

Circle Health Group Limited

The Chaucer 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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

We carried out this unannounced focused inspection because we received information that raised concerns regarding the safety of service and the leadership of the surgical department.

Our rating of this service stayed the same. We did not rate this service at this inspection. The previous rating of good remains.

We saw that:

- 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. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Leaders ran services well and used 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 were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- Staff did not always feel respected, supported, and valued. However interim changes to leadership showed early indicators that culture had started to improve.
- Essential equipment was not always available or in good working order. However risks around this were being managed.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inspected but not rated 	See overall summary for details.

Summary of findings

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Summary of this inspection

Background to The Chaucer Hospital

The Chaucer Hospital is operated by Circle Health Group. BMI Healthcare joined Circle Health Group in January 2020. BMI The Chaucer Hospital is now The Chaucer Hospital. It is a private hospital located in Canterbury, Kent. The hospital primarily serves the communities of Canterbury, Faversham, and Dover. It also accepts patient referrals from outside these areas.

The Chaucer Hospital provides surgery, endoscopy, medical care including oncology, outpatients, and diagnostic imaging services to people over the age of 18. The hospital provides specialist care in orthopedics, gynaecology, urology, gastroenterology, ophthalmology, cosmetic surgery, general surgery and pain management. Care and treatment is provided to both private and NHS patients under a service level agreement. The service also provides treatment to self-funded patients or those with private medical insurance coverage.

The hospital has 55 en-suite rooms across over two wards. Facilities include two main theatres, an accredited endoscopy suite, an accredited oncology suite, outpatients with one minor procedure room and diagnostic facilities. The diagnostic imaging department has MRI, CT, ultrasound, X-ray, and digital mammography facilities. The hospital did not provide facilities for emergency medical treatment. The main service provided by this hospital was surgery.

The hospital had a registered manager in post from August 2019. A registered manager is a person with a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how a service is managed.

The hospital was previously inspected in February 2022 and it was rated as good.

How we carried out this inspection

We carried out this inspection in line with our responsive inspection methodology. During the inspection, we assessed theatres which are part of surgery. We reviewed the safe and well-led key lines of enquiry. We visited the hospital and spoke with 21 members of staff. This included senior leaders, consultants, theatre leads, scrub nurses, Operating Department Practitioners and admin staff.

We reviewed 3 staff files and looked at hospital policies, procedures and other documents relating to the running of the services.

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

Areas for improvement

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

Action the service SHOULD take to improve:

Summary of this inspection

- The hospital should ensure it reviews the role of the FTSUG in order to improve the speak up culture and the role is well understood by staff so that they are able to access this in an impartial way.
- The hospital should ensure that issues affecting equipment do not unduly impact patient care.
- The hospital should continue efforts to further improve communication and relationships between staff and senior leaders.
- The hospital should ensure it continues working towards supporting the workforce in order to reduce the pressure and improve staff morale.

Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

Safe

Inspected but not rated 

Well-led

Inspected but not rated 

Is the service safe?

Inspected but not rated 

Mandatory training

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

The hospital had a mandatory training policy which outlined the training staff were required to complete.

Mandatory training was comprehensive and met the needs of patients and staff. We saw that training included essential areas such as equality and diversity, infection prevention and control, moving and handling and safeguarding adults and children. Staff told us the majority of mandatory training was online and there were no barriers to accessing this.

We asked the hospital to provide details of the training theatre staff were required to complete and the compliance rate. Staff in the surgery department had a mandatory training compliance of 97.6%. The overall hospital compliance was 99.2%.

Staff were responsible for completing their training and managers alerted them when they needed to do so.

Environment and equipment

Staff told us they did not always have the equipment they needed to carry out their roles. There were challenges around design, maintenance and use of facilities, premises, and equipment. However the service were aware of the challenges and had actions in place to manage the risks.

Staff told us they did not always have the equipment they needed to carry out their roles. Staff told us there were issues with equipment such as sets containing holes, being wet, and decontaminated which led to last minute cancellations. The hospital had cancelled 7 procedures due to equipment and instrument issues in the last 6 months. However the senior management team were aware of the challenges.

The risk of last minute cancellation due to lack to clean equipment was recorded in the hospital risk register. Senior staff told us they had regular meetings with the decontamination hub and now had a tracking system to monitor the duration equipment was off site for. This had led to an improvement in the service and a significant decrease in incidents relating to clinical equipment/instruments. The hospital had developed a theatre action plan which included ongoing issues within the department and what mitigations and actions were taken as a result of this.

Data provided from the hospital showed that this was reviewed weekly. The hospital had changed the racking to ensure holes were not in the clean set and had ordered additional orthopedic instrumentation, drills and additional loan kits. .

Surgery

The access roads to the service and within the estate were degraded and potholed. This included damage to car park surfaces and pavements. This increased the risk of injury to staff, patients, and members of the public when arriving at the hospital. This was detailed as the top risk in the hospital's risk register. During the inspection we saw road works were taking place in the car park. Warning signage which was clear to see were placed near uneven pavements.

Staff told us the fire doors were badly designed and didn't open wide enough to get beds through. Risks due to the lack of complete fire compartmentation throughout the site and non-compliant fire doors throughout the site were two of the top five risks on the hospital's risk register. The hospital had taken action to mitigate these which included regular fire drills, ensuring fire exits were clear daily and replacing majority of the doors and seeking quotes for the five remaining ones.

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.

The hospital used National Early Warning System (NEWS2) to record patients' observations following their surgery and recovery stage. NEWS2 is a recognised tool used as a guide which looks at a patient's vital signs such as respiration rate, blood pressure, oxygen saturation level, pulse, and pain levels. Any changes in these parameters could indicate early deterioration and prompt actions would be indicated. All clinical staff in surgery were trained in basic and intermediate life support. Some senior staff were additionally trained in advanced life support.

We saw that theatre staff carried out the World Health Organisation (WHO) 'five steps to safer surgery' checklist for procedures. The WHO checklist is a national core set of safety checks for use in any operating theatre environment. The checklist had five steps to safer surgery.

The hospital had a sepsis screening tool and care pathway for staff to use if a patient was at risk of sepsis. The tool was aligned with current best practice. Sepsis training formed part of staff mandatory training for clinical staff.

Staff shared key information to keep patients safe when handing over their care to others. This included sharing of key information during shift changes and handovers. Theatre staff attended a daily team huddle each morning, where the operating list was discussed. In addition to the department leads, the senior management team attended these meetings. Any potential patient risks or issues were highlighted and planned for. Nursing staff on the wards undertook handover between each shift which included an update on all inpatients and highlighted any specific concerns such as infection risks or safeguarding concerns.

The hospital had a care of the deteriorating patient policy which provided staff with the information on how to identify and care for patients who were acutely ill or at risk of physical deterioration.

The hospital had a service level agreement with a local NHS Trust for emergency patient transfers to an acute hospital. Staff were able to explain the escalation process and told us there had been no delays when transferring a patient via ambulance to the local NHS hospital.

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. Managers regularly reviewed and adjusted staffing levels and skill mix.

Surgery

The hospital followed the Association for Perioperative Practice (AFPP) guidelines. The AFPP recommended minimum theatre staffing levels of two scrub practitioners, one circulating staff member, one registered anaesthetic assistant practitioner and one recovery practitioner for each theatre list. During our inspection, we saw the ward and theatres had the correct number of staff. We reviewed three sets of daily huddle minutes which showed that staff shortages were always discussed.

The hospital had two operating department practitioner apprentices working within the theatre department.

The hospital used both bank staff and agency staff to cover staff sickness and annual leave. Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service.

Senior staff told us staffing levels were looked at a month in advance and discussed weekly at the activity utilisation meeting in order to ensure theatres had enough skilled staff to provide appropriate care and treatment.

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.

The hospital had an incident management policy, this was last reviewed in October 2021. The policy outlined the various incidents were considered reportable.

Staff knew what incidents to report and how to report them. The hospital used an electronic system for reporting incidents. All staff could access the incident reporting system. Staff were encouraged to report incidents or near misses so that effective measures could be taken to minimise ongoing risk to people or the organisation.

Incidents were reviewed at the clinical governance meeting. We reviewed two sets of minutes and saw evidence incidents, adverse events and near misses were discussed, investigations into incidents reviewed, actions taken to reduce risk and reduce the likelihood of reoccurrence put in place and to see if there were any trends emerging.

We reviewed minutes from the medical advisory committee (MAC) meetings, which showed incidents were discussed at these meetings. This demonstrated that staff had awareness and oversight of the incidents being reported.

From October 2022 to March 2023 there had been 31 clinical and 8 non-clinical incidents reported relating to the hospital. Most of these incidents were rated at low harm and we found clinical equipment to be a theme.

There had been no 'never events' in the same reporting period. A never event is a serious incident which is wholly preventable, where guidance or safety recommendations provide strong systemic protective barriers and should have been implemented by all healthcare providers.

Surgery

Is the service well-led?

Inspected but not rated 

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 hospital had a management structure with clear lines of responsibilities and accountability.

The hospital was led by an executive director who had overall responsibility for the hospital. They were supported clinically by the director of clinical services, director of operations, clinical chair and quality and risk manager.

Managers and team leaders were easily accessible, and staff were clear on who they were accountable to.

Culture

Staff were focused on the needs of patients receiving care. The service did not always have an open culture where staff could raise concerns without fear. Staff did not always feel respected, supported, and valued by senior management.

We inspected this service as we received information of concern regarding staff wellbeing and patient safety within the department.

Theatre staff described the culture as toxic and one of a controlling environment that left no room for growth as individuals or as a team.

Most staff told us they felt bullied, demoralised, and treated differently and unfairly. They felt their concerns weren't addressed and they felt unheard by the senior management team. They told us that they felt unable to disagree or challenge for fear of reprisal and or punishment. The service had appointed a new interim member of the management team to support staff during the long absence of their manager. However staff still felt work needed to be carried out to improve overall communication.

The hospital had two freedom to speak up guardians to ensure staff could raise concerns in a safe and supportive way. However, staff stated they didn't feel confident in raising concerns via this route.

Following feedback from staff, the hospital had initiated a number of support mechanisms during the last year and completed an annual b-heard staff survey. The hospital had arranged staff listening events and weekly 1:1 slots with the manager where staff could raise concerns and had engaged an independent person to undertake a listening into action event with all the theatre team. However, not all staff we spoke with were aware of the listening events and what actions had been taken to address their concerns. Therefore it was unclear how effective this was to improve the culture.

Staff spoke positively and passionately about the care and the service they provided. Quality and patient experience were seen as a priority and responsibility for everyone.

Surgery

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations.

The hospital had a governance framework to ensure all quality, performance and risks were understood, managed and there was oversight of the service.

The hospital had checks, and could effectively demonstrate, staff who worked for the service had the necessary skills and competencies to carry out their role.

The hospital had policies and procedures which were in date and reviewed annually to make sure they were current. Performance was measured against these policies in form of audits.

The hospital held monthly clinical governance meetings with department leads. We reviewed the meeting minutes for the last two meetings and saw that the meeting covered discussion of learning from incidents, safety alerts, patient feedback and audits. Information for escalation from the clinical governance committee fed into the hospital's managers then up to the Circle Health Group regional team.

Governance was discussed at the medical advisory committee (MAC) with information from the clinical governance committee reported to the MAC. The MAC's role was to ensure clinical services, procedures or interventions were provided by competent medical practitioners at the hospital. This involved reviewing consultant contracts, maintaining safe practicing standards, and granting practicing privileges. The MAC would also discuss new procedures to be undertaken to ensure they were safe; equipment was available and staff had relevant training. We reviewed minutes from the MAC which were planned, structured, and followed a set agenda and were thorough in their content. Topics including key governance issues, such as incidents, complaints and practising privileges were discussed.

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.

There were clear and effective processes for identifying, recording, managing, and mitigating risks.

The hospital maintained a risk register, which included risks from across the organisation. The register included a description of each risk, the potential impact of the risk, alongside mitigating actions, and controls to minimise the risk and what further action was required. Each risk was scored according to the likelihood of the risk occurring and its potential impact. Risks were reviewed regularly to ensure the leaders had oversight and were able to manage them accordingly.

From talking to staff and reviewing documentation we saw evidence the hospital senior staff were able to recognise, rate and monitor risk. This meant the hospital could identify issues that could cause harm to patients and staff and threaten the achievement of their services.