Manchester Surgical Services Limited

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Inspection report

192 Altrincham Road
Manchester
M22 4RZ
Tel: 03300539115

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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?	Requires Improvement

Summary of findings

Overall summary

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

- The service did not have an effective process for carrying out checks on company directors, in line with regulatory requirements for fit and proper persons; directors.
- Leaders did not always carry out relevant checks for employed or contracted staff as part of their recruitment and practicing privileges processes, such as checks for suitable references or periodic updates on disclosure and barring service checks.
- Leaders did not always have effective assurance processes in place relating to the premises, equipment or staff supplied by the host organisations used by the service. However, the service had planned actions to improve this.
- The majority of staff had not yet completed their annual appraisal for the current year.
- The number of patients that did not attend outpatient appointments was worse than the national standard.
- Staff had not completed specific training on learning disability and autism, in line with national guidelines.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	The main service provided by this service 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. We rated this service as good overall because it was safe, effective, caring and responsive. We rated well-led as requires improvement.
Outpatients	Good 	Outpatients is a small proportion of the provider's 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 overall. We rated safe, caring, and responsive as good. and well-led as requires improvement. We inspect but do not rate effective for outpatients.

Summary of findings

Contents

Summary of this inspection

Background to Manchester Surgical Services Limited

Manchester Surgical Services Limited is an independent health provider based in Manchester, Greater Manchester.

The service is commissioned to deliver services through an NHS standard contract to offer patients a choice and to assist with post pandemic long waits for patients across Greater Manchester and the wider North West region.

The service offers outpatient appointments, dressing clinics and day case surgical procedures to NHS funded adults over 18 years.

The service has a service level agreement with a host independent hospital to support the majority of outpatient and surgical procedures delivered by the service. The service also has a service level agreement with a primary care service for delivering outpatient clinics and 3 other NHS and independent healthcare providers and utilised their premises and / or equipment for delivering surgical procedures. The service also had a service level agreement with an additional NHS acute hospital for the provision of endoscopy services.

The service provided a range of elective day case surgical procedures, including general surgery, orthopaedic surgery, ear, nose and throat (ENT) surgery and non-surgical endoscopy procedures. The service also provided non-surgical outpatient consultation clinics for ENT and rheumatology. All other outpatient clinics were pre and post-operative consultations for NHS patients undergoing surgical procedures with the service.

During April 2022 and February 2023, the service carried out 4,294 outpatient clinics at the main host hospital location and 4,699 outpatient clinics at an external primary care service provider. The service carried out 850 day case surgical procedures at the main host hospital location and 93 day surgery procedures across three additional NHS and independent healthcare providers.

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.

The service carried out 147 endoscopy procedures during April 2022 and February 2023. The endoscopy procedures were carried out by gastroenterologists working under practicing privileges for the service utilising staff, premises and equipment of an NHS acute hospital under a service level agreement.

We did not have sufficient evidence to inspect and rate the endoscopy services as a separate core service because of the limited number of procedures carried out and the service utilised resources from a host hospital. Therefore, we have reported the endoscopy activity under surgery.

Manchester Surgical Services Limited has been registered with the Care Quality Commission (CQC) at its current location since July 2021. The service was previously registered under a different location. This is the first time we have inspected and rated the service at this location.

The service has had a registered manager for the service since its initial registration. The current registered manager has been registered with the CQC since November 2022.

The service is registered to provide the following regulated activities:

Summary of this inspection

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

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. The inspection was unannounced. We carried out the on-site inspection on 16 March 2023 and 21 March 2023.

During the inspection visit, the inspection team:

- Inspected the ward and theatre areas and the outpatients department at the main host hospital location.
- Spoke with 14 staff: including the medical advisory committee chair (also a consultant gastroenterologist), an outpatient and surgical consultant, an outpatient nurse, two theatre nurses, administrative staff, the clinical nurse lead, the theatre lead nurse, the service manager, the registered manager and the managing director for the service. We also spoke with the ward manager, theatre manager and the resident medical officer employed by the host hospital.
- Looked at the training and recruitment files for three core staff, six contracted surgical (theatre) staff, four consultants working under practicing privileges and 4 contracted outpatients staff.
- Spoke with five surgical patients and a further five patients in outpatients.
- Looked at 17 patient records.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

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

Outstanding practice

We did not identify any areas of outstanding practice as part of this inspection.

Areas for improvement

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

Action the service MUST take to improve:

- The provider must take appropriate actions to implement effective recruitment processes in line with the requirements for fit and proper persons: directors. This includes checks to confirm the person's history relating to financial and management conduct and to confirm the person is of good character. (Regulation 5(a)(d)).
- The provider must take appropriate actions to implement effective recruitment processes in line with the requirements for fit and proper persons: employed. This includes completion of reference checks and periodic reviews on disclosure and barring service (DBS) checks. (Regulation 19(1)(2)).

Action the service SHOULD take to improve:

Summary of this inspection

- The service should take actions to strengthen assurance processes in order to mitigate risks relating to the premises, equipment or staff supplied by the host organisations used by the service to deliver care and treatment. (Regulation 17(2)(a)(b)).
- The service should take actions to improve staff appraisals compliance. (Regulation 18(2)(a)).
- The service should take actions to reduce the number of patients that did not attend outpatient appointments. Regulation 12(1).
- The service should take actions to ensure staff receive training on learning disability and autism specific to their role, in line with national guidelines. (Regulation 18(2)(a)).

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Good

This is the first time we have rated this 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, staff had not completed specific training on learning disability and autism, in line with national guidelines.

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. The service had an induction, training and development policy which detailed the requirements for mandatory training.

Mandatory training covered key topics such as health and safety, fire safety, information governance, assessing mental capacity, infection prevention and control, equality and diversity, manual handling and adult and children's safeguarding training.

Mandatory training for core staff was delivered through e-learning modules and updated every two to three years, depending on the training topic. The contracted surgical staff completed mandatory training in their substantive NHS roles and provided evidence of mandatory training completion on an annual basis.

Mandatory training certificates for core and contracted staff were kept in individual staff files and maintained by the surgical nurse lead for contracted surgical staff and the service manager for core staff. Managers monitored mandatory training through the use of a training matrix and alerted staff when they needed to update their training.

We looked at the training matrix and sampled 8 individual staff files during the inspection. These showed mandatory training compliance was 100% for core staff and contracted staff across the surgical services.

In July 2022 the Health and Care Act 2022 introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff to undertake.

The service had not undertaken this training for any staff at the time of the inspection.

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.

The service had a safeguarding policy, which provided guidance for staff on how to identify and report any safeguarding concerns. The policy included instructions for staff for making referrals to external agencies, such as the local authority safeguarding team.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The clinical lead nurse was the safeguarding lead for the service and had completed children and adults safeguarding training (level 3). The clinical lead nurse was responsible for the review, investigation and external referral for any safeguarding concerns that had been raised by staff.

Staff involved in the surgical services had completed training specific for their role on how to recognise and report abuse. The service did not provide any care and treatment for patients under 18 years of age. However, staff were required to complete safeguarding training for adults and children. Records showed 100% of eligible core staff and 91% of contracted theatre staff as well as 100% of consultants working under practicing privileges had completed at least level 2 adult safeguarding training and at least level 1 safeguarding children training. The training was in line with current intercollegiate guidance for adults and children.

The safeguarding training also included prevent (counter-terrorism strategy) training.

The service had not reported any safeguarding concerns relating to the surgical services in the past 12 months.

Staff told us that any reported safeguarding incidents would be discussed as part of routine clinical governance meetings, senior management team meetings and medical advisory committee meetings to identify trends and look for improvements to the services.

Cleanliness, infection control and hygiene

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

The service had an infection prevention and control policy which provided guidance for staff. All the staff involved in surgical services had completed mandatory infection prevention and control training. The clinical lead nurse was the infection control lead for the service.

The service had not reported any healthcare-acquired infections or outbreaks during the past 12 months. Staff worked effectively to prevent, identify and treat surgical site infections. There had been no reported surgical site infections during the past 12 months in relation to the surgical services.

The host hospital was responsible for maintaining the cleanliness of the environment and equipment within the ward and theatre areas as part of the provider's service level agreement. The ward, theatre and recovery areas were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning schedules and daily checklists were in place and up to date. Staff cleaned equipment after patient contact using alcohol wipes and chlorine-based disinfectant.

Staff followed infection control principles including the use of personal protective equipment (PPE). Items such as masks, gloves and aprons, were readily available across all the areas we inspected. There were enough hand wash sinks and hand gels. Staff we saw were compliant with hand hygiene and 'bare below the elbow' guidance.

The theatre lead nurse told us they carried out routine infection control audits approximately every six months in the theatre and recovery areas to check compliance against national infection prevention and control guidelines and to monitor staff hand hygiene compliance.

The most recent audit was completed during October to December 2022 and showed the service achieved 100% compliance in indicators relating to aseptic technique, cleanliness of the environment and equipment and sharps disposal. The service achieved 96% in hand hygiene compliance and remedial actions following the audit included raising staff awareness for wearing disposable gloves for waste disposal.

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.

All surgical activities carried out at the registered location were provided from services managed by the host hospital. The service level agreement with the host hospital allowed the service access to the ward (for day case surgery), the operating theatre and recovery areas.

The surgical ward and theatre areas we visited were well maintained, free from clutter and provided a suitable environment for treating patients. The design of the environment followed national guidance.

The host organisation was responsible for maintaining equipment and ensuring its availability. The registered manager told us the service held routine meetings with the host hospital where they would be notified of any issues relating to equipment and environment suitability.

The service had enough suitable equipment to help them to safely care for patients. Equipment was appropriately checked and cleaned regularly. All the equipment we saw had service stickers displayed and these were within date. Single-use, sterile instruments were stored appropriately and were within their expiry dates. Staff told us equipment needed for care and treatment was readily available and any faulty equipment could be replaced promptly.

Staff disposed of clinical waste safely. Sharps bins were appropriately stored and labelled correctly.

There was a service-level agreement in place with an external provider for the sterilisation of reusable surgical instruments and procedure packs. Staff told us they did not have any concerns relating to the sterilisation or availability of surgical instruments.

The theatre area had an emergency resuscitation trolley and we saw this was tagged to minimise the risk that items could be tampered with. Emergency resuscitation equipment (including a defibrillator and emergency medicines) were available and the theatre lead nurse carried out daily checks on the emergency equipment.

The service had a major haemorrhage kit and could access emergency blood supplies from the host hospital if required during an emergency.

Good

Surgery

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

Patients had an initial consultation to determine whether they were eligible to receive surgery. Consultants completed an assessment record to document whether the patient was suitable for surgery and these had been completed in the patient records we looked at.

The service had an inclusion and exclusion criteria that identified patients that could or could not be admitted for treatment. The inclusion criteria was patients over 18 years of age, patients with an American Society of Anaesthesiologists (ASA) classification of level 1 or 2 and patients with body mass index (BMI) under 40.

Patients that were accepted for treatment were generally fit and healthy with a low risk of developing complications during or after surgery. Patients with underlying health conditions or higher dependency were considered unsuitable for surgery and returned back to the referring NHS service.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

On admission to the surgical ward and before surgery, staff carried out risk assessments to identify patients at risk of harm. Patient records included risk assessments such as for venous thromboembolism (VTE – blood clots), pressure ulcers, nutritional needs, risk of falls and infection control risks.

The service carried out an annual audit to monitor staff compliance in the completion of VTE risk assessments. The most recent audit took place during July-September 2022 and was based on a sample of 30 patient notes. The audit showed 100% compliance had been achieved.

There was a sepsis management policy in place and staff understood the process for identifying patients with suspected sepsis and use of the sepsis six care bundle if required.

Staff knew about and dealt with any specific risk issues. Patients at high risk were placed on care pathways and care plans were put in place so they received the right level of care. We looked at six patient records and these showed that patient risks were assessed, reviewed regularly and escalated appropriately when required.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used national early warning score systems (NEWS2) and carried out routine monitoring based on patients' individual needs to ensure any changes to their medical condition could be promptly identified.

Patients were assessed by the surgeon or anaesthetist on the day of surgery to identify if there had been any changes to their medical condition since their initial consultation and a decision was made whether treatment could commence.

We observed three theatre teams undertaking the 'five steps to safer surgery' procedures, including the use of the World Health Organization (WHO) checklist. The theatre staff completed safety checks before, during and after surgery and demonstrated a good understanding of the 'five steps to safer surgery' procedures.

We looked at the records for six patients who had undergone surgery and these showed surgical safety checklists were completed correctly.

Good

Surgery

There was a routine audit every six months to check staff compliance against the safer surgery checklist across the theatre areas. This included an observational audit to observe staff practice. Audit results for the three month periods between April-June 2022 and July-September 2022 showed 100% staff compliance had been achieved.

The service had an arrangement to allow patients whose health deteriorated during or after surgery could be promptly transferred to a local acute NHS hospital if needed. There had been four transfers of surgical patients during the past 12 months. In each case, the patients were appropriately stabilised by the medical staff or the theatre recovery teams and transferred in accordance with the provider's policies.

The consultants and anaesthetists were trained in advanced life support training. The theatre staff were trained to a minimum of basic life support (BLS) training. There was at least one person in theatres with advanced life support training at all times, in line with Resuscitation Council UK guidelines.

The host hospital had a resuscitation team that was on site 24 hours per day and led by a resident medical officer who had completed ALS training. The registered manager told us there had been no instances where patients required emergency resuscitation during the past 12 months.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses and support staff needed for each shift in accordance with national guidance.

The theatre lead nurse was responsible for the day to day management of theatre staff based at the host hospital. The theatre staff worked for the service on a contractual basis and mainly consisted of staff that had substantive employment within the NHS.

The service had a team of 22 contracted theatre staff that included scrub nurses, recovery nurses, anaesthetic nurses, healthcare assistants and operating department practitioners. Two of these staff were also trained surgical first assistants.

The theatre teams were suitably staffed in line with national guidelines, such as the association of perioperative practice (AfPP) guidelines for safer staffing.

The service used day case ward staff employed by the host hospital as part of the provider's service level agreement.

The theatre lead nurse told us they only carried out planned day case surgery and this allowed the theatre teams to plan staffing requirements and staff rotas in advance.

The registered manager told us they did not have any theatre staff vacancies. The service did not use bank or agency staff and cover for staff sickness or leave was managed through the existing pool of core staff and contracted theatre staff.

The service had 9 core contracted staff administrative staff that were directly employed by the service and were overseen by the service manager. This included one member of staff on maternity leave and included one apprentice. The registered manager told us three members of the administration team had left the service during the previous 6 months. and recruitment for the three vacant posts was on-going.

Good

Surgery

The service reported low levels of staff sickness and staff turnover. During the past six months, four new members of staff were recruited and two members of the administrative team had left the service. There had been four occasions of sickness leave within the core staff team and three episodes in theatres where a contracted staff member had not attended their shift due to sickness. None of these had resulted in any cancellations of a theatre list.

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. The registered manager told us they had sufficient numbers of suitably qualified medial staff to provide timely and safe care and treatment. Patient appointments were planned in advance so staff could be made available to undertake procedures.

Surgical procedures were carried out by a team of consultant surgeons covering a broad range of specialties, such as general surgery, ear, nose and throat (ENT) surgery, gynaecology, orthopaedic surgery, urology and gastroenterology.

There were 23 consultants working under practicing privileges across the service. All these consultants also worked substantively in the NHS. The majority of consultant surgeons worked across both the surgery and outpatient services.

The consultants were responsible for their individual patients during their day case admission and staff told us they could be easily contacted when needed.

Medical cover on the day case ward was provided by a resident medical officer (RMO) who was available on site at all times. The RMO was employed by the host hospital and provided support as part of the provider's service level agreement with the host hospital.

The registered manager told us patient procedures would be deferred or cancelled if any medical staff were unavailable due to leave or sickness. There had been no instances where patient surgery had been cancelled due to staff unavailability in the past 12 months.

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. Records were stored securely. Staff used paper-based patient records for recording risk assessments, consent, discharges, care plans, patient assessments and for medical and nursing notes. Patient records were transferred securely and there were no delays in staff accessing their records.

We looked at the records for 12 patients. These were structured, legible, complete and up to date. Patient records showed that nursing and clinical assessments were carried out before; during and after surgery and that these were documented correctly. Patient risk assessments were complete and updated on a regular basis. Staff interventions were recorded in daily notes and these were up to date.

The clinical lead nurse carried out routine audit of patient records to check for accuracy and completeness. The audit for the period between July-September 2022 consisted of a sample of 30 patient records (for both outpatient and surgery services). The audit showed compliance of 100% had been achieved, indicating high levels of compliance for accuracy and completeness of patient records.

Medicines

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

Staff followed the host hospital's processes for ordering, storing, handling, prescribing and discarding medicines. As part of the provider's service level agreement, the host hospital supplied and managed medicines used for surgical procedures. Staff were supported by the host hospital's pharmacist, who carried out daily checks on medicine stocks.

Medicines, including controlled drugs, were securely stored. We looked at a sample of routine medicines and controlled drugs and found the stock levels were correct, and the controlled drug registers were completed correctly.

Staff followed systems and processes to prescribe and administer medicines safely. All medicines administered during surgical procedures and given to the patient 'to take home' were prescribed by a clinician.

Staff completed medicines records accurately and kept them up-to-date. We looked at the medicine administration records and discharge medicine records for 6 patients and saw these were complete and up to date. Information such as patient allergy status was documented.

The registered manager carried out a medicines optimisation audit in December 2022, which included checks to confirm medicine policies were up to date and storage arrangements for medicines (such as medicine fridges and controlled drugs) were suitable. The audit showed high levels of compliance had been achieved across the audit indicators.

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 raised concerns and reported incidents and near misses in line with the provider's policy. Staff knew what incidents to report and how to report them. All incidents were logged using a paper-based incident reporting form. The clinical lead nurse and theatre lead nurse were responsible for overseeing the process for managing and investigating incidents.

There had been no patient deaths, never events or serious incidents reported by the service during the past 12 months.

A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

The service had reported 14 incidents between January 2022 and March 2023. This included 12 incidents that related to the surgical services. All incidents were graded as low patient harm.

Good

Surgery

The most frequent reasons for incidents was administrative errors (five incidents), patient transfers out (four incidents) and cancellation on day of surgery for clinical reasons (two incidents).

We looked at a sample of four incident investigation reports and saw these were completed appropriately and showed remedial actions had been put in place to minimise the risk of reoccurrence. The investigation reports included information such as incident details, root cause leading to incident and remedial action plans to address the concerns raised and aid staff learning.

The registered manager told us the incidents relating to administrative errors were due to newly recruited staff and additional training had been provided to minimise reoccurrence.

Staff received feedback from investigation of incidents, both internal and external to the service. The clinical lead nurse told us any reported incidents would be reviewed and discussed at routine clinical governance meetings, senior management meetings and medical advisory committee meetings so shared learning could take place. We saw evidence of this in the meeting minutes we looked at.

The staff we spoke with were aware of their responsibilities regarding duty of candour legislation. There had been no incidents reported by the service that met the threshold for implementing the duty of candour.

The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

The registered manager was aware of their responsibility to report notifiable incidents to the Care Quality Commission (CQC) and other external organisations.

The registered manager had a system in place to ensure safety alerts relating to patient safety, medicines and medical devices were cascaded to staff and responded to in a timely manner.

Is the service effective?

Good

This is the first time we have rated this service. We rated effective as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Guidance from the National Institute of Health and Care Excellence and Royal Colleges underpinned policies and standard operating procedures.

Good

Surgery

The national early warning system was used to assess and respond to any change in a patient's condition, in-line with NICE guidance CG50. All patients were risk assessed on admission for their risk of venous thromboembolism (VTE – blood clots), in line with the NICE guidance QS201. The theatre teams also used the 'five steps to safer surgery' checklists, based on World Health Organisation guidance. Staff also used modified safety checklists for certain surgical procedures, such as for steroid joint injections.

The service used care pathways that had been developed to meet best practice guidelines which staff followed to ensure patients received safe care and treatment.

Changes to clinical practice, national guidance and policies were reviewed and developed through routine clinical governance and medical advisory committee meetings and shared with staff.

Policies and procedures reflected current guidelines and staff told us they were easily accessible in electronic and paper format. We looked at a selection of the policies, procedures and care pathways and these were up to date and based on current national guidelines.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. 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. Specialist support from staff such as dietitians was available for patients who needed it. 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 undergoing surgical procedures were given written information about starve times prior to commencing treatment.

All patients were admitted for day case surgery and were provided with refreshments and snacks following their procedure. Staff took into account patients with specific cultural needs and were able to provide food based on their preferences.

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 using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Patient records showed that patients received the required pain relief and they were treated in a way that met their needs and reduced discomfort.

Patients were given verbal and written information to take home which provided information on how to manage pain symptoms following discharge from the service.

Staff prescribed, administered and recorded pain relief accurately. The patients we spoke with told us they received good support from staff and their pain symptoms were appropriately managed during and after their treatment.

Good

Surgery

Patient outcomes

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

The services did not participate in any national audit programmes as a way to compare and benchmark patient outcomes.

The service collated performance data for each consultant involved in surgical procedures. The information did not specify patient outcomes but was used to monitor performance in areas such as the number of complications (readmissions after surgery, returns to theatre and surgical site infections.

The service reported there had been no patient deaths, no returns to theatre an no patient readmissions following surgery between April 2022 and December 2022. This demonstrated that outcomes for patients were positive, consistent and met expectations, such as national standards.

Performance on patient outcome measures were reviewed as part of routine clinical governance and medical advisory committee meetings and shared with staff.

The registered manager also told us patients experienced positive outcomes because there had not been any untoward incidents or negative feedback from patient's, or any concerns raised from the referring organisations.

Competent staff

The service made sure staff were competent for their roles. Whilst managers appraised staff's work performance, the majority of staff had not yet completed their annual appraisal for the current year.

Managers gave all new staff a full induction tailored to their role before they started work.

Staff told us they received annual appraisals. The theatre lead nurse was responsible for completing appraisals for the contracted surgical staff and the service manager oversaw appraisals for the core staff team.

We looked at staff recruitment files for 3 core staff and 6 contracted surgical staff. The records showed annual staff appraisals had been completed during previous years but only found evidence of completed appraisals within the last 12 months in three of the files we looked at.

The theatre lead nurse told us they had commenced annual staff appraisals in March 2023 and there was a scheduled plan to complete all appraisals by the end of April 2023.

Consultants working under practicing privileges were required to submit evidence of their clinical appraisal from their substantive employer (such as the NHS trusts) and this was reviewed as part of the practicing privileges process. Where consultants did not have substantive employment within the NHS, the provider arranged for their appraisal to be completed by a designated responsible officer.

We looked at the consultant recruitment matrix and 4 consultant records which showed all consultants had up to date appraisal records on file. All eligible staff were up to date with their *Nursing* and *Midwifery Council (NMC) and* General Medical Council (GMC) revalidation dates.

Good

Surgery

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The staff records we looked at showed that formal qualifications, training and competencies for contracted surgical staff and consultants working under practicing privileges had been assessed as part of the initial recruitment process and these were updated on a routine basis.

The consultants and anaesthetists were trained in advanced life support training. The theatre staff were trained to a minimum of basic life support (BLS) training. There was at least one person in theatres with advanced life support training at all times, in line with Resuscitation Council UK guidelines.

Managers made sure staff received any specialist training for their role. The theatre manager told us the two appointed surgical first assistants had completed formal qualifications as surgical first assistants.

The theatre lead nurse had developed a theatre staff competency framework and all staff were required to complete this. Staff were positive about on-the-job learning and development opportunities and told us they were supported well by their managers.

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. The registered manager, service manager, clinical lead nurse and theatre lead nurse held daily discussions to review and plan the delivery of services. There was daily communication with the registered manager, ward manager and theatre manager from the host hospital to plan and deliver care. The managers carried out routine daily meetings to ensure all staff had up-to-date information about risks and concerns.

The nursing staff we spoke with staff told us they had a good relationship with consultants. The contracted surgical staff told us they had a good relationship with the theatre lead nurse. The patient records we looked at showed there was routine input from nursing and medical staff.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service had service level agreements in place for the use of premises, equipment, and staff at the main host hospital and for 4 other NHS or independent healthcare providers across the North West region.

There were routine meetings that took place within the service and monthly and three-monthly joint clinical effectiveness and operational performance meetings involving representatives from the service and the host organisations from which surgical treatment was delivered.

The service also had service level agreements with a number of external service providers for the provision of services such as diagnostic and imaging support, pathology, equipment maintenance and equipment sterilisation.

The service had commissioning contracts in place and provided day case surgical procedures for NHS patients from a number of NHS acute trusts across the North West region.

Seven-day services

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

Good

Surgery

The service carried out theatre lists between 8am and 8pm, seven days per week. All surgical procedures were carried out as day case surgery with no overnight stays.

Patients were provided with an emergency contact number so they could contact the service at any time in case of a medical emergency or complication following discharge.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in information leaflets given to patients prior to their admission.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff told us they routinely discussed health promotion and lifestyle choices with patients as these could impact on their ability to receive treatment at the service. For example, patients identified as being overweight or patients that were smokers were given advice and support, including on how to refer or access external NHS services.

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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We looked at 12 records for patients that had undergone surgical procedures. These showed that written and verbal consent had been obtained from patients and that planned care was delivered with their agreement. Consent forms had been signed by patients and showed the risks and benefits were discussed with the patient prior to carrying out surgical procedures.

Services were only available to patients over 18 years of age. Patients with certain mental health conditions were excluded for treatment at the service.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All core and contracted staff received and kept up to date with training in assessing mental capacity and Deprivation of Liberty Safeguards. The service reported there had not been any instances in the past 12 months where a Deprivation of Liberty Safeguards application had been made.

When patients could not give consent, staff told us they made decisions in their best interest, taking into account patients' wishes, culture and traditions. If a patient lacked the capacity to make their own decisions, staff told us they sought consent from an appropriate person that could legally make decisions on the patient's behalf.

Is the service caring?

Good

This is the first time we have rated this service. We rated caring as good.

Good

Surgery

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 saw that patients were treated with dignity, compassion and empathy. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Staff followed policy to keep patient care and treatment confidential. All patients in the day case ward area were admitted to individual rooms so their privacy could be maintained. We saw staff spoke with patients in private to maintain confidentiality.

Patients said staff treated them well and with kindness. We spoke with 5 surgical patients during the inspection. They all told us they thought staff were friendly and caring and gave us positive feedback about ways in which staff showed them respect and ensured that their dignity was maintained. The comments received included: “staff are excellent and treatment was prompt and timely”, “staff were wonderful and spent more time with me” and “it’s been brilliant, really impressed with the consultant”.

Staff sought feedback from patients about the quality of the service provided through feedback surveys that were given to patients after they had undergone care and treatment. Feedback was collated every three months and reviewed to identify improvements to the services provided. The survey results for the period between April 2022 and December 2022 showed 100% of patients were positive about their experience and would recommend the service to their friends and family.

This was based on 605 completed patient responses and the average survey response rate ranged between 91% and 95% during this period.

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 understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. We observed staff providing reassurance and comfort to patients.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Patients told us they were supported with their emotional needs and were able to voice any concerns or anxieties. One patient told us they were nervous and a member of staff held their hand to help them relax. Another patient told us the staff were calm and reassuring and did not rush the patient during their procedure.

Understanding and involvement of patients and those close to them

Staff supported and involved 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 also supported patients to make informed decisions about their care.

Good

Surgery

The patients we spoke with told us they were kept informed about their treatment and staff were clear at explaining their treatment to them in a way they could understand. They told us the risks and benefits of their procedure were clearly explained to them so they could make an informed decision.

Patients gave positive feedback about the service. They also spoke positively about the verbal information and support they received from staff before, during and after their procedure.

Is the service responsive?

Good

This is the first time we have rated this 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.

The service planned and provided services in a way that met the needs of local people. The service provided a range of elective day case surgical procedures, including general surgery, orthopaedic surgery, ear, nose and throat (ENT) surgery and endoscopy procedures.

The surgical services were only available for NHS patients over 18 years of age. The service had an inclusion and exclusion criteria and patients admitted for treatment were generally healthy and considered to have a low risk of developing complications during treatment. Patients could be admitted for day case surgery under local or general anaesthetic.

Patients had an initial consultation to determine whether they needed surgery, followed by pre-operative assessment. Where a patient was identified as needing surgery, staff were able to plan for the patient in advance, so they did not experience delays in their treatment when admitted to the service.

The majority of surgical procedures took place at the main host hospital and the service used the host hospital's ward and theatre facilities and equipment. The service employed its own contracted theatre staff and utilised the host hospital's staff for the day case ward.

The service also had a service level agreement with 4 other NHS and independent healthcare providers and utilised their premises and equipment for delivering surgical procedures. The host services supplied the equipment, facilities, consumables and medicines as part of the contractual arrangement. Two of these services also supplied their staff to support the delivery of services as part of the contractual agreement with the service.

Facilities and premises were appropriate for the services being delivered. The service had access to 2 theatres and recovery rooms, as well as the 22-bedded day case ward from the host hospital.

Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach. Patients were cared for in individual rooms and there had been no same-sex accommodation breaches reported during the past 12 months.

Good

Surgery

Meeting people's individual needs

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

The service had information leaflets available in languages spoken by the patients and local community. Information leaflets were given to patients prior to undergoing treatment. Information leaflets in different languages or other formats (such as braille, large print or 'easy read' format) could be printed upon request.

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

Patients with certain conditions were excluded from undergoing treatment at the service. For example, patients with complex pre-existing medical conditions or a body mass index (BMI) of greater than 40. The service did not provide services for obese (bariatric) patients.

The NHS commissioning contract outlined the processes for equal opportunities including how the service ensured they did not discriminate, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions. Staff also received equality and diversity training as part of their mandatory training.

The initial consultations and pre-operative assessments identified patients living with dementia or a learning disability and this allowed the staff to decide whether they could treat these patients and put plans in place to provide safe care and treatment. Staff told us they allowed patients' relatives or carers to accompany patients if this was seen to be in their best interest or there were exceptional circumstances, such as if the patient was living with learning disabilities.

Staff we spoke with were able to give examples of reasonable adjustments made when carrying out procedures for patients with specific needs, such as adjusting theatre lists to accommodate patients' needs or preferences. The services were accessible for patients with a wheelchair and other facilities were available for patients living with a disability (such as hearing loops).

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 the requirements agreed with commissioners, once patients had been referred to the service.

Managers monitored waiting times and made sure patients could access services when needed. The service provided elective day case surgery across a number of surgical specialties for NHS patients already on the referral to treatment waiting lists, under commissioning arrangements with a number of local NHS acute trusts.

The proportion of patients on incomplete emergency pathways waiting longer than 18 weeks from referral to treatment ranged between 20.5% and 33.7% between April 2022 and December 2022. This was below the incomplete pathway national standard for at least 92%. The majority of these patients were already on NHS waiting lists and had been referred to the service for treatment as part of the commissioning arrangements to support local NHS trust waiting lists. Therefore, the waiting list performance could not be wholly attributed to this service.

Good

Surgery

The registered manager told us they carried out daily monitoring of referral to treatment performance for NHS patients who had been referred to the service for surgical treatment. To maintain patient safety, available capacity was allocated based on clinical need and patients were managed in order of clinical priority. Patients on the waiting list had been reviewed by a clinician to identify any changes to their clinical needs and were prioritised for surgery if required.

Managers and staff worked to make sure patients did not stay longer than they needed to. All patients attended the service for day case surgery and most patients were discharged within four hours of their surgery. Patients requiring further treatment or inpatient admission were transferred out.

During the inspection, we did not observe any significant concerns relating to patient access and flow. The environment in the ward and theatre areas appeared calm and relaxed. Patient admissions were staggered throughout the day so that patients did not have to wait for an extended period of time once admitted. The patients we spoke with told us they had not experienced any delays on the day of surgery and had been promptly admitted to the ward and theatres.

Managers and staff worked to make sure that they started discharge planning as early as possible. Patient records showed staff had completed a discharge checklist that covered areas such as discharge medicines prescribed and communication to the patient and other healthcare professionals, such as the referring NHS organisation or the patient's general practitioner (GP), to ensure patients were discharged in a planned and organised manner. Discharge summary letters were also sent to the referring organisation. Discharged patients were also provided with information and emergency contact numbers in case they had any problems or complications after their treatment or procedure.

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

There had been no instances of patients having procedures cancelled on the day of surgery for non-clinical reasons during the past 12 months. There had been seven instances where procedures were cancelled on the day of surgery for valid clinical reasons where the patient was assessed as unfit for surgery during the past 12 months.

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 patients we spoke with told us they had been given information leaflets detailing how to complain or raise concerns prior to undertaking surgery.

The provider had a complaints policy which provided guidance on how to manage and respond to complaints about the service. Staff understood the policy on complaints and knew how to handle them.

The complaints policy stated that patient complaints would be acknowledged within 48 hours and responded to within 20 working days for routine complaints and 35 working days for complex complaints requiring investigation. The registered manager told us they sent holding letters to patients if a complaint required further investigation and could not be responded to within the timelines specified in the complaints policy.

Where patients were not satisfied with the response to their complaint, they were given information on how to escalate their concerns within the service or to external organisations such as the Parliamentary and Health Service Ombudsman.

Good

Surgery

The service had not received any formal or informal complaints relating to surgery during the past 12 months.

Managers shared feedback from complaints with staff and learning was used to improve the service, as part of routine senior management team meetings and medical advisory committee meetings. Staff told us that information about complaints was discussed during routine staff meetings to aid future learning.

Is the service well-led?

Requires Improvement

This is the first time we have rated this service. We rated well-led as requires improvement.

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 overall lead for the service was the registered manager, who was also the acting managing director. The registered manager was supported by the clinical lead nurse, the theatre lead nurse and the service manager. The clinical lead nurse oversaw the outpatient services and the theatre lead nurse oversaw the surgical services. The service manager was also the nominated individual for the service and oversaw the core staff (administrative support) team.

The service had an assistant finance director and a clinical consultant lead, who provided advice on national guidance changes. A consultant gastroenterologist was also appointed as the medical advisory committee chair.

The staff we spoke with told us they understood their reporting structures clearly and described the managers and clinical leads as approachable, visible and who provided them with good support.

The provider also had 2 individuals listed as the company directors for the service. This included the managing director and owner of the service and another director who was not involved in the day to day management of the service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

The provider's brand statement was to provide 'the very best in NHS healthcare for patients within in Northwest England'.

The quality and clinical strategy (2021-2024) outlined the provider's strategic objectives, including provision of high quality and safe care and achieving positive patient outcomes and patient experience. The clinical strategy included corporate objectives around achieving stable financial performance, utilising suitable premises for delivery of care and in relation to the development and support for staff. Performance against strategic objectives was monitored as part of routine senior management team meetings, held every three months.

The clinical strategy was underpinned by a set of seven core values and seven core staff values. These included kindness and compassion dignity and respect, equality and diversity, staff recognition, positive attitude, open communication and sharing knowledge.

Good

Surgery

The vision, values and strategic objectives were clearly displayed on notice boards in the areas we inspected. They had been cascaded to staff across the services and the staff we spoke with had a good understanding of these. Objectives were also incorporated into individual staff appraisals.

Culture

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

The staff we spoke with were highly motivated, patient-focussed and spoke positively about working in the surgical services. They told us there was a friendly and open culture and that the managers and clinical leads were visible and supportive.

The theatre staff and consultants we spoke with told us they received regular feedback to aid future learning and that they were supported with their training needs.

Staff felt confident to raise issues with line managers and felt managers responded positively when concerns were shared. The registered manager was the freedom to speak up guardian for the service.

The staff we spoke with were aware of the whistleblowing policy and understood how to contact the freedom to speak up guardian if needed. There had not been any whistle blower concerns or freedom to speak up concerns raised by the service or received by the Care Quality Commission during the past 12 months.

Governance

Leaders did not always operate effective governance processes, throughout the service or with partner organisations. Leaders did not always carry out relevant checks as part of the recruitment and practicing privileges processes, such as checks for suitable employment or individual references. Leaders had not developed a process for ensuring their staff receive training on learning disability and autism, in line with regulatory requirements. However, 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.

The service had a fit and proper persons policy that outlined the process for the recruitment and appointment of company directors. We looked at the fit and proper persons files for the 2 company directors and this included information such as qualifications and self-declaration statements from each director. However, the files for both directors did not include any evidence to show that additional checks had been carried out to confirm they were of good character as well as checks to confirm there were no concerns around past criminal or financial irregularities, in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 requirements for fit and proper persons; directors.

The service had a practicing privileges policy. Consultant's practising privileges were routinely reviewed every 2 years and authorised by the medical advisory committee (MAC).

We spoke with a consultant and the MAC chair (who was also a consultant gastroenterologist). They told us they were required to provide updated appraisals, mandatory training updates, and General Medical Council (GMC) registration information to the service on an annual basis and they were notified when these were due.

The administrative team maintained a matrix spreadhseet which showed relevant recruitment checks had been carried out and when requests for updated documents were due. The team also maintained electronic records for documents required as part of the practicing privilege process.

We looked at the consultant recruitment matrix, which showed there were no outstanding queries relating to practising privileges. We also looked at the electronic records for four consultants who worked across both the surgical and outpatient services. These contained qualification certificates, mandatory training certificates, up to date appraisal records, GMC revalidation, indemnity certificates and Disclosure and Barring Service (DBS) checks.

We also looked at staff recruitment files for 3 core staff and 6 contracted surgical staff. These showed evidence that recruitment and pre-employment checks had been carried out. This included identification checks, qualifications, Hepatitis B inoculation certificates, Disclosure and Barring Service (DBS) checks and Nursing and Midwifery Council registrations and revalidations.

The service had an induction and recruitment policy which stated that at least 2 references should be sought as part of the recruitment process. However, we found evidence of individual or employment references in only 1 of the staff files we looked at. The registered manager acknowledged that not all staff files included suitable reference checks.

The staff records we looked at included DBS checks that ranged between 2017 and 2022. The registered manager told us DBS checks were carried out once upon initial commencement of employment and there was no process in place to periodically update or review the DBS checks. This meant there was a potential risk that individuals working for the service could have undeclared criminal convictions.

The service had an operating model that utilised facilities, equipment and staff from a number of external independent health and NHS healthcare providers across the North West region. We saw evidence the provider had service level agreements in place that outlined the responsibilities for the service and each of these host organisations. The senior managers held regular meetings with the host organisations to review operational performance and to discuss any issues or concerns. The registered manager told us they received reassurance during these review meetings and would be informed of any untoward incidents relating to the premises, equipment or staff supplied by the host organisations used to deliver patient care and treatment.

The senior management team received assurance of effective processes at the main location through staff recruitment checks and audits of patient records, infection control and medicines management processes. However, the senior management team did not have similar assurance mechanisms relating to the premises, equipment or staff supplied by the host organisations used by the service. The registered manager acknowledged this, and we saw evidence during the inspection the registered manager had started to develop a process to further strengthen its assurance processes relating to the host organisations it used to deliver services.

The service had governance structures in place that provided oversight of performance against safety measures. The service held senior management team meetings, medical advisory committee meetings and clinical governance meetings at least every three months. Staff also held regular monthly team meetings to cascade information to staff and share learning and improvement.

We looked at a selection of meeting minutes from June 2022 to March 2023 and these showed regular discussions took place around operational and safety performance and key risks as well as reviews of audit results, incidents and

complaints to identify improvements to the service. However, we found there was limited senior management oversight in relation to shortfalls identified around staff appraisal compliance and staff recruitment processes. We also found the senior management team had not yet developed a process for ensuring their staff receive training on learning disability and autism, in line with regulatory requirements.

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 was a risk management policy in place that outlined the process for identifying, assessing and mitigating risks to the service.

The key risks relating to the services were incorporated into the organisational risk register. The risk register showed that key organisational and patient safety risks were identified and control measures were put in place to mitigate these risks. A risk scoring system was used to identify and escalate key risks and each risk had a review date that was regularly updated.

Meeting minutes showed key risks had been reviewed and discussed at routine clinical governance meetings, senior management meetings and medical advisory committee meetings.

Routine staff meetings took place to discuss day-to-day issues and to share information on performance, complaints, incidents and audit results.

We saw that routine audit and monitoring of key processes took place to monitor performance against patient safety standards and organisational objectives. There was a programme of audit covering key processes such as infection control, patient records and medicines management. Information relating to performance against key quality, safety and performance objectives was monitored by senior managers and cascaded to staff through routine team meetings, information on notice boards and through general correspondence.

We saw evidence the service had its own valid and up to date indemnity insurance certification that covered all the consultants working under practicing privileges. The registered manager told us consultants were not required to have their own individual indemnity policies.

The service had a business continuity plan which included guidance for staff in relation to managing untoward and unexpected events.

We saw evidence staff maintained up to date risk assessments in relation to health and safety risks and Control of Substances Hazardous to Health (COSHH) assessments.

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 registered manager told us they collated and analysed information on performance to look for improvements and routine performance reports were in place detailing performance against key performance indicators.

Good

Surgery

There were systems in place for the safe storage, circulation and management of electronic and paper-based records such as patient records, audit records and meeting minutes. Patient records were accessible for staff and could be easily retrieved. Electronic records were stored on computers with controlled access.

All the core staff and contracted surgical staff had completed data protection and information governance training as part of their mandatory training. The registered manager was information governance lead and was responsible for reporting to the *Information Commissioner's* Office (*ICO*). The registered manager confirmed there had been no reportable data breaches during the past 12 months.

The registered manager told us they had completed the data security and protection toolkit self-assessment and were fully compliant in all the relevant toolkit indicators.

Staff could access information such as policies and procedures in paper and electronic format. The policies we looked at were version-controlled, up to date and had periodic review dates.

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.

Staff told us they received good support and regular communication from their line managers. Staff routinely participated in team meetings to provide updates on issues, performance and risks. The clinical lead nurse and theatre lead nurse had created social media groups to enable communications with staff unable to attend team meetings, such a contracted surgical staff. The surgical specialty lead consultants attended the medical advisory meetings and cascaded information to consultants working under practicing privileges.

The service also engaged with staff through newsletters, briefs and through other general information and correspondence that was displayed on notice boards and in the areas we inspected.

Staff told us they routinely engaged with patients to gain feedback from them. This was done informally and formally through participation in the Friends and Family surveys, which indicated patients were positive about the care and treatment they received.

The service had an NHS commissioning contract with commissioners across the North West region and Greater Manchester integrated care board was the lead commissioner. The service also had individual commissioning arrangements to allow referral and treatment of NHS patients from a number of acute NHS trusts across the North West region.

The service held regular engagement meeting with commissioners to review performance against key performance indicators and submitted a performance report to the commissioners every three months.

The service also held routine engagement and discussions around performance and improvement with external host organisations with which the provider had service level agreements in place.

The registered manager also attended routine independent health provider committee meetings that included representatives from other independent health providers across the North West region to review and discuss shared ways of working in supporting the NHS elective recovery contracts.

Good

Surgery

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff told us the service had a positive culture that was focussed on learning and improvement. We saw evidence of learning and improvement resulting from findings from audit results, incidents and complaints and shared learning was cascaded to staff to improve the service.

The registered manager told us the current business model to utilise facilities from host organisations was financially viable. The registered manager and managing director told us there was an aspirational long-term plan to locate to its own premises to conduct surgical activities. The service was in the initial stages of assessing the viability of undertaking a joint venture with a local GP practice to utilise land and internal space for the development of operating facilities.

Good

Outpatients

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

Is the service safe?

Good

This is first time we have rated this 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.

Staff received and kept up to date with mandatory training. The service had identified a training matrix for mandatory training in core subjects. Subjects included adult and children's safeguarding, assessing mental capacity, basic life support, manual handling, infection prevention and control, fire safety, information governance and health and safety training.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training was provided through an electronic learning platform which all staff could access. Contracted outpatient staff completed some of the required training modules in their substantive NHS roles.

Mandatory training certificates for contracted outpatients staff were kept in individual staff files and maintained by the clinical lead nurse. Managers monitored mandatory training through the use of a training matrix and alerted staff when they needed to update their training.

We looked at the mandatory training matrix and sampled 5 outpatient staff files during the inspection. These showed mandatory training compliance was 100% across outpatient 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.

The clinical lead nurse was the safeguarding lead for the service and had completed safeguarding level 3 training for adults and children.

Good

Outpatients

Staff involved in the outpatient services had completed training specific for their role on how to recognise and report abuse. Records showed 100% of eligible outpatient staff had completed at least level 2 adult safeguarding training and at least level 1 safeguarding children's training.

The service had not reported any safeguarding incidents relating to outpatient services in the past 12 months.

For our detailed findings on safeguarding, please see the safe section in the surgery report.

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.

The host hospital was responsible for maintaining the cleanliness of the environment and equipment within the clinical areas as part of the provider's service level agreement.

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. The service had 1 treatment room allocated within the location.

The waiting area for patients was clean, tidy, and well maintained.

Cleaning schedules and daily checklists were in place and up to date. Staff cleaned equipment after patient contact using alcohol wipes and chlorine-based disinfectant.

We observed staff followed infection control principles including the use of personal protective equipment (PPE). The service had sufficient PPE supplies. We saw these were all within expiry dates and stored securely.

The clinical lead nurse told us they carried out routine infection control audits approximately every 6 months in the outpatient areas to check compliance against national infection prevention and control guidelines and to monitor staff hand hygiene compliance. The audit included the main host hospital as well as the outpatient services at a health centre, from which the service carried out outpatient services as part of a service level agreement.

The most recent audit was completed during October to December 2022 and showed the outpatient services achieved 100% compliance in indicators relating to hand hygiene, aseptic technique, cleanliness of the environment and equipment and sharps disposal.

For our detailed findings on cleanliness, infection control and hygiene, please see the safe section in the surgery report.

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.

The majority of outpatient activities were carried out at the main host hospital. The service level agreement with the host hospital allowed the service access to the outpatient areas and one dedicated consultation room. The service also carried out outpatient clinics at an external primary care service as part of service level agreement.

The only equipment used by the outpatient service's staff was microscopes. There was a servicing contract in place with the manufacturer of this equipment. We saw that this equipment was within current service dates.

Good

Outpatients

Staff disposed of clinical waste safely. The outpatient services had an emergency resuscitation equipment which was checked daily by nursing staff.

For our detailed findings on environment and equipment, please see the safe section in the surgery report.

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 service had an inclusion and exclusion criteria that identified patients that could or could not be admitted for treatment. The inclusion criteria was patients over 18 years of age, patients with an American Society of Anaesthesiologists (ASA) classification of level 1 or 2 and patients with body mass index (BMI) under 40. Bariatric (clinically obese) patients were not eligible for admission for treatment.

The host hospital had a resuscitation team that was on site 24 hours per day and led by a resident medical officer who had completed ALS training. The registered manager told us there had been no instances where patients required emergency resuscitation during the past 12 months.

If a patient deteriorated, they were transferred out of the service by emergency services to a local acute NHS hospital if needed. The registered manager told us there had been no incidents where patients in the outpatient services were required to be transferred to hospital in the past 12 months.

The service conducted face to face pre-op assessments with patients which were completed by nursing staff. During these consultations, the service completed a detailed elective surgery pathway which fully explained to patients what to expect on admission. It contained a pre-operative assessment which detailed patients' medical history and underlying medical conditions if they had any. The care pathway also contained risk assessments, post operative notes and discharge summary. As part of the pre-operative process, patients were provided with visual images to assist explaining the process and showing where surgery would be completed.

The clinical lead nurse told us they sometimes conducted telephone assessments for patients and factors determining these decisions were patient's age and type of procedure they were having.

Patients undergoing pre-operative assessment prior to surgery who required anaesthetic as part of the surgical procedure were given specific information regarding this, with involvement from the from the consultant surgeon or anaesthetist. Staff used a generic printed form to document where anaesthetic was required, in line with guidelines from the Royal College of Anaesthetists. The clinical lead nurse told us they were in the process of developing a more condensed patient friendly format to provide more tailored information for patients. An example of this was for patients who smoked whereby they were told not to smoke on the day of the procedure.

For our detailed findings on assessing and responding to patient risk, please see the safe section in the surgery report.

Nurse staffing

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

Good

Outpatients

The service had enough nursing and support staff to keep patients safe. The clinical lead nurse oversaw the day to day management of the outpatient services. The service had eight contracted outpatient clinical staff. This included preoperative assessment nurses and outpatient clinic nurses.

The clinical lead nurse told us they did not use bank agency staff and cover sickness or leave was sourced from the existing pool of contracted staff.

The service reported low levels of staff sickness and staff turnover and they had no outpatient appointment cancellations due to staff sickness.

For our detailed findings on nurse staffing, please see the safe section in the surgery report.

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. The registered manager told us they had sufficient numbers of suitably qualified medial staff to provide timely and safe care and treatment. Patient appointments were planned in advance so staff could be made available to undertake procedures.

There were 23 consultants working under practicing privileges across the service. All these consultants also worked substantively in the NHS. The majority of consultant surgeons worked across both the surgery and outpatient services.

For our detailed findings on medical staffing, please see the safe section in the surgery report.

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. Records were stored securely. Staff used paper-based patient records.

We looked at 5 patient records for outpatients. They were comprehensive, structured, legible, and up to date. The records included completed risk assessments, preoperative assessments, care pathways, clinic consultation notes, diagnostic imaging and pathology test results and referral and discharge letters.

Patient records were transferred securely and there were no delays in staff accessing their records.

For our detailed findings on records, please see the safe section in the surgery report.

Medicines

The service did not use medicines.

There were no medicines used in the outpatient services.

For our detailed findings on medicines, please see the safe section in the surgery report.

Good

Outpatients

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.

The service had reported 2 incidents relating to outpatient services between January 2022 and March 2023. Both of these incidents were graded as low patient harm and related to administrative errors.

We looked at the incident investigation reports for both these incidents and saw these were completed appropriately and showed remedial actions had been put in place to minimise the risk of reoccurrence. The registered manager told us the incidents were due to newly recruited staff and additional training had been provided to minimise reoccurrence.

Staff met to discuss the feedback and look at improvements to patient care. Incidents were discussed and learning was shared during team meetings.

For our detailed findings on incidents, please see the safe section in the surgery report.

Is the service effective?

Inspected but not rated

We inspect but do not rate effective in outpatients.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

We looked at a selection of policies within the service and noted they reflected National Institute of Clinical Excellence guidance.

For our detailed findings on evidence-based care and treatment, please see the effective section in the surgery report.

Patient outcomes

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

The registered manager told us there was no clinical audit or comparable outcomes data for the outpatient services.

Patient outcomes were measured through patient experience and satisfaction. The service had no negative significant patient outcomes relating to outpatient treatments.

For our detailed findings on patient outcomes, please see the effective section in the surgery report.

Good

Outpatients

Competent staff

The service made sure staff were competent for their roles. The majority of staff had not yet completed their annual appraisal for the current year.

Staff within the service were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The clinical lead nurse told us the majority of nursing staff employed by the service also worked within the NHS.

The clinical lead nurse told us all nursing staff the service utilised were from an existing pool of staff who had worked for the service on multiple occasions.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The service held monthly team meetings during which incidents and risks was discussed.

Managers identified poor staff performance promptly and supported staff to improve. We looked at four staff outpatient staff files. They showed these staff had previously completed appraisals. However, we found no staff appraisals had been carried out in the last 12 months. The clinical lead nurse told us staff appraisals were scheduled for completion by the end of April 2023.

For our detailed findings on competent staff, please see the effective section in the surgery report.

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 worked well with each other and worked well with the staff in the host hospital and the primary care service where outpatient clinics were carried out under a service level agreement.

The clinical lead nurse and registered manager held daily discussions within the service and the host services to plan the delivery of outpatient services.

There were service level agreements in place for diagnostic imaging, pathology, and laboratory support. Staff reported a positive relationship with these services and results were received in a timely manner.

Seven-day services

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

The service carried out appointments between 8am and 8pm, 7 days per week. (Pre-op appointments were completed on Tuesday and Saturday.)

Patients were provided with an emergency contact number so they could contact the service at any time in case of a medical emergency or complication following discharge.

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.

Good

Outpatients

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We looked at 5 outpatient patient records during our inspection. Staff clearly recorded consent in the patients' records. The records showed that written and verbal consent had been obtained from patients and that planned care was delivered with their agreement.

Consent forms for surgical treatment had been signed by patients at the pre-operative assessment stage and showed the risks and benefits were discussed with the patient.

The clinical lead nurse told us some consultants instructed additional specific information to be included on consent forms to relay to the patient and ensure they fully understood the treatment to be undertaken.

For our detailed findings on consent, mental capacity act and deprivation of liberty safeguards, please see the effective section in the surgery report.

Is the service caring?

Good

This is first time we rated this 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 saw that patients were treated with dignity, compassion, and empathy. Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

Staff followed policy to keep patient care and treatment confidential. We saw staff spoke with patients in private to maintain confidentiality. Patients were never seen alone by the consultant; a member of nursing staff was always present during the appointments.

We spoke to 5 patients using outpatient services. They stated they were offered flexibility in location they could attend and the date or time of their appointment. They reported that they hadn't had particularly long waiting times once the service had taken over their care and they appreciated that procedures were going ahead, and they were getting prompt treatment.

Staff sought feedback from patients attending outpatient clinics about the quality of the service provided through feedback surveys that were given to patients after they had undergone care and treatment. Feedback was collated every three months and reviewed to identify improvements to the services provided. The survey results for the period between April 2022 and December 2022 showed patient satisfaction ranged between 98% and 100%. This indicated most patients were positive about their experience and would recommend the outpatient services to their friends and family.

Good

Outpatients

The outpatients survey was based on 1,798 completed patient responses and the average survey response rate ranged between 52% and 63% during this period.

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 understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. We observed staff providing reassurance and comfort to patients.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Patients told us they were supported with their emotional needs and were able to voice any concerns or anxieties. One patient told us they had several appointments during their treatment process, and everything was fully explained to them. If follow-up appointments were required, the rationale was fully explained to the patient.

Another patient told us the consultant they saw was the same person during all the appointments they had and had conducted surgery on them. They appreciated the continuity of seeing only their appointed consultant as they knew in full detail the patient's treatment throughout the complete process.

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 also supported patients to make informed decisions about their care.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients were given a feedback card at the conclusion of their appointment to complete if they wished and the service reviewed this material to identify improvements to the services provided.

Patients gave positive feedback about the service. They also spoke positively about the verbal information and support they received from staff before, during and after their appointments.

Is the service responsive?

Good

This is the first time we have rated this 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.

Good

Outpatients

The service planned and provided services in a way that met the needs of local people. The outpatient services provided a range of initial consultations and post-operative follow-up appointments. The service also carried out non-surgical outpatient consultation for specialties such as rheumatology.

The clinical lead nurse planned care based on the number of patient referrals and consultant availability. Patient clinics were scheduled based on staff availability.

The clinical lead nurse and registered manager held daily discussions within the service and the host services to plan the delivery of outpatient services.

The clinical lead nurse stated the only post-operative procedures carried out during outpatient clinics was the removal of stitches. These procedures were normally completed at the main host hospital and were only undertaken by three members of nursing staff that had appropriate competencies in place.

Facilities and premises were appropriate for the services being delivered. The service had access to one treatment room allocated within the host hospital. Patients waited in a dedicated area within outpatients area of the host hospital.

For our detailed findings on service delivery to meet the needs of local people, please see the responsive section in the surgery report.

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.

The service provided an information pack to patients as part of the initial consultation process.

The service had information leaflets available in languages spoken by the patients and local community.

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

Staff had access to communication aids to help patients become partners in their care and treatment.

The service's policy specified patients to attend the location on their own. If patients had a learning disability, they could have a person accompanying them and the service also made the appointment at the start or end of the day based on patient's preference.

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 the requirements agreed with commissioners, once patients had been referred to the service. The proportion of patients that did not attend appointments was worse than the national standard.

During the inspection, we did not observe any significant concerns relating to patient access and flow. The environment in the ward areas appeared calm and relaxed. Patient appointments were staggered throughout the day. The patients we spoke with told us that they didn't have to wait long and were seen promptly.

Good

Outpatients

Between April 22 to April 23 there were 847 outpatient appointments where patients did not attend (DNA). This accounted for 10% of all outpatient appointments. The DNA rate was higher than the national standard average of 5%. The registered manager reported 80% of patients referred to the service since the Covid-19 pandemic had been transferred from existing healthcare services and the DNA rate was high amongst this cohort of patients. The clinical lead nurse told us they planned to improve this by bringing in a specific outpatient DNA audit to monitor compliance. They were also proactively looking to improve pathways and reduce short notice timeframe between the pre-operative assessment and surgical procedures.

There had been 11 outpatient clinics cancelled with less than 5 days' notice during the past 12 months. The main reason for this was consultant sickness or consultant leave (annual leave or bereavement).

For our detailed findings on access and flow, please see the responsive section in the surgery report.

Learning from complaints and concerns

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

Patients were given information leaflets during their initial consultation which included information on how to raise concerns about the service. However, the patients we spoke with told us they did not clearly understand how to raise a complaint, but would contact the service directly if they had any concerns.

The outpatient services received 13 complaints during the past 12 months. The main reason for complaints was administration or booking issues. We reviewed 4 complaints records. These showed they had all been appropriately investigated and responded to within the service's own specified time-frame. None of the complaints had resulted in any patient harm.

The clinical lead nurse was responsible for investigating complaints relating to the outpatient services.

For our detailed findings on learning from complaints and concerns, please see the responsive section in the surgery report.

Is the service well-led?

Requires Improvement

This is the first time we have rated this service. We rated well-led as requires improvement.

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.

The overall lead for the service was the registered manager, who was also the acting managing director. The clinical lead nurse oversaw the outpatient staff and the day to day management of the outpatient services.

The staff we spoke with told us they understood their reporting structures clearly and described the managers and clinical leads as approachable, visible and who provided them with good support.

Good

Outpatients

For our detailed findings on leadership, please see the well-led section in the surgery report.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

The provider's core values were displayed on a notice board in the main office. The outpatients staff we spoke to understood the service's vision and values.

For our detailed findings on vision and strategy, please see the well-led section in the surgery report.

Culture

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

There was a positive culture within the service. The outpatients staff we spoke with told us they received regular feedback to aid future learning and that they were supported with their training needs. Staff felt confident to raise issues with line managers and felt managers responded positively when concerns were shared.

There had not been any whistle blower concerns or freedom to speak up concerns raised by the service or received by the Care Quality Commission during the past 12 months in relation to the outpatient services.

For our detailed findings on culture, please see the well-led section in the surgery report.

Governance

Leaders did not always operate effective governance processes, throughout the service or with partner organisations. Leaders did not always carry out relevant checks as part of the recruitment and practicing privileges processes, such as checks for suitable employment or individual references. However, 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.

We looked at 4 outpatient staff files during the inspection They included information such as identification checks, qualifications attained and training certificates. We noted that professional registrations for staff were valid and in date. However, we did not find any evidence of employment or individual references in any of the files we looked at. The service's policy stated that two reference details were required as part of the recruitment process.

The clinical lead nurse confirmed that not all reference details were in staff recruitment files. They also stated they were in the process of recruiting additional administration staff to improve the process.

Disclosure and Barring Service (DBS) checks were completed as part of the recruitment process at commencement of employment. However, they were not periodically reviewed and repeated during staff member's employment thereafter.

The clinical lead nurse was responsible for monitoring staff compliance for mandatory training. We found the clinical lead nurse did not always maintain the training matrix and staff recruitment files effectively. The staff recruitment files

for outpatient staff we looked did not contain all the relevant information about training and recruitment checks. However, the clinical lead nurse was able to retrieve the requested evidence during the inspection. The clinical lead nurse told us they planned to recruit additional administrative staff that would take on the duties for maintaining the staff recruitment and training files once they had been recruited.

The service had an operating model that utilised the outpatients facilities and equipment from the main host hospital and the facilities at a local primary healthcare service provider. We saw evidence the provider had service level agreements in place that outlined the responsibilities for the service and each of these host organisations. The senior managers held regular meetings with the host organisations to review operational performance and to discuss any issues or concerns. The registered manager told us they received reassurance during these review meetings and would be informed of any untoward incidents relating to the premises and equipment supplied by the host organisations used to deliver patient care and treatment.

The senior managers received assurance of effective processes at the main location through staff recruitment checks and audits of patient records, infection control and medicines management processes. However, the senior managers did not have similar assurance mechanisms relating to the premises or equipment supplied by external primary healthcare service provider. The registered manager acknowledged this, and we saw evidence during the inspection the registered manager had started to develop a process to further strengthen its assurance processes relating to the host organisations it used to deliver services.

The service held monthly team meetings for permanent members of staff. The service also used a social media messaging service to maintain contact and provide updates to contract staff.

For our detailed findings on governance, please see the well-led section in the surgery report.

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 service held monthly team meetings during which incidents and risks was discussed.

The clinical lead nurse carried out audits and monitored key performance in the outpatient services.

For our detailed findings on management of risk, issues, and performance, please see the well-led section in the surgery report.

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 outpatient services reported they had not had any information commission office data breaches in the past 12 months.

Good

Outpatients

The outpatients staff had 100% compliance in clinical governance. Clinical governance was completed by staff as part of their training.

All staff could access data and information they needed. Access to service IT systems was password protected.

For our detailed findings on information management, please see the well-led section in the surgery report.

Engagement

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

The service had a website which was informative and fully explained all services and procedures carried out by the service.

The service had a facility in place for patients to leave feedback. They gave a card to every patient which invited them to share their experiences of the service. The information was analysed and used to provide feedback to improve services for patients.

The service also held routine engagement and discussions around performance and improvement with external host organisations with which the provider had service level agreements in place.

For our detailed findings on engagement, please see the well-led section in the surgery report.

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.

The service reported they had enacted several initiatives to improve services.

The service had developed visual communication aids as part of the initial consultation and pre-operative process for patients which aided explanation of treatment and procedures they would be having.

The service recently upgraded the patient administration system (PAS) software to enable improved and prompt communication.

The service also reported they were in the process of providing a text message service to patients as a reminder for their appointments to reduce the number of patients that did not attend outpatient appointments.

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
Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Leaders did not always carry out relevant checks for employed or contracted staff as part of their recruitment and practicing privileges processes, such as checks for suitable references or periodic updates on disclosure and barring service checks.

Regulated activity	Regulation
Surgical procedures	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors The service did not have an effective process for carrying out checks on company directors, in line with regulatory requirements for fit and proper persons; directors.