Ramsay Health Care UK Operations Limited

Winfield Hospital

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location improved. We rated it as good because:

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

However:

- Not all staff had complete updates to the mandatory training as required by the service's policy. There was no formalised training for mental health and learning disabilities.
- Ward staff did not always label equipment to show when it was last cleaned.
- There were policies that required review to ensure they contained up-to-date guidance and were still relevant. The service did not always ensure consultants curriculum vitae were compliant with its practising privileges policy.
- Not all equipment had been serviced in line with manufacturer and policy requirements. Consumables were not always removed when packaging had degraded.
- Storage areas for consumables were not always locked.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good	The outpatient department is open between 8.00am and 9pm Monday to Friday. On the first Saturday of the month, it opens for clinics between 8.30am – 1pm. Consultants provided clinics covering a number of areas which included audiology, cardiology, cosmetics & plastics, dermatology, gastroenterology, general surgery, gynaecology, general and renal medicine, neurology, ophthalmology and orthopaedics. The physiotherapy department was open for outpatient services from Monday to Thursday. The outpatient's department had a total number of 5,201 appointment visits during the period July 2021 to June 2022 of which, 53% were NHS appointments. The service treated adults and did not treat children. This was the first inspection of outpatients as a standalone service. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values,

Summary of findings

and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff kept up-to-date with mandatory training. Only 41% staff had completed basic life support training.
- Ophthalmology equipment required servicing and was still in use 7 months past its servicing date requirement.
- There were policies that required review to ensure they contained up-to-date guidance and were still relevant.

Diagnostic imaging

Good

We rated all key questions for diagnostic and screening services apart from effective as defined within our methodology.
Our previous rating included a joint rating of outpatients and diagnostic and screening services, we have rated them independently as part of this inspection.
Our rating of this service improved. We rated it as good because:

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

Summary of findings

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

However:

- Not all staff had complete updates to the mandatory training as required by the service's policy.
- There was a consumables storage room in the department that was not always locked.

Diagnostic imaging and screening is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
We rated this service as good because it was safe, effective, caring, responsive and well-led.

Surgery

Good

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

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service usually controlled infection risk

Summary of findings

well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not always complete mandatory training. There was no formalised training for mental health and learning disabilities.
- Ward staff did not always label equipment to show when it was last cleaned.
- The service did not always ensure consultants curriculum vitae were compliant with its practising privileges policy.

Summary of findings

Contents

Summary of this inspection — Page

Background to Winfield Hospital — 8

Information about Winfield Hospital — 9

Our findings from this inspection

Overview of ratings — 11

Our findings by main service — 12

Summary of this inspection

Background to Winfield Hospital

Winfield Hospital is part of the Ramsay Healthcare group providing surgery and outpatient services for NHS, self-funding and private patients. The hospital is situated on the outskirts of Gloucester and most patients live in the city and local area.

There are currently 38 inpatient beds on one ward which are used for overnight and day care patients, three operating theatres and an outpatient department. Services provided include general surgery, gastroenterology, urological and gynaecological surgery, orthopaedic surgery (such as total hip and knee replacement), ear, nose and throat, spinal, ophthalmology, bariatrics, oral and maxilla-facial, cosmetic and plastic surgery. The service also admits cardiology patients requiring cardioversion. Patients are treated on a day case basis or are accommodated on the ward.

Outpatient services provide consultant-led clinics in a range of specialities. There are also nurse-led preadmission clinics and general nurse appointments for services such as removing dressings, sutures and plasters. There are 11 consulting rooms and two treatment rooms. Diagnostic imaging services include plain film X-ray, fluoroscopy and ultrasound. There are also mobile services provided on site by Ramsay UK Diagnostics for magnetic resonance imaging (MRI) and for computed tomography (CT). Physiotherapy services are provided to outpatients and inpatients. Facilities include a gymnasium and services include hydrotherapy, treatment of sports injuries, ultraviolet treatments, musculoskeletal assessment and treatment and post-operative rehabilitation.

Between May 2021 and May 2022, 5,433 patients had surgical treatment, readmission rate was less than 1 in 1,000 (0.0009%).

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?

The provider is registered to provide the following regulated activity:

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

The location has a registered manager who has been in post since 2016. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations.

The provider employs 156 permanent staff and 138 Consultants have practicing privileges.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 7 and 8 June 2022.

The hospital was last routinely inspected in August 2016 and was rated as requires improvement overall with requires improvement in the safe, responsive and well led domains. A focused follow up inspection was subsequently completed in February 2018 to review requirements identified at the 2016 inspection.

Summary of this inspection

The main service provided by this hospital was surgery. Where our findings on surgery for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the surgery service.

Our rating of the location improved. We rated it as good overall because:

- Surgery has been rated as good overall.
- Diagnostics and screening procedures have been rated as good overall.
- Outpatients has been rated as good overall.

How we carried out this inspection

The inspection team consisted of one inspection manager, four inspectors and a specialist advisor with expertise in diagnostics.

The inspection was overseen by Catherine Campbell Head of Hospital Inspection South West

We inspected the premises and reviewed documents and records kept by the service. We also spoke with 13 patients and 36 members of staff.

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

Outstanding practice

Diagnostic imaging and Screening

Staff had developed a poster that was displayed in waiting areas, to encourage transgender patients to speak to a member of staff if there was any chance they could be pregnant. The poster had received good feedback from the hospital leaders and had been shared with Ramsay head office as a piece of inclusive practice that could be considered for sharing and put in practice across the Ramsay group.

Areas for improvement

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

Action the service MUST take to improve:

Outpatients

- The service must ensure the safety of their premises and the equipment within it. The provider must ensure that equipment is regularly serviced and ensure all rooms are free from trip hazards. Regulation 12(2)(e).

Action the service SHOULD take to improve:

Summary of this inspection

Overall

- The service should ensure mandatory training is kept up to date in line with the hospitals policy. Regulation 12 (2)(c).
- The service should offer mandatory mental health and learning disabilities training. They should consider offering training to staff in total communication approaches and providing staff with communication aids and tools to help them support patients who have difficulties communicating.
- The service should ensure all its policies are reviewed in a timely manner and according to its own review standards. The service should ensure consultants curriculum vitae are up to date in line with its practising privileges policy. Regulation 17 (2)(d).

Surgery

- Ward staff should always label equipment to show when it was last cleaned, for example, the observation machines and bladder scanners.
- Hand hygiene compliance should be improved in theatres.
- The service should update the safer surgery and invasive procedures policy.

Outpatients

- The service should continue to work on reducing waiting time for patients attending outpatient clinics or appointments.
- The service should ensure consumable items on the resuscitation trolley are replaced when packaging is damaged. Regulation 12 (2)(e).

Diagnostic Imaging and screening

- The service should ensure storage rooms that hold consumables are locked after each use. Regulation 12 (2)(d).
- The service should consider providing training to staff on recognising and responding to patients with mental health needs, learning disabilities and autism.
- The service should consider reviewing the policy and processes for completing identification checks to bring it in line with best practice guidance.
- The service should continue to improve areas of practice identified in the most recent Ionising Radiation and Medical Exposure regulations IR(ME)R audit.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Requires Improvement	Inspected but not rated	Good	Good	Good	Good
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Outpatients

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

Are Outpatients safe?

Requires Improvement

This was the first inspection of outpatients as a standalone service. We rated safe as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and had systems to ensure it was completed.

Not all staff kept up-to-date with their mandatory training. In outpatients, only 41% of staff had completed basic life support training and only 55% of staff had completed blood transfusion training. The service has an internal target for 85% of staff to have completed all mandatory training subjects, however outpatient staff had only completed 80% of mandatory training subjects. The service stated that training had been disrupted due to the COVID-19 pandemic, internal trainers leaving the provider and lack of training spaces available from their external provider. The lack of training was acknowledged by the provider and was recorded on their risk register as one of the top three risks faced by the organisation.

Managers monitored mandatory training and alerted staff when they needed to update their training. For example, the service was aware of its low compliance of staff having completed basic life support and had arranged additional sessions in July 2022 to address the number of staff having completed this training. Following on from the training sessions in July, the provider expected to have compliance with basic life support training at 91%.

Safeguarding

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

See surgery for further information.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

Good

Outpatients

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

Clinical areas were clean and had suitable furnishings which were well-maintained. The outpatients department had a dedicated cleaner from 8am to 2pm. After this time, housekeeping took over the regular checks of the department and toilet facilities. Staff followed infection prevention and control (IPC) principles including the use of personal protective equipment (PPE). All staff were observed to be wearing PPE appropriately and were all bare below the elbow. We saw staff regularly cleaning their hands in between seeing patients. Hand hygiene audits confirmed staff had good standards of hand hygiene. Eighty-two percent of staff were up to date with IPC and hand hygiene mandatory training.

Environment and equipment

The design, maintenance and use of facilities and premises mostly kept people safe. Not all equipment had been regularly checked. Staff were trained to use the equipment. Staff managed clinical waste well.

The design of the environment followed national guidance. All flooring was easily cleaned, and corridors were wide enough to fit wheelchairs. However, one of the treatment room was cluttered with equipment and posed a trip hazard to patients and staff using the room. In addition, it was difficult to access for patients requiring a wheelchair. At the inspection we were told this treatment room was being refurbished within the following month.

The service had enough suitable equipment to help them to safely care for patients, however we identified equipment in the ophthalmology room which was seven months past its service date of October 2021 and was still being used. We raised this with the provider who was aware of the issue and had risk assessed the item of machinery and found there was greater risk to patients to cancelling the service rather than continuing the service using the machine. The service had found it difficult to arrange the servicing of the equipment due to communication difficulties between the service and the servicing company.

Staff carried out daily safety checks of specialist equipment. The records showed no gaps in daily checks of the resuscitation trolley. The trolley had several drawers that were sealed with tamper-evident tags. However, we identified one adult resuscitation mask that had been opened but was still on the resuscitation trolley. We highlighted this to staff and they replaced this immediately. Temperatures were recorded and checked daily to ensure that medicines kept on the trolley were not getting too warm. When temperatures rose, the medicines were moved to a cooler locked clinic area and a sign was put up on the trolley and on the clinic door to highlight to staff that the medications had been moved.

The service had suitable facilities to meet the needs of patients' and their families.

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

Assessing and responding to patient risk

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

Patient waiting lists were managed, reviewed and risk assessed to ensure those with the greatest clinical need were seen in priority order. NHS patients were assigned a priority categorisation. The service had a strict criterion for who could safely undergo treatment. All procedures were elective and if patients were unwell at the time of their

appointment, they could be re-booked for a later date. Staff told us they knew how to respond promptly to any sudden deterioration in a patient's health. We were told staff would call 999 for any patient who deteriorated on its premises. Staff also had access to a medical officer who provided support to outpatient staff if a patient became unwell. The service had policies which clearly explained responsibilities should an event requiring swift action arise.

Staff completed pre assessment questionnaires for patients. Patient history was obtained and included any current medication, health issues, allergies and base line observations. Nurses could flag patients who scored outside of agreed parameters who were then reviewed by the anaesthetist.

Staff would raise a safeguarding referral if they saw a patient with any mental health concerns.

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

Shift changes and handovers included all necessary key information to keep patients safe.

Nurse staffing

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

The service had enough nursing and health care assistants to keep patients safe.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift in accordance with the number of patients attending appointments.

Medical staffing

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

The service had enough medical staff to keep patients safe. Consultant staff were employed under practicing privileges. This is the process where a medical practitioner was granted permission to work in a private hospital or clinic.

Consultant staff led their own clinics and consultants would provide the hospital with their availability in advance of clinics being booked.

The service had a resident medical officer who was available to outpatient staff if a patient was to deteriorate unexpectedly.

Records

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

Good

Outpatients

Patient notes were comprehensive, and all staff could access them easily. The service had recently moved to a new electronic system. Patient records were audited every quarter and common themes identified and learning from audits shared.

When patients transferred to a new team, there were no delays in staff accessing their records.

All records were stored securely. We observed computers were locked when not in use.

Consultants added notes to the electronic system and dictated patient letters to their medical secretary who copied these to the patient, the medical records team and the patient's GP. Patient notes and consent forms were scanned and uploaded onto the system at discharge.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. We observed clinicians discussing medicines with patients and checking they understood how to obtain and take them. The service had an in-house pharmacy service which operated Monday to Friday.

Pharmacy checked the outpatients medicines cupboards weekly and clearly identified any medicines that were due to expire with a red sticker. Keys to the medicines cupboards were restricted to authorised personnel. The service did not stock any controlled drugs.

We saw the service monitored the temperature of medicines that required refrigeration by completing a daily checklist. We saw pharmacy had reviewed medicines when the fridge temperatures had gone out of range and shared learning such as only leaving the fridge door open for short amounts of time.

The service had an antimicrobial prescribing and stewardship policy. Pharmacy would question consultant prescriptions if prescribing did not follow the principals of the policy on a case by case basis.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured actions from patient safety alerts were implemented and monitored.

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

Staff raised concerns and reported incidents and near misses in line with the service's policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. This was an improvement from the previous inspection.

Good

Outpatients

Are Outpatients effective?

Inspected but not rated

We do not rate effective in outpatients. Please refer to the main surgery report for information on overall effective summary.

Evidence-based care and treatment

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

See surgery report.

Pain relief

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

Staff assessed and discussed pain with patients. Medical staff could prescribe pain relief when patients' needed it. We observed clinicians discussing patient's pain levels and pain relief in clinic.

Patient outcomes

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

The service had a comprehensive rolling audit programme which was run nationally, however local audits were also conducted and were focused on areas to drive improvements in the service. We saw examples of leadership acting on audit results and monitoring whether any issues were new or if they had been previously identified.

Managers shared and made sure staff understood information from audits. The service had implemented an electronic platform for recording audits which led to greater engagement with staff and resulted in improved compliance with both audit timescales, action planning and monitoring improvement.

Wound infections were incident reported on the electronic system. The service had a registered nurse who led on wound infections and treatment.

Competent staff

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

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

Good

Outpatients

Consultants were employed under practicing privileges. Practising privilege is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in a private hospital or clinic. The provider had a policy for reviewing consultants under practicing privileges to ensure that they had medical indemnity cover, had completed mandatory training, had an annual appraisal and an up-to-date disclosure and barring service (DBS) check. We checked five consultant files and found that all consultants had correct insurance coverage and a current DBS check as well as evidence of completion of mandatory training. Most files had an appraisal covering the last year and where there was not one there was evidence the service was chasing for this information.

Managers supported staff to develop through yearly constructive appraisals of their work. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

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

Multidisciplinary working

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

Nursing staff said they had regular meetings with physiotherapists about patients and their onward care plans. Consultants used recognised technology to obtain peer support for any difficult patient issues, however as patients with a high level of acuity were not treated by the service, this was not regularly needed.

The service did not treat patients with cancer.

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

Seven-day services

Services were available five days a week Monday to Friday and one Saturday morning a month to support timely patient care.

Health promotion

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

The service provided health information such as smoking cessation, diet and managing blood pressure to patients at the pre-assessment clinics. The service provided information leaflets on these subjects to patients.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Good

Outpatients

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The majority of clinics were consultant led so the patient's consultant was always available to assess a patient's capacity to consent for treatment.

Staff described to us when they might be concerned about a patient's capacity and how they would raise this with consultants or with the matron or refer to safeguarding.

Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards. Policies were stored electronically and were readily accessible to all staff.

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

We reviewed four records and saw consent was gained in all four records.

Are Outpatients caring?

Good

This was the first inspection of outpatients as a standalone service. We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff being friendly and kind to all patients.

Staff knew their patients well and ensured they interacted with patients in a way that made them feel that they were being cared for as a person and not just their diagnosis being treated. We were given examples of nursing staff providing exceptional care by ensuring patients received continuity of care when they were wary of the hospital setting. A patient feedback form for physiotherapy stated, "I was treated as though I mattered".

Patients said staff treated them well and with kindness. Patients we spoke with talked of how kind and considerate all staff members had been. Friends and family feedback was positive.

Patients were able to request a chaperone. There were posters on the waiting room walls promoting this service as well as in consulting rooms. Staff told us there was never any difficulty in obtaining a chaperone for patients who requested this. We observed consultants asking patients whether they wanted a chaperone.

Emotional support

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

Good

Outpatients

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

Staff supported patients and helped them maintain their privacy and dignity.

We observed consultants giving diagnosis and allowing the patient time to digest the information prior to discussing the various treatment paths.

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

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Receptionists worked with patients to ensure they understood the appointment sequence and other aspects of their visit, such as waiting times. We saw nurses talking to patients in the waiting room to check on their welfare and how long they had been waiting.

Staff spoke with patients, families and carers in a way they could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There were leaflets on how to make a complaint in the reception area and on the website.

Staff supported patients to make informed decisions about their care. We observed care where patients were given all possible treatment options including the option of non-treatment.

Patients gave positive feedback about the service.

Are Outpatients responsive?

Good

This was the first inspection of outpatients as a standalone service. We rated responsive as good. Please refer to the main surgery report for information on overall responsive.

Service delivery to meet the needs of local people

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

Good

Outpatients

Managers planned and organised services so they met the needs of the local population. The service was open from 8:00am to 9pm Monday to Friday and on one Saturday morning a month. Consultant availability on Saturdays varied and was dependent on each consultant as they were not employed directly by the service.

Patients could access treatment at the hospital in a number of ways. Private, self-pay or insured patients could self-refer. NHS patients were referred via their GP into a referral management service or via a clinical assessment service.

The service tried to minimise the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. For example, diagnostic imaging was available on the same day as the orthopaedic clinic.

Facilities and premises were appropriate for the services being delivered. The service provided free parking for patients and visitors and there were parking spaces for patients with mobility difficulties.

Staff would raise a safeguarding if a patient experienced mental health difficulties. Managers ensured that patients who did not attend appointments were contacted.

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Patients could attend appointments with a carer. The service had dementia champions for staff to access if required.

Signs offering patients a chaperone were clearly displayed in waiting areas and clinical rooms.

The waiting room gave patients and their family or carers free access to water. Most patients seen in the outpatient department did not need food as the appointments were very quick. There was a separate lounge offering tea, coffee and refreshments for private patients.

NHS and private patients attending the service received good continuity of care. Patients saw the same consultant for consultations, clinics and follow up appointments. The service allowed a longer time period for initial consultation than follow up appointments.

People could mostly access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure patients could mostly access services when needed and was endeavouring to reduce waiting times. However, the service, for ten out of 25 clinics in May 2022, had long waiting times for its NHS patients of over 120 days. This was due to the long back log of patients not treated during the pandemic. We were told the hospital were working hard to put on additional clinics to address and bring down the waiting times for patients. In particular we were told of how the clinical commissioning group and the service worked together to bring down the waiting time of people with hernia's and how additional clinics now meant that the number of patients waiting more than 120 days was in single figures. Patient waiting time data shows the number of patients waiting more than 120 days was reducing. Patients were reviewed for clinical priority. Managers worked to keep the number of cancelled appointments and treatments to a minimum.

Good

Outpatients

When patients had their appointments and treatments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. There were leaflets in the reception area which gave information on how to raise a complaint. The providers website had a patient feedback option which was easy to navigate.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Managers looked at the complaints received, and the themes identified from these complaints each quarter. There was evidence of learning from complaints with the service making improvements to improve its daily practice.

Staff knew how to acknowledge complaints and patients received feedback from the hospital director after the investigation into their complaint.

Are Outpatients well-led?

Good

This was the first inspection of outpatients as a standalone service. We rated well-led as good. Please refer to the main surgery report for information on overall leadership.

Leadership

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

There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and a leadership strategy and development programme, which included succession planning.

The outpatient manager was relatively new in role and was aware of the importance of building a team that worked well together. From conversations with staff, it was clear that they all enjoyed working together and for the service and they were supported to develop and expand their roles and encouraged to attend training.

Vision and Strategy

Good

Outpatients

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Staff were able to tell us about the hospital vision and values and we saw that these were put into practice daily, with staff being polite and friendly to everyone visiting the hospital.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us they enjoyed working at the hospital and in outpatients and felt supported to develop their skills and roles.

The service encouraged staff to speak out for safety. Staff we spoke with stated they were confident about raising safety related concerns and would also be confident to raise concerns regarding consultant practice. Whilst there was not a local freedom to speak up representative, there was someone identified in the organisation who carried out a similar role.

Staff were actively encouraged to undertake training and were offered opportunities for career development.

There was a strong emphasis on the safety and well-being of staff. Staff had access to employee assistance programmes which included wellbeing offers and mental health help and advice.

Staff we spoke with understood the duty of candour and about being open and honest with patients when mistakes occurred.

Governance

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

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed and improved. All levels of governance and management functioned effectively and interacted with each other. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with partners and third-party providers were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care. We reviewed policies and noted a small minority were past their review date. The provider was aware of this and was working to ensure these policies were reviewed.

A medical advisory committee (MAC) met quarterly with broad representation from specialities. The committee discussed safety and governance and included reviewing and approving consultants practicing privileges requests.

Good

Outpatients

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The organisation had assurance systems and performance issues were escalated through clear structures and processes. There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken. Reports demonstrated action was taken when required and improvements monitored.

Information Management

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

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

All clinical records were electronic and were available if a patient's care was handed over to the local trust or another hospital in the wider providers group.

Engagement

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

People's views and experiences were gathered and acted on to shape and improve the services and culture. This included people who used services, and those close to them. Staff were also actively engaged so their views were reflected in the planning and delivery of services and in shaping the culture.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The culture of the organisation promoted learning and improvement. All staff said they were encouraged to attend training and work on their skills to aid with career progression.

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

This was the first inspection of diagnostic imaging and screening as a stand-alone service. We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, not all staff had complete updates at the time of inspection.

Staff received and mostly kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. There were 13 staff in the department and the service provided 24 mandatory e-learning training modules. Completion rate in the department overall was 85%. However, compliance for one module was very low. This was the module for informed consent and had a completion percentage of 40% in the department. The manager told us that this was owing to there being three new staff and the annual refresher being due for renewal for five further staff which made compliance appear worse

There were eight modules provided as face to face mandatory training. Completion rate in the department overall was 82%. however, one staff member had not completed annual refresher for hand hygiene, two staff had not complete bi-annual refresher for manual handling and four staff had not complete annual refresher of basic life support. However, hospital leaders advised the sessions booked for April 2022 in manual handling and basic life support were cancelled due to trainer illness. The hospital subsequently provided evidence to show that training sessions had been booked in for July 2022 to bring staff compliance back in line with the provider's policy.

Due to the coronavirus pandemic, the service had also added training as a risk to their risk register. This was due to the limited availability of trainers.

Staff had competency assessments on equipment dosimetry and signed to say they had read local rules with regards to Ionising Radiation and Medical Exposure regulations (IR(ME)R) employer procedures and relevant radiation policies.

The service provided training to staff in dementia awareness and had dementia champions.

Good

Diagnostic imaging

The service did not provide training on recognising and responding to patients with mental health needs, learning disabilities and autism. However, there was a policy which guided staff on what tools and services were available to them for patients who required additional support to access information and services.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff in the department were trained to level three safeguarding adults and level two safeguarding children and young people.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff followed safe procedures for children visiting the department. The service had good links with the local safeguarding adults teams. Staff told us of examples where they had contacted the local safeguarding advice line for additional guidance.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The service performed well for cleanliness. The last patient led assessment of the care environment (PLACE) was complete in 2019. At that time the service scored 100% for cleanliness.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The housekeeping team continued to complete enhanced cleaning of the department and completed regular deep cleans throughout the hospital.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff told us that they would be advised by corporate leaders if there were any outbreaks of communicable diseases and what the appropriate actions would be. Hand hygiene audits for the last six months in the department were 100%.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff used a system of decontamination through use of wipes. An audit trail was kept in a specific log book which detailed the patient, procedure, the date and the probe used.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment mostly kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, not all storage areas were locked.

The design of the environment followed national guidance. The department was on one level and was easily accessible to all patients. There was a disabled access toilet within the department and the seating area gave enough space to manoeuvre a wheelchair through.

Good

Diagnostic imaging

We found hypodermic needles stored inside a store cupboard in the department which was not always locked. We highlighted this to the department manager during this inspection and this was immediately locked. The manager told us they would update all staff on the need to lock this door after use. We checked the cupboard later in the day and found it was still locked. We later observed a staff member go and get keys to access consumables and the staff member locked the door when they were finished.

Scanning equipment was labelled in line with the Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations. Lead aprons and other equipment were checked annually and replaced when required.

The service had suitable facilities to meet the needs of patients' families. Staff encouraged and supported patients to have family or carers with them. Staff were particularly sensitive to ensuring patients with additional needs had enough support so they felt reassured and comfortable.

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

Staff disposed of clinical waste safely. Sharps bins in the department were labelled correctly, were closed and were not overfilled. The service had a contract with a waste disposal agency who collected clinical waste three times each week. A separate service collected general waste once each week.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. Staff told us the hospital used national early warning score (NEWS2) to monitor patients for risk of sepsis. The hospital used the sepsis six bundle (a set of medical therapies designed to reduce mortality in patients with sepsis). Staff in the department articulated what they would do if they had concerns for a patient. They were confident to approach the sepsis lead for further assistance and guidance as required.

The service reviewed all referrals and returned any that were not appropriate. Radiology managers rejected referrals if they were not made by GPs or other clinical professionals.

The service had a clear process for managing medical emergencies whilst in the magnetic resonance imaging (MRI) mobile scanner. We reviewed the service's policy for transfer of an unwell patient to the local NHS hospital which was just over a mile away from the service. The service had recently completed a training scenario on responding to deteriorating patients within the MRI scanner. This scenario was repeated regularly as the team recognised the challenges and difficulties of the MRI environment and wanted to ensure staff felt confident when responding to an emergency there.

Staff shared key information to keep patients safe when handing over their care to others. There were radiation warning signs on access doors and we saw pregnancy signs in waiting areas and in the X-ray room changing cubicles. However, staff did not know about MHRA yellow card system for adverse drug reactions.

The service used the World Health Organisation (WHO) checklist for interventional procedures carried out by radiologists. There was a pre and post list brief or debrief form completed where there was more than one patient scanned each day.

Good

Diagnostic imaging

The service had pause and check posters up and their identification policy was good. However, not all staff were seen doing ID checks in line with best practise. They checked date of birth and address only.

Shift changes and handovers included all necessary key information to keep patients safe. The hospital department leads held a safety huddle each morning. The department held its own safety huddle which resulted in allocation of specific tasks for staff to complete that day. The service had a radiation protection supervisor on site and telephone support from a radiation protection supervisor.

Staffing

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

The service had enough radiographers to keep patients safe. The number of radiographers for all shifts matched the planned numbers. Managers used the Royal College of Radiologists (RCR) guidance to accurately calculate and review the number of radiographers needed for each shift. They were able to use appointment lists to adjust staffing levels as required each day. Managers requested bank and agency staff who were familiar to the service whenever possible.

All staff, including bank and agency staff, received a full induction. Managers made sure all staff understood the service before working with patients.

Please refer to the surgery report for further details.

Records

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

Patient notes were comprehensive and all staff could access them easily. The department completed patient record audits monthly. An external agency reviewed patient records every six months to provide further feedback and learning opportunities. Diagnostic imaging staff completed monthly peer review of each other's patient notes and scan images. The service also completed an annual image quality audit which looked at any suboptimal images. If any themes were identified, these were recorded as an incident and an action plan developed to improve quality in future imaging.

Records were stored securely. All computers in the department were password protected and were locked after use whilst we were on site.

When patients transferred to a new team, there were no delays in staff accessing their records. We observed ward staff and porters within the hospital, interact with patients who were waiting for imaging in the department. All staff introduced themselves by name and explained their roles. We saw staff making adjustments to ensure patient confidentiality was maintained at all times in the waiting area.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff stored and managed all medicines and prescribing documents safely. Staff completed medicines records accurately and kept them up-to-date.

Good

Diagnostic imaging

The service had an onsite pharmacy team who provided supported to the department with all aspects of their medicines management. The radiology team were able to request support from the pharmacy team whenever required and we observed how the pharmacy team responded quickly when needed.

There were monthly audits completed in the department in line with the provider's policy. The audits completed by pharmacy showed 100% compliance with all aspects of medicines management in the department.

Medicines in the department were stored safely in lockable cupboards and we saw evidence the service were complaint with their IR(ME)R license.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. However, the department did not have a separate radiation incident log. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report and record them. The service had a radiation protection supervisor on site and access to a radiation protection advisor over the telephone. The radiation protection supervisor was aware of how and when to notify the radiation protection advisor regarding radiation incidents and these were logged on the incident reporting system.

Staff raised concerns and reported incidents and near misses in line with the service's policy. The service ensured radiation incidents or unintended exposures were notified through input and attendance in the radiation protection committee and through liaison with the radiation protection advisor who would specify if an incident was reportable or notifiable to CQC or the health and safety executive.

The service had no never events.

Managers shared learning with their staff about never events that happened elsewhere. Incident and safety information was shared locally through group emails heads of department meetings and nationally from corporate headquarters. Staff received feedback from investigation of incidents, both internal and external to the service.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. We reviewed examples provided by the service where duty of candour had been applied.

For more information please see the surgery report.

Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. Every morning there was a huddle at 9.30 am – all clinical leads attended and shared any issues / staffing concerns. Every two weeks there was clinical heads of department (HOD)s meeting to discuss wider departmental process and issues. The service also had a monthly report called lessons learnt which was shared with all staff by email but was also available on shared drive. Managers completed audits to ensure all staff read this.

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

Good

Diagnostic imaging

The service was reviewing results of a recent patient satisfaction survey at the time of our inspection. Some patients had mentioned delays in scan appointments but had not made an official complaint. Managers discussed this with diagnostic staff during team meetings.

Are Diagnostic imaging effective?

Inspected but not rated

We do not rate effective in diagnostic imaging and screening. Please refer to the main surgery report for information on overall effective summary.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff screened referrals to ensure they followed the criteria recommended by the Royal College of Radiologists (RCR). Any referrals that did not meet the criteria were rejected and not completed.

We saw staff liaising with surgical ward staff to ensure patients had received medicines they had been prescribed before being brought for imaging in the department.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. We observed staff considering patients physical and social needs during department meeting. They showed concern and empathy for patients they discussed and drew on each other's knowledge of the wider local health and social care system to pull together suggestions to offer to patients who were having a difficult time. The service completed monthly audits and benchmarked against other local services and imaging departments within the Ramsay group.

The service monitored and recorded staff radiation levels and completed monthly audit of this information.

Nutrition and hydration

Staff gave patients food and drink when needed. Patients could access specialist dietary advice and support.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration and religious needs. The catering service were able to support the department on occasions where patients may have waited long for imaging.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate by accessing local services who provided support and gave additional pain relief to ease pain.

Good

Diagnostic imaging

Staff ensured that patients had access to pain relief when they needed it. They communicated with other departments within the hospital to ensure all multidisciplinary staff involved with a patient's care were aware if a patient was in pain so that pain relief could be sourced and administered quickly.

Staff had access to pain monitoring tools and were confident using them. Staff showed us pain charts and gave examples of when they had used them.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

Outcomes for patients were positive, consistent and met expectations. All staff had access to up-to-date, accurate and comprehensive information on patient's care and treatment on the electronic records system. They could all input and update, including bank and agency staff.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers and staff used the results to improve patients' outcomes. The service participated in relevant national clinical audits. The service regularly reviewed the effectiveness of care and treatment through local and national audit with a structured audit programme. These audits included a monthly hand hygiene and an annual image quality audit. The service completed an Ionising Radiation and Medical Exposure regulations (IR(ME)R) audit annually. This looked at how well the service performed against key performance indicators in the department. The last audit showed improvements from the previous year and found most areas audited were above 95%. However, the audit highlighted some areas of practice that could be improved within the department. Compliance with completing last menstrual period date forms was low at 55%. There were clear plans to improve staff compliance and there was an action plan to re-audit in 12 months to check for any improvements.

The service had recently had their joint advisory group (JAG) accreditation renewed.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service checked that staff's professional registrations with the health care and professions council (HCPC) were renewed each year. Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. Most staff had received their appraisals on time and where cancellations had been made, new dates had been scheduled to ensure staff received their appraisal in a timely way.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. We spoke with staff in the department who had been encouraged and supported to progress their career through radiology training.

Good

Diagnostic imaging

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. All necessary staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved. Staff ensured people received consistent, coordinated, person-centred care and support when they used or moved between different services such as district nurses and GP's by completing comprehensive handover by email and telephone.

All relevant teams, services and organisations were informed when people were discharged from the service. Where relevant, discharge was undertaken at an appropriate time of day and only done when any necessary ongoing care had been arranged.

Seven-day services

Key services were available to support timely patient care.

Staff could call for support from doctors and other areas of the hospital when required.

The service provided an on-call service at weekends for all general radiography. Patients were able to access urgent MRI and CT from the local trust hospital.

Please see surgery report for more information.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. There were leaflets to support patients living with diabetes and signposting to dietician advice available locally.

Please see surgery report for more information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Staff described how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards and were up to date with training.

Good

Diagnostic imaging

Are Diagnostic imaging caring?

Good

This was the first inspection of diagnostic imaging and screening as a standalone service. We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. The service had a chaperone service that was offered and available to all patients to provide reassurance and support during their appointment.

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

Emotional support

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

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

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff spoke with patients showing empathy and compassion. They were patient and reassuring when patients asked questions about their imaging and what would happen next. Staff listened to their concerns about ongoing treatment and potential outcomes of their scan.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand. Staff supported patients to make informed decisions about their care.

Good

Diagnostic imaging

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. The service's most recent friends and family data showed 97% of patients said their experience was good or very good. We spoke to six patients who were very happy with the care and treatment that they received.

Are Diagnostic imaging responsive?

Good

This was the first inspection of diagnostic imaging and screening as a standalone service. We rated responsive as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff during the same appointment.

Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support or specialist intervention.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. However, staff did not have access to communication tools to support communication with patients with communication difficulties.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff were passionate advocates of equality, diversity and inclusion. The department had identified a risk for transgender women around risk of pregnancy. Staff had developed a poster that was displayed in waiting areas, to encourage transgender patients to speak to a member of staff if there was any chance they could be pregnant. The poster had received good feedback from the hospital leaders and had been shared with Ramsay head office as a piece of inclusive practice that could be considered for sharing and put in practice across the Ramsay group.

Staff understood the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication services to help some patients become partners in their care and treatment. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

The department had access to translation services for patients whose first language was not English. They also had close links with a local service that supported people who were hearing impaired; they provided the support of signers to facilitate communications with patients when requested by the service. However, there were no communication tools

available in the department. Staff did not have knowledge of or training in total communication (an approach to communicating which enables people with communication difficulties to communicate in the most accessible way to them. It is about finding and using the right combination of communication methods and tools for each person) to support patients with communication difficulties.

The service had information leaflets available in languages spoken by the patients and local community. These were available on request and staff told us they could access these easily when needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences. The catering service was responsive to the needs of each department. Staff were able to request support throughout the day as required. Especially for patients who had experienced a delay in their imaging being completed or who had experienced a long period without food or fluids leading up to their scan.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Learning from complaints and concerns

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

Patients, relatives and carers did not always know how to complain or raise concerns. However, patients were provided with feedback forms which included compliments and complaints when they were booked for their appointment at the hospital. The service clearly displayed information about how to raise a concern in patient areas. There were feedback forms available in the patient waiting area, posters on the walls throughout the hospital and feedback forms available at the diagnostic imaging department reception.

Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff could give examples of how they used patient feedback to improve daily practice.

There had been patient feedback about patient information being overheard when given at the department reception. In response, confidentiality was discussed at morning huddle meeting within the department. Some staff had been concerned about patients having to say personal information out loud at reception. The staff in the department showed us records from meeting minutes where they had raised concerns about patients giving personal information at reception and this could be overheard. They had highlighted issues with confidentiality as a result. This had led to the

Good

Diagnostic imaging

team developing a patient information document for gathering key information in written form instead of verbally. We observed reception staff offering this alternative to patients and could see that the new process was well embedded with all staff around the reception area. This process has also been shared with Ramsay head office and may be shared with Ramsay nationwide.

The service had introduced a patient feedback group and encouraged patients to get involved through posters advertised throughout the department and wider hospital. Staff promoted this group to patients. All patients who gave feedback or made a complaint were encouraged to be part of the group to improve future patient experience.

Are Diagnostic imaging well-led?

Good

This was the first inspection of diagnostic imaging and screening as a stand-alone service. We rated well led as good.

Leadership

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

The manager in the department was acting in a temporary manager role during our inspection. There had been a high turnover of managers in the department since the last inspection. Staff were supportive of the temporary manager and worked closely with them.

The team were positive about the support they provided to each other and the oversight of the temporary department manager. They told us the senior leaders in the organisation were visible and approachable. Staff advised that the hospital manager visited the department daily with the head of clinical services to gather daily updates and issues and to check in with staff. The head of department attended a daily safety huddle prior to the department safety huddle and used this process to feed information back to staff and raise any issues.

The department held its own risk register which fed into the wider hospital risk register. The diagnostic imaging and screening manager held responsibility for departmental risks.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service aimed to provide high standard diagnostic imaging that met the needs of patients as well as practitioners referring to the service. They sought feedback from patients, referring practitioners and radiologists through feedback forms and follow up telephone calls.

The service followed Ramsay Health Care's corporate values. These included working together, positive outcomes, valuing people, pride and caring. Staff in the department understood the organisation's values and vision and told us they felt committed to them.

Good

Diagnostic imaging

The appraisal process was aligned to the values of the organisation and the manager drew upon these to guide appraisal conversations.

The department worked with the wider hospital and surrounding health and social care partners to meet the needs of its local population. We saw evidence that the department was encouraged to feed into the hospitals monitoring of its progress against delivery of the strategy and local plans.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

There were high levels of satisfaction across all staff in the department. Staff felt valued and spoke of a supportive team not only in the department but across the wider hospital too. The department staff were passionate about equality and diversity and encouraged action to be taken to support inclusivity of all across the organisation; this included staff and patients or their carers. Staff felt encouraged to challenge and share their views and ideas at local level.

Staff gave examples of where they had raised concerns and said they were listened to and well supported by managers and senior leaders.

Staff said there were effective systems to enable and encourage them to take their annual leave when they wanted to.

Staff were proud of the organisation they worked within. They told us that there was a supportive culture where they were encouraged to speak up for safety and to challenge when things were not right or they had concerns. The hospital's policies and procedures positively supported this process with a freedom to speak up guardian available in the wider corporate organisation, safe to speak up champions and local speak up for safety champions on site.

Staff in the department spoke passionately about making sure patients received a consistently good, high quality service. They told us there was a no blame culture which helped staff to support each other to learn in a positive way.

The service had an employee assistance programme and had developed some reflective supervision sessions to support staff with their wellbeing. The department had access to mental health first aiders on-site if they required any additional support.

Governance

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

Governance arrangements in the department reflected best practice guidance and were regularly reviewed. There was an established governance structure within the hospital and department. We saw evidence that regular meetings were held at all levels and information flowed from staff to corporate leaders. Staff received feedback from corporate leaders through the monthly newsletter and team meetings. Staff said they were kept up to date with changes.

Good

Diagnostic imaging

There were local governance processes such as team meetings, incident reviews and analysis of performance that were shared at corporate level by the department manager at monthly meetings. All staff were kept up to date with what was happening within the hospital and wider Ramsay Health Care service as information from corporate meetings were shared with staff at team meetings each month. Team meeting minutes were recorded and accessible to staff on the service's electronic platform, through email and staff bulletin.

The service used two imaging systems which were reviewed each week to ensure they both held all of the reporting and imaging information about the patient. It had been raised at department meeting and through incident reporting that not all images were being displayed or shared on both systems. There was a concern that further additional imaging may be requested if not all images could be seen on both systems. In response to this, the department manager had introduced a weekly check of this information to make sure that all information was available on both systems. This included all images and reports. One member of staff did this each week and the radiologist reviewed the findings. This process had been shared as a suggested revised process with head office for potential to be shared with Ramsey nationwide as it reduced the chances of something being omitted or missed when reviewing information on either system.

There were radiation protection committee meetings which were held annually. Issues were fed back through clinical governance meetings.

Management of risk, issues and performance

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

There was a commitment to best practice, performance and risk management systems and processes. The department ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.

The service submitted quality reports and infection reports on an annual basis.

They submitted monthly reports to the local clinical commissioning group detailing incidents, infections and complaints. Lessons learnt were documented with action plans following incidents. Reported incidents were reviewed on a monthly basis and helped the service identify any trends and created action plans if any issues were identified. Issues were discussed at monthly clinical Heads of department (HODs) and HODs meetings.

The department collected feedback from the friends and family test. The responses were compared against Ramsay's UK Average. The comparison also considered any areas of improvement and what was done well. An audit schedule was used to record and monitor all of the audits departmentally on a monthly/quarterly basis. Audits were also submitted and recorded on an electronic platform.

All complaints were investigated, and outcomes reported onto their electronic risk recording system. A copy was shared with the patient and to relevant departments involved in the complaint. Complaints were discussed at HoDs and clinical HoDs meetings. A complaint working party had recently been created and met on a quarterly basis to discuss and investigate complaints with representatives from all departments and put in plans to improve the service.

Good

Diagnostic imaging

Information Management

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

Staff we spoke with were familiar with the local rules and were able to show us how they could access these.

There were enough computers available for staff to be able to access the electronic system when they needed to. We saw all IT systems were protected by passwords which ensured that only authorised staff had access to patient information.

Staff were aware of the requirements for managing patient personal information. The had received training in accordance with relevant regulations and legislation. All patient records were electronic, and these were kept secure by passwords. Staff were careful to ensure that the computer systems in the department were locked whenever they left the desk or the office. There were processes to notify the Information Commissioner's Office (ICO) and individuals affected in the event of any personal data breach.

Engagement

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

The department encouraged patients and their carers or family members to give feedback at every opportunity. We observed feedback forms in the waiting area and saw staff explaining to patients how they could feedback via the friends and family test forms which were also available in the department.

The service received annual feedback from staff through a staff survey called 'one employee, one voice' and through the appraisal process. Staff told us they felt supported and encouraged to give feedback.

Staff told us they had a daily huddle in the mornings where they could raise concerns.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Staff said they felt empowered to lead and deliver change. Safe innovation was celebrated. Staff gave examples of innovations and improvements which have been referenced earlier in this report such as the development of inclusive posters about pregnancy, the development and implementation of written option for collecting patient's confidential information at reception and the development and implementation of the radiology daily task list. All of these developments had been shared with the corporate Ramsay team for consideration to share at other Ramsay locations to improve safety, patient experience and outcomes.

Good

Surgery

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

Are Surgery 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 but not everyone completed it.

Mandatory training was comprehensive and met the needs of patients and staff. Clinical staff completed training on recognising and responding to patients with dementia but not mental health needs, learning disabilities, and autism.

Not all staff kept up-to-date with their mandatory training. In theatres, 77% of staff and 84% of ward staff were recorded as having completed their mandatory training. The subjects that did not meet the provider target included manual handling (theatre 16%), basic life support (ward 40%) and immediate life support (ward 47% and theatre 38%). However, training had been disrupted due to the COVID-19 pandemic, internal trainers leaving the provider and lack of training spaces available from their external provider. The lack of training was acknowledged by the provider and was recorded on their risk register as one of the top three risks faced by the organisation. The provider had mitigated this risk by sourcing training elsewhere and had multiple training sessions in all required modules booked in for July. This would ensure all staff who required a refresher would have completed this by the end of July. The hospital made basic life support training available to all staff who had not completed the immediate life support training as a mitigating factor. The data provided for immediate life support also included data for healthcare assistants which was not mandatory and made the compliance look worse than it was.

Mental health needs, learning disabilities, and autism training was not mandatory. However, the provider had a policy for patients who required additional support to access information and services available for staff to consult.

Managers monitored mandatory training and alerted staff when they needed to update their training. Additional training was provided according to role. Healthcare support workers were expected to complete the Care Certificate (from Skills for Health). The provider had an academy to develop staff skills. Internal and external courses were offered to staff for their development.

Good

Surgery

Consultants were employed under practicing privileges. Practising privilege is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in a private hospital or clinic. The service checked consultants had completed mandatory training at their annual review. We checked five files which confirmed consultants had received mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Safeguarding children and young people level 2 was the area with the lowest compliance at 81%. All other safeguarding training either met or exceeded the service's training target of 85%. The service also had two safeguarding leads who were trained to level four and had good links with the local safeguarding adults board.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The provider had flowchart posters in staff areas for reporting concerns. The provider has made two safeguarding referrals this year.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

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

Ward and theatres areas appeared clean and had suitable furnishings which were clean and well-maintained. The service generally performed well for cleanliness. The Ramsay Group scored highly (98.7%) in January 2020 for their Patient-led Assessment of the Care Environment. We observed staff following infection control principles including the use of personal protective equipment (PPE) and handwashing on the ward and in theatres. However, the hand hygiene audit on 27 May 2022 scored 58% for theatres. Subsequent hand hygiene audit on 9 June had improved to 89%. The service kept a log of actions required and completed to improve scores. Infection control issues were also discussed at safety huddles and results and learning displayed on information communication boards. Staff used records to identify how well the service prevented infections.

Staff cleaned equipment after patient contact, but ward staff did not always label equipment to show when it was last cleaned. For example, we saw observation machines and bladder scanners which were not labelled.

Staff worked effectively to prevent, identify and treat surgical site infections which were very low at 0.8% for hips, 0% for knees and 0.6% for other operations. The provider had its own sterile services supplying sterile equipment.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. The design of the environment followed national guidance. Staff carried out daily safety checks of specialist equipment on the ward and in theatres. All temperatures for

the theatres were monitored centrally in the maintenance department. An alarm would sound if the temperature was not in range. The service had suitable facilities to meet the needs of patients' families. The service had enough suitable equipment to help them to safely care for patients. There were service records for all equipment and an asset register for all equipment which was managed by an external company. Product failure was reported to the regulatory authority. For example, a piece of surgical equipment was broken. We saw evidence all packaging was kept and sent back to the company for investigation, an incident was raised, and a report made to the Medicines and Healthcare Regulatory Authority.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff completed risk assessments for each patient on admission or at pre-assessment clinic, using a recognised tool, and reviewed this regularly, including after any incident. Staff knew about and dealt with any specific risk issues such as sepsis, falls and pressure ulcers.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe.

Staffing

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

The service had enough nursing and support staff to keep patients safe. If staff numbers were not adequate, the provider postponed surgery. Managers accurately calculated and reviewed the number and grade of staff including nurses and healthcare assistants needed for each shift. The ward manager could adjust staffing levels daily according to the needs of patients. The service used bank and agency nurses. In theatres, the provider used regular agency staff who were familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service.

Medical staffing

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

The service had enough medical staff to keep patients safe. A resident medical officer was on duty 24 hours a day. The service always had a consultant on call during evenings and weekends.

Records

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

Good

Surgery

Patient notes were comprehensive, and all staff could access them easily. When patients transferred to a new team, there were no delays in staff accessing their records. Records were stored securely. Audits of records were undertaken, and action plans made to improve where necessary. Patient record audits for theatres had improved from 75.9% in February 2022 to 88.2% in April 2022.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff completed medicines records accurately and kept them up-to-date. Regular checks were made of controlled drugs such as morphine and fridge temperatures were monitored to ensure medication was stored at the correct temperature. Staff stored and managed all medicines and prescribing documents safely. Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff learned from safety alerts and incidents to improve practice. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. The service had no never events on the ward or in theatres. We saw evidence of shared learning about serious incidents with staff and across the provider network. Managers also shared learning with their staff about never events that happened elsewhere within the provider's network.

Staff reported serious incidents clearly and in line with the provider policy. Staff understood the duty of candour. Management and staff were open and transparent and gave patients and families a full explanation and apology if and when things went wrong. Records were kept of letters and discussions with patients and their families. This was an improvement from the last inspection in 2016.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. There was evidence changes had been made as a result of feedback. In theatres there was a 'closing the loop' noticeboard for lessons learned from incidents and national patient safety alerts for staff to refer to. This also included feedback and learning from de-briefing sessions relating to the World Health Organisation surgical safety checklist.

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

Are Surgery effective?

Good

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

Good

Surgery

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. New or updated guidance was communicated to staff by the management office and responses were recorded. We saw evidence of guidance being followed including scoring the suitability of patients for surgery at pre-operative assessments, sepsis management and arrangements for life threatening haemorrhage. However, the safer surgery and invasive procedures policy should have been reviewed in February 2022. The provider had a service level agreement with the local NHS acute trust in the event of a patient deteriorating suddenly. Registered staff in the post anaesthetic room all received further training in recovery techniques and had completed a competency package from the Ramsay Academy.

We observed compliance with the completion of the World Health Organisation (WHO) checklist before and after surgery.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Patients were complimentary about the choice and quality of the food they were served. Staff completed patients' fluid and nutrition charts where needed. Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Patients waiting to have surgery were not left "nil by mouth" for long periods. Patients were given effective medicines to prevent and treat post-operative nausea and vomiting.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

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

The service participated in relevant national clinical audits. The service submitted data to the Private Healthcare information Network (PHIN) (an independent organisation legally mandated to collected data from acute hospitals who provide private healthcare in the UK). These included the National Joint Registry, cataract surgery patient reported outcome measures (PROMs) and the Spinal Registry.

Outcomes for patients were positive, consistent and met expectations, such as national standards.

Good

Surgery

Managers and staff used the results to improve patients' outcomes. The service had a lower than expected risk of readmission (0.0009%) and surgical site infection rates (0.8% for hips, 0% for knees and 0.6% for other operations) for elective care than the England average.

The service was accredited by the Joint Advisory Group on gastrointestinal endoscopy (standards for gastro-intestinal endoscopy) in March 2022.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly constructive appraisals of their work. Ninety-one percent of permanent staff had received an appraisal within the past year. Clinical supervision was not yet fully established but adhoc sessions had been held. The provider's academy supported the learning and development needs of staff. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Competency packages were required to be completed dependent on the job role. Staff were encouraged to progress their career. For example, two healthcare assistants were currently training to become registered nurses. Managers identified poor staff performance promptly and supported staff to improve.

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

Multidisciplinary working

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

We observed handovers and safety briefings in theatres and on the ward and found staff held effective multidisciplinary meetings to discuss patients and improve their care. Staff worked across health care disciplines and with other agencies when required to care for patients.

Seven-day services

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

Consultants led daily ward rounds on all wards, including weekends. Patients were reviewed by consultants for their care pathway. Theatres were open Monday to Friday with some operations performed on Saturdays.

Staff could call for support from doctors and other disciplines, including diagnostic tests, 24 hours a day, seven days a week.

Health promotion

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

Staff assessed each patient's health at pre-assessment clinic and when admitted, providing support for any individual needs to live a healthier lifestyle.

Good

Surgery

The service had relevant information promoting healthy lifestyles and post-operative care on the wards and from allied health care professionals. The service had leaflets to support smoking cessation, patients with diabetes, blood pressure and local dietician services.

Consent and Mental Capacity Act

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards which was part of the providers eLearning package.

Are Surgery caring?

Good

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well, with kindness and dignity. Staff followed policy to keep patient care and treatment confidential. We observed staff meeting the individual needs of each patient and showing understanding and compassion. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients spoke highly of the care they received.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed and helped them maintain their privacy and dignity. Staff understood the emotional and social impact a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

Good

Surgery

Staff made sure patients and those close to them understood their care and treatment. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make informed decisions about their care. Patients, both NHS and private, gave very positive feedback about the service provided.

Are Surgery responsive?

Good

Our rating of responsive improved. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population in consultation with the local NHS trust. Facilities and premises were appropriate for the services being delivered. The service helped to relieve pressure on the NHS when they could treat patients in a day.

Meeting people's individual needs

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

Wards were designed to meet the needs of patients. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service could access information leaflets available in languages spoken by the patients and local community if required.

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

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

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Managers and staff worked to make sure patients did not stay longer than they needed to. Managers worked to keep the number of cancelled appointments, treatments and operations to a minimum. The provider had a standard operating procedure to outline the adult general anaesthetic and spinal guidance for the hospital. The guidance was used to determine which patients were suitable for surgery. This was to promote safe and effective surgical care and avoid cancellations on the day of surgery. When patients had their appointments, treatments and operations cancelled at short notice, managers made sure they were rearranged as soon as possible.

Good

Surgery

Managers and staff worked to make sure they started discharge planning as early as possible.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. From May 2021 to May 2022, the service received 53 formal complaints from 4,998 admissions. Forty-six were resolved during stage one of the complaints process. After an investigation into any complaint and an explanation and apology provided to the patient, they would be closed. If patients were not satisfied with the outcome of their complaint after stage one, they would be escalated to stage two of the complaints process. Only five complaints were not satisfactorily concluded by the site management team and were sent to the senior management team to review. None of the complaints required referral to the Independent Sector Complaints Adjudication Service (ISCAS).

Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Surgery well-led?

Good

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

Leadership

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

Leaders had the skills, knowledge, experience and integrity to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible throughout the hospital and approachable, with an open-door policy for all staff. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and a leadership development programme, which included succession planning.

Leaders were aware of the challenges to service provision, both privately and within the NHS. This was mainly the challenge of safe staffing throughout the hospital. Surgery was postponed if the staffing levels were not adequate.

Leaders ensured employees who were involved in invasive procedures were given adequate time and support to be educated in good safety practice, to train together as teams and to understand the human factors that underpin the delivery of safer patient care. Surgeons had their practise reviewed every two years (including NHS practice) and information was shared between the provider and the NHS establishments the consultants worked for.

Good

Surgery

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. The vision, values and strategy had been developed using a structured planning process in collaboration with staff, people who used services, and external partners. Staff knew and understood what the vision, values and strategy were, and their role in achieving them.

There was a strategy aligned to local plans in the wider health economy, and services were planned with the local NHS acute trust to meet the needs of the population. Progress against delivery of the strategy and local plans was monitored and reviewed.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt supported, respected, valued and were positive and proud to work in the organisation. The culture was centred on the needs and experience of people, both NHS and private, who used services. Actions taken to address behaviour and performance was consistent with the vision and values, regardless of seniority.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and action taken when concerns were raised. The culture encouraged openness and honesty at all levels within the organisation, and included people who used services, in response to incidents.

There were mechanisms for providing all staff, at every level, with the development they needed through the Ramsay Academy. This included high-quality appraisal and career development conversations. There was a strong emphasis on the safety and well-being of staff. Equality and diversity were promoted within and beyond the organisation. Staff, including those with protected characteristics under the Equality Act, felt they were treated equitably.

There were cooperative, supportive and appreciative relationships among staff. Teams and staff worked collaboratively, shared responsibility and resolved conflicts quickly and constructively. This was evident in the culture within theatres.

People using the service were provided with a statement which included terms and conditions, cost and method of payment of fees.

We saw evidence of the provider meeting the duty of candour for patient incidents, including serious incidents, with verbal and written apologies given. This was an improvement since the last inspection in 2016.

Governance

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

Good

Surgery

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed and improved. All levels of governance and management functioned effectively and interacted with each other. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with partners were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.

Consultants working under practising privileges held appropriate indemnity insurance in accordance with the Health Care and Associated Professions (Indemnity Arrangements) Order 2014 and their professional body. Consultants employed under practicing privileges should submit to the provider a current curriculum vitae (CV) every five years. We reviewed five files and found CV's were out of date in four of the five files. The service was aware of this issue and current CV's were being requested to ensure the service was compliant with its policy as it had been highlighted at a provider level inspection which occurred prior to our inspection. The provider had a service level agreement (SLA) with the local NHS acute trust. Governance procedures to manage this agreement were outlined. No formal meetings had taken place between the provider and the acute trust to monitor this since 2020 due to the COVID-19 pandemic. In 2020, the provider was contracted to the local trust in a national contract, which superseded all other SLA arrangements. During this time and through to the end of 2021, the provider communicated the local trust to coordinate and deliver a joined-up response and delivery of care during the pandemic. When the initial national contract ended in spring 2021, the provider continued working and meeting with the local trust.

The role and responsibilities of the Medical Advisory Committee were set out and available.

Management of risk, issues and performance

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

The organisation had assurance systems and performance issues were escalated through clear structures and processes. There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. Audits were completed through the use of a "Tendable" application which allowed the provider to complete audits in a timely and practical way, evidence responses and identify common issues. Through this application, action plans were created immediately and could be implemented without delay.

Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken. Reports demonstrated action was taken when required and improvements monitored.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was 'on their worry list'. The risk register was displayed in a staff area to ensure all staff were aware of risks facing the organisation. This was an improvement since the last inspection in 2016.

There was effective provider oversight of performance regarding antimicrobial prescribing and stewardship.

Emergency back-up generators were tested regularly. We saw the next test was planned for four days after the inspection. The latest fire drill took place on 9 February 2022.

Good

Surgery

Potential risks were considered when planning services, for example, seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. Impact on quality and sustainability was assessed and monitored. We found no examples of where financial pressures compromised care.

The provider was registered with the Medicines and Healthcare products Regulatory Agency MHRA Central Alerting System (CAS) and received medical device and medicine alerts relevant to the services being provided by the Ramsay Group head office. There was a system to ensure timely action was taken in respect of relevant alerts and fed back corporately to head office.

Information Management

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

Information was used to measure improvement, not just to provide assurance. Quality and sustainability both received coverage in relevant meetings at all levels.

There were clear service performance measures which were reported and monitored with effective arrangements to ensure the information used to monitor, manage and report on quality and performance was accurate. When issues were identified, information technology systems were used effectively to monitor and improve the quality of care.

There were arrangements to ensure data or notifications were submitted to external bodies as required. There were also arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. One of the top three themes for incidents was a recent increase in general data protection regulation (GDPR) breaches. The operations manager had assessed this and was planning staff training to share the lessons learned from data security breaches.

Engagement

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

People's views and experiences were gathered through patient participation focus groups and acted on feedback to shape and improve services and culture. The patient focus group met quarterly and was chaired by a patient.

Staff were actively engaged through monthly staff forums. This included those with a protected characteristic, so their views were reflected in the planning and delivery of services and in shaping the culture. For example, the service was holding a summer barbeque with foods from the home countries of some new staff.

There were positive and collaborative relationships with external partners to build a shared understanding of, challenges within the system, the needs of the relevant population, and to deliver services to meet those needs. There was transparency and openness with all stakeholders about performance.

Good

Surgery

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and had the skills to use them. Leaders encouraged innovation and participation in research.

Leaders and staff aspired to continuous learning, improvement and innovation through the Ramsay Academy. This included participation in recognised accreditation schemes. Learning from internal and external reviews was effective.

Staff regularly took time out to work together to resolve problems and to review individual and team objectives, processes and performance which led to improvements and innovation. There were systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service must ensure the safety of their premises and the equipment within it. The provider must ensure that equipment is regularly serviced and ensure all rooms are free from trip hazards. Regulation 12(2)(e).