of the action taken to reduce the risk of a similar incident from reoccurring.
- Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- The duty of candour is a regulatory duty that requires staff and providers to be open and transparent when things go wrong. Staff had received training and followed the duty of candour requirements when responding to incidents.
- Staff felt confident to report incidents and were encouraged to do so without fear of retaliation.
- The hospital reported 481 clinical incidents from August 2017 to July 2018. Of these 471 (98%) resulted in no harm, low harm or moderate harm. During the same period the hospital reported 123 non-clinical incidents.
- There were mechanisms in place to ensure lessons learned were identified and improvements made were necessary. Data was shared with the Spire organisation for overview and scrutiny.
- Incidents were discussed at the medical advisory committee (MAC) meetings. Records showed learning from incidences was shared with staff.

Incidents

- The service managed patient safety incidents well.
- All incidents and near misses were recorded and reviewed on an electronic system and subjected to a risk appraisal. Serious incidents requiring investigation were subjected to a root cause analysis. This identified the factors which led to the incident and how the risk of similar incidences happening again could be reduced.
- Policies and procedures for incident reporting were available to staff and they were confident in using the system to report and record these.
- There had been five deaths at the service during the reporting period August 2017 to July 2018.
- Four deaths had been expected due to people's specific conditions however one person who had received treatment at the service died unexpectedly two weeks later while receiving care at another hospital. The service worked with the other hospital to investigate the incident and identify if their actions had contributed to the patient's death.

Safety Thermometer (or equivalent)

- The service used safety monitoring results well.
- Senior staff collected safety data to record harmful incidences and provide immediate information and analysis. This enabled theatre and ward staff to monitor their performance in delivering harm free care.
- Safety data from the service showed they had reported nine unplanned inpatient transfers, six unplanned readmissions within 28 days of discharge and nine unplanned returns to operating theatres in the reporting period August 2017 to July 2018 for surgical services.

Surgery

- Records showed there were four cases of hospital acquired VTE (venous thromboembolism) in the reporting period August 2017 to July 2018 for surgical services.

Are surgery services effective?

Good



Our rating of effective improved. We rated it as **good**.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service used evidence-based care pathways from established professional bodies such as The National Institute for Health and Care Excellence, World Health Organisation (WHO) and the National Patient Safety Agency (NPSA).
- The service used the Five Steps to Safer Surgery checklist from the NPSA, based on a World Health Organisation document which promotes the recording of staff briefing, sign-in, timeout, sign-out and debriefing, and is advocated for all patients in England undergoing surgical procedures.
- Patients were monitored using a range of evidence based and nationally recognised tools, such as the National Early Warning Score tool (NEWS). This promoted a standardised approach to monitoring patients' conditions and triggering an effective care pathway when their condition deteriorated.

Nutrition and hydration

- Staff gave patients enough food and drink to meet their needs and improve their health. Staff identified patients who were at risk of dehydration and had processes in place to ensure they had consumed enough fluids to meet their needs.
- Patients weight and swallowing abilities were monitored and when indicated, referrals were made to specialised clinicians to ensure people received additional nutritional assessment and support.

- People were offered a choice of foods and drinks they liked and which meet their cultural and religious needs. This supported people to have adequate nutrition to stay well.
- Theatre staff briefed ward staff about patient's pre- and post-operative food and fluid needs which was discussed at ward meetings.
- Patients told us they had received clear starving instructions before admission and the importance of not eating or drinking before their surgical procedure.
- Patients were provided with hot and cold meals and snacks, tea and coffee and cold drinks throughout the day.

Pain relief

- Staff assessed and monitored patients regularly to see if they were in pain.
- Pain score charts were completed by staff to identify if patients were experiencing pain and if so; what action to take. There were diagrams and prompts for people who did not speak to express their pain levels.
- Patients' pain was assessed during and after procedures. Pain scores were checked with patients and documented by staff and appropriate pain relief provided.
- Nursing staff provided patients with advice on pain relief when preparing patients for discharge.
- Patient's consultants were available to provide advice if patients complained of pain after surgery. Pain management advice was available 24hrs, every day.

Patient outcomes

- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- A number of patient outcomes were measured and reported through the company's national clinical scorecard. The clinical scorecard was used to benchmark the services against company comparators for key performance indicators.
- Patient outcome action plans were in place to address any concerns and risks such as the promotion and auditing of good handwashing practice.

Surgery

- During the period July 2017 to June 2018 there were nine unplanned inpatient transfers to another hospital, six unplanned readmissions within 28 days of discharge and nine unplanned returns to operating theatre. Incident reports showed these had been discussed with staff and reviewed for learning. In one instance this resulted in reviewing discharge plans and how information was given to patients.
- The hospital submitted data to the Private Healthcare Information Network (PHIN). This is an independent, government-mandated source of information about private healthcare which supports patients to make better-informed choices of care provider.
- PHIN data showed the service was performing largely in line with national audits.
- Performance was reviewed at the clinical audit and effectiveness committee, clinical governance committee and at the Medical Advisory Committee (MAC). We saw actions were taken to reflect outcomes and performance.
- The service used a range of tools to monitor and benchmark performance against other hospitals in the group. These included, for example, the national clinical scorecard and children and young people's dashboard.

Competent staff

- The service made sure staff were competent for their roles.
- There were theatre practitioners in place whose role was to educate and provide advice and guidance to staff and ensure they were trained in the skills and knowledge they required for their specific roles and responsibilities.
- Patients were supported by named nursing staff who knew their specific care needs. Nursing staff shared this knowledge with colleagues at shift handover meetings.
- There were dedicated staff to provide guidance and support with specific aspects of the services, such as health and safety, infection control and safeguarding.
- There were staff succession and development plans in place to ensure the staff complement would have the skills and knowledge required to meet the needs of surgical patients.

- When necessary agency staff who had experience of working at the service were used to ensure there were enough staff to meet people's needs. Leaders checked agency staff had the rights skills and training.
- Staff could access policies and guidance for ward and surgical practices.
- Consultants working at the service had their practising privileges reviewed every year to assess if they continued to have the skills and knowledge required to support surgical patients.
- Records showed that 100% of ward and theatre staff had received appraisals between August 2017 and July 2018. This enabled staff to reflect on their practices and improve how they worked.
- Patients told us they were supported by staff who knew their conditions and how they needed to be cared for.
- Staff said there were frequent training sessions and felt confident to fulfil the tasks and responsibilities required of them.

Multidisciplinary working

- Staff from different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- There were daily meetings of consultants, registrars, physiotherapists, pharmacists and ward staff to review care records and identify any deteriorating patients.
- Ward and theatre staff had access to consultants and a range of appropriate medical staff such as psychologists and occupational therapists for expert advice and guidance.
- When necessary staff interacted with people who were external to the organisation, such as General Practitioners (GPs) to meet patient's care needs.
- We saw effective multidisciplinary working between staff of all grades which followed common processes.

Seven-day services

- The service offered

Surgery

- Theatres functioned from 08:00 to 20:30 Monday to Friday and from 08:00 to 18:30 on Saturday as service demanded and wards operated seven days a week to accommodate surgery patients who required nursing over the weekend.
- Services within the Outpatients department took place from Monday to Saturday. Evening appointments were also available to support patients who were unable to attend during the day due to work or other commitments.
- There was an on-call registrar available to provide prompt advice and guidance to ward and theatre staff out of hours. The on-call Resident Medical Officer (RMO) was also on site to support staff with clinical care.
- Should a surgeon be on leave, cover was locally agreed with another consultant with practising privileges to ensure patients had continuity of care.

Health promotion

- People were provided with information which enabled them to make informed decisions about their life style choices and how they could improve the quality of their lives and outcomes.
- Wards and public areas had information for staff, patients and visitors to promote awareness about health care issues such as smoking cessation, mental health, flu and meningitis.
- There was information displayed around the service about effective handwashing techniques to prevent and control the spread of infection.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training in the principles of the Mental Capacity Act 2005 and understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.
- Patients were given a full explanation of their proposed surgery and associated risks at a pre-operative assessment so they could make an informed decision to proceed.

- Consultants additionally sought the consent and views of patients on the day of surgery to confirm they still wanted to undertake their chosen procedure.
- There was a recommended two-week cooling off period for cosmetic surgery patients in line with good practice. All the patients we spoke with confirmed they had discussed their treatment options in line with this timescale and had been given the opportunity to review and change their decision to undergo treatment.
- There were processes, such as mental capacity assessments, in place to support patients who were suspected of lacking the mental capacity to consent to their procedure.
- Staff told us and records confirmed when a patient lacked the mental capacity to consent to treatment, the service held best interest meetings with others who had an interest in the patient's welfare.
- Staff were aware of their responsibilities under the Mental Capacity Act 2005 to seek consent from patients and provide care in line with their wishes and preferences.
- Patients confirmed they were given clear information about their treatment options and that consultants had discussed the benefits and risks of surgery and answered their questions before giving consent to proceed.

Are surgery services caring?

Good 

Our rating of caring stayed the same. We rated it as **good**.

Compassionate care

- Staff cared for patients with compassion.
- Patients told us and we saw staff respected patient's privacy and dignity.
- Staff knocked before they entered patient's rooms and closed doors so they could speak with patients confidentially.
- Patients said staff treated them well and with kindness.

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- Staff spoke sensitively and gently with people, providing reassurance before their surgical procedures.
- Friends and Family Test (FFT) audits of patient feedback showed 98% of patients said they would recommend the hospital to a friend or relative. However, the response rate was only 21%.

Emotional support

- Staff provided emotional support to patients to minimise their distress.
- People who were important to patients, such as relatives, could stay overnight to provide reassurance and comfort if they were anxious or disorientated.
- Staff responded promptly when people requested support or had any concerns.
- There was dedicated psychology support to assist patients express their views and any anxieties.
- Patients were involved in agreeing their care plans and offered choices when possible. This supported them to feel in control of their care and what to expect.
- There were dedicated resources and support plans for patients at the end of their lives and their loved ones.

Understanding and involvement of patients and those close to them

- Staff involved patients and those close to them in decisions about their care and treatment.
- Patients received information including the cost of surgery in writing before their appointment so they knew what to expect and could decide if they wanted to proceed with treatment.
- Staff explained to patients how they were to be supported and sought their views about their care plans.
- Patients could review the risks and benefits of surgery before their procedure so they could ask questions and discuss any concerns.
- Patients were supported to engage in agreeing and developing their care plans.
- Patients told us they were fully involved in their care and treatment and they felt able to ask for further details and explanation about any aspect of their treatment.

- They told us treatment had been explained and their questions were answered fully by both nursing and consultant staff.

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Are surgery services responsive?

Good 

Our rating of responsive stayed the same. We rated it as **good**.

Service delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of local people.
- The service had a policy to identify appropriate referrals so only patients who could benefit from the surgery provided would be admitted.
- The service supported both private and NHS patients referred by their GP.
- Patients were referred to the surgeon of their choice where possible and seen by that consultant as much as possible to ensure continuity of care.
- Pre-admission assessment appointments and surgery was offered on various days of the week, so could be undertaken at a time suitable to the patient when possible.
- Toilets, including disabled access facilities were available throughout the wards for patients and their visitors.
- There were ramps and lifts to all public areas of the hospital for use by people who may require support with their mobility.
- There were information leaflets available about the management of health conditions which affected the local population such as smoking cessation and cholesterol management.

Meeting people's individual needs

- The service took account of patients' individual needs.
- Care plans considered the specific needs and wishes of people with learning disabilities. We looked at the care plan for a patient with a learning disability who had previously displayed aggressive behaviour in response to anxiety. The care plan identified the patient would be less anxious if staff supported them to receive their post-operative medication at home and if car parking

barriers were raised and footpaths swept before they arrived at the hospital. The plan also ensured the patient would be supported by staff who they were already familiar with and trusted. Staff told us the patient's surgical procedure went well and they remained calm throughout their stay.

- Patients who were confused or lived with dementia were supported in line with good practice. There were dementia champions in place and the service's dementia lead had recently won an award from the Spire organisation for a dementia care pathway they had introduced at the service. The pathway identified the patients' specific care needs, including their likes and dislikes. Care plans were initiated after an initial assessment which was conducted in an environment the patient was familiar with, such as their own home, to support them to feel at ease and express their views. Information for patients was available in a variety of formats to support them to understand their options and what to expect if they underwent surgery. There was the provision for relatives to stay with the patient while they were admitted to the hospital and relatives could support the patient in theatres if a procedure was being carried out under local anaesthetic so they could receive reassurance and comfort from people they trusted. Patients and carers were encouraged to complete a "this is me" document before admission to inform staff about how to meet the patient's specific needs and wishes.
- Written information about post-operative care was given to all patients so they and others who supported them would know how to meet their care needs.
- There were communication aids and a translation service so people could engage with staff using their preferred communication style.
- Staff supported people to follow their chosen faith and cultural preferences.

Access and flow

- People could access the service when they needed it.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. Patients received treatment in line with national targets.

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- Daily ward rounds identified patients if they were able to be discharged as planned.
- Pre-assessments and regular theatre planning meetings in place identified patient needs in advance and reduced the risk of inappropriate admissions or cancelled procedures.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- There were processes in place to support patients and visitors to make formal complaints.
- Patients said staff were approachable and felt they were supported to raise concerns.
- There was an electronic system in place to record and analyse complaints data. This information was discussed at the Clinical Governance and Medical Advisory Committee (MAC) meetings, senior management and staff meetings.
- Appropriate plans were in place to ensure action was taken to address any themes identified through complaints. Wards displayed details of complaints received and what action had been taken to prevent them from reoccurring, such as the introduction of vegan meals.
- We reviewed three complaint records and saw they had been handled in line with good practice. Complainants had received open and transparent responses and details of other bodies they were entitled to approach if the complaint had not been resolved to their satisfaction.
- The Hospital Director and Head of Clinical Services/ Matron were visible around the service.
- Staff expressed confidence in the skills and abilities of the new directors to lead and develop the service.
- Ward and theatre managers were visible in the areas we visited. Staff knew the senior staff they were required to report to, seek advice from or raise concerns with. They said they were encouraged to engage with senior staff and felt comfortable to do so.
- Staff told us that new members of the senior manager team had introduced improvements to the service and felt they had the skills to sustain them.
- Staff received regular communication from the directors and senior managers to understand how the service was performing, its plans and the challenges it faced.
- The hospital director held a daily meeting for managers from all areas, which included special thanks from patients to staff and recognition of individuals' good work from other staff. Managers cascaded the key messages from the huddle at local staff meetings.

Vision and strategy

- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.
- The service had Senior managers undertook strategic planning to assess and reflect on the care people received and updated action plans when needed.
- All the staff we spoke with shared the same vision of providing high quality patient focused care. This reflected the Spire organisation's own corporate vision for the service.
- There were policies available for staff to provide advice and guidance on how to act in line with the Spire organisation's vision for the surgery service when carrying out their duties.
- Ward and theatre staff referred to the Spire organisation's vision when producing their own local clinical guidance for staff.
- Staff had regular supervisions with senior staff to discuss and reflect upon their own contribution towards achieving the service's vision and strategy.

Are surgery services well-led?

Good 

Our rating of well-led improved. We rated it as **good**.

Leadership

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.

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Culture

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- All the staff we spoke with said they had not witnessed or experienced any bullying at the service.
- Professional relationships between all staff promoted the service's ideals and staff said they felt valued and worked well together.
- Staff told us leaders promoted a 'no blame culture' and felt supported to speak out when patients were at risk of harm or they had concerns about their colleague's behaviour.
- Staff knew about the service's whistleblowing policy and said they felt they would be supported by senior managers to express their views about the service without fear of threat or retribution.
- There was a Freedom to Speak Up Guardian who staff knew they could approach confidentially about concerns and poor practice.
- Staff gave us examples of additional support they had received from senior staff when necessary to fulfil their required roles and responsibilities.
- Staff described a learning culture where they were supported to advance and learn new skills. There was a robust student nurse training programme in place which staff enjoyed and valued.

Governance

- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- Since our last inspection; a robust process had been introduced to ensure consultants adhered to the hospital's directives when risks had been identified. Consultants and doctors were reviewed biennially to ensure they were competent to retain their practising privileges at the service. Those who had not worked at the service for a specific time were approached to discuss the removal of the practising privileges.
- Staff were aware of their responsibilities and who they reported to. There were processes at all staff levels to review performance and compliance against set targets.

- Wards and theatres had developed local action plans to monitor and improve their delivery of patient care.
- Senior staff had regular meetings with the chair of the Medical Advisory Committee (MAC) and with the hospital director at the Health and Safety Risk Committee meeting to review the performance of the surgical services. The outcome of quality reviews was communicated at handovers and by emails, newsletters and staff/public notice boards.
- The hospital contributed governance data to the Spire organisation to provide additional oversight and external scrutiny of the service's performance.

Managing risks, issues and performance

- The hospital had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- Known risks and mitigation in the surgical service were discussed at senior team governance meetings such as the monthly Clinical Audit & Effectiveness Committee and the medical advisory committee.
- Staff had access to information relating to risk management, information governance and how to raise concerns. Staff were knowledgeable about the service's incident reporting process.
- Each ward and theatre maintained a risk register which was reviewed and discussed at staff meetings. Concerns were rated and prioritised against a set of clinical indicators to ensure those which presented a higher risk to patient care were prioritised. At the time of our inspection all risks were categorised as low.

Managing information

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- There was a demonstrated commitment at all levels to sharing data and information proactively to enable prompt decision making and the delivery of care which met people's needs. Wards and theatres had their own individual meetings each morning to discuss patient needs and operational issues. Later in the morning there was a 'huddle' meeting between senior leaders,

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heads of department and staff to identify how patients specific care needs would continue to be met when they transferred between areas. This information was shared verbally and in notes with staff.

- Action had been taken since our last inspection to ensure patient information and care records were managed effectively and confidentiality was maintained at all times. Staff told us they could promptly access records and test results.
- Systems were in place to gather, analyse and share data and quality information with staff, key stakeholders and the public.
- The service had a website where people could access information about the surgical procedures available and which would be useful when visiting the hospital.
- Staff had access to the intranet to gain information relating to policies, procedures, professional guidance and training.
- Minutes from meetings and important documents such as the risk register could be accessed by staff on the intranet.

Engagement

- The service engaged well with patients and staff to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Staff said they felt listened to and had regular contact with senior staff. Staff told us senior managers acted upon their comments such as ensuring safe staffing levels and making improvements to the theatre environment and equipment.
- Staff actively sought people's views about the quality of the service using questionnaires and feedback forms were available for use by patients and visitors. This had led to improvements in the type and range of meals available.

- There was a patient forum established for patients to provide first hand feedback to senior staff and influence the direction of the service.
- Staff said they felt valued and senior staff recognised their contribution to the service. Where a staff member had led on a piece of work we saw, they had been acknowledged and praised by senior staff. This encouraged staff to engage with senior staff and share their suggestion for improving the service.

Learning, continuous improvement and innovation

- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.
- The service had learnt from our last inspection and acted to address concerns raised in our last report.
- There were practices on wards and in theatres to review performance and identify how their services could be improved. Improvement plans were displayed along with action improvement plans.
- Incidences and good practice from the Spire organisation's other locations was shared as learning material for staff to prevent similar incidences happening at the service.
- Key Performance Indicators (KPI's), such as patients being fasted within timescale, hand hygiene compliance and use of WHO surgical checklists, were reported every quarter. Results were benchmarked nationally and performance against targets rated. Information was used to direct improvements.
- As part of their placements, student nurses were directly involved in reviewing and improving the quality of care people received.
- The hospital participated in several accreditation schemes to identify and apply best practice. These included accreditation for sterile services which reduced the risk of patients acquiring an infection during surgery.

Outstanding practice and areas for improvement

Outstanding practice

- Staff identified innovative ways to providing integrated person-centred pathways of care for people with learning disabilities and those living with dementia to manage their anxieties at all stages of their treatment. This included providing care in

environments where people felt safe, identifying how to make their admission to the hospital as reassuring as possible and providing continuous care and support from staff and people they were familiar with and trusted.

Areas for improvement

Action the provider **SHOULD** take to improve

- Seek to improve the response rate to the family and friends test (a measure of patient satisfaction).