

North Downs Hospital

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

North Downs is an independent 18 bedded hospital owned by Ramsay Health Care UK Operations Limited. Situated in a residential area above Caterham, Surrey, the hospital provides a range of surgical services to private and NHS-funded patients from the local community.

We visited this hospital in June 2016 as part of our national programme to inspect and rate all independent healthcare providers. We inspected two core services at the hospital, which incorporated all the activity undertaken. These were surgery and outpatients, including diagnostic imaging.

While we rated both core services and the hospital as 'good' overall, we found improvements were required to minimise risks and promote safety. We told the hospital it must:

- Improve compliance with its mandatory training programme.
- Store medical gases securely.
- Ensure sufficient controls are in place for the monitoring and provision of prescription pads in the outpatient department to minimise the risk of misuse.
- Ensure first surgical assistants have the necessary skills and competence to carry out their roles.

We also identified five further areas which we said they should address. We told the hospital that it must give us an action plan showing how it would bring services into line with the regulations. The hospital provided a nine-point plan and updated us on progress, as the issues were resolved.

At this inspection, we focused on the action plan results and found that the hospital had significantly improved. The hospital had taken the action to comply fully with the regulations and:

- Mandatory training rates exceeded targets and compliance was at 86%.
- Systems had been introduced to ensure secure storage of prescription pads and to monitor their use.
- Medical gases were stored securely in line with national guidance.
- There were systems to assure the skills and competence of surgical first assistants.

We also found the hospital had resolved the issues we had told them it should do.

We will continue to monitor the performance of this service and inspect it again, as part of our ongoing programme.

Professor Edward Baker

Deputy Chief Inspector of Hospitals (South East)

Summary of findings

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North Downs Hospital

Services we looked at

This was a focussed visit to corroborate completion of an action plan developed by the hospital following our last inspection.

Summary of this inspection

Background to North Downs Hospital

Surgical services at North Downs hospital consists of 18 overnight beds, five day care beds and two operating theatres. The overnight beds are all single en-suite rooms, with the exception of one room that accommodates two patients. The theatre complex comprises of two theatres, one anaesthetic room leading to both theatres and a three-bedded recovery unit. One theatre is equipped with laminar flow, which is a ventilation system circulating filtered air to reduce the risk of contamination by airborne germs.

The outpatient and diagnostic imaging services at North Downs Hospital covers a wide range of specialties including dermatology, ear nose and throat (ENT), endocrinology, ophthalmology, orthopaedics, gastroenterology, general surgery, general medicine, gynaecology, neurology, ophthalmology, pain

management, plastics, podiatry, physiotherapy, psychiatry, rheumatology and urology. The outpatients department is situated on the first floor and consists of four consultation rooms with a dedicated treatment and minor operations room.

The imaging and diagnostics department is based on the ground floor and consists of one ultrasound room and one x-ray room. This department carries out x-rays and ultrasound scans. More complex tests such as magnetic resonance imaging (MRI) and computerised tomography (CT) scans are provided by another Ramsay hospital at Ashted.

Only people aged 18 years and over were treated at North Downs Hospital.

Our inspection team

The inspection was led by Matt Preston, CQC Inspector.

The inspection was overseen by Alan Thorne, Head of Hospital Inspection (South East).

How we carried out this inspection

Prior to and during our visit, the hospital provided us with clear and comprehensive documentary evidence that demonstrated they had completed the tasks and changes specified in their original action plan. We reviewed this information in detail.

As a focused inspection, we conducted extended interviews with key members of the hospital senior management team, toured relevant hospital facilities and

spoke informally with staff to test and corroborate the documentary evidence supplied. We observed procedures, reviewed checklists, personnel files and other records about the issues we had focussed on.

Our interviews and observations and the documentary evidence supplied by the hospital gave us a satisfactory level of corroboration to provide assurance that the required improvements had been made.

Location

| | |
|------------|--|
| Safe | |
| Effective | |
| Caring | |
| Responsive | |
| Well-led | |

Summary of findings

At our inspection in June 2016, we rated safety as 'requires improvement' for surgical, outpatient and diagnostic services. We cannot re-rate these services due to the time elapsed since the original inspection, therefore the rating for safe for both services, and the hospital remains the same.

However, during this inspection we were assured that the hospital had met all the required improvements and recommendations.

The previous inspection in 2016 indicated that improvements were required to minimise risks and promote safety and to meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We told the provider it must address these three areas. We also told them they should consider five other issues or areas of concern to improve on.

In response, the hospital provided a nine-point plan and updated us on progress prior to our return to review each of these issues.

Is the location safe?

Incidents

- During our last inspection, we reviewed root cause analysis reports (RCA) completed as part of the investigation of incidents. Some examples showed that lessons learned had been identified but the reports lacked logs or documentation demonstrating identified learning actions had been completed. At the time, we told the hospital it should consider the arrangements that ensure the completion of action points following learning from an incident.
- On this occasion, we found that two more managers had received RCA training. We saw that lessons learned and actions were now part of the standing agenda for monthly head of department and medical advisory committee quality meetings. We saw meeting minutes that confirmed this.
- We reviewed recent examples of completed RCA reports that showed improved use of action logs. This indicated that the organisation had achieved better monitoring of actions taken to safeguard patients and prevent any reoccurrence.
- We noted that corporate oversight of incidents was also maintained through a regional meeting structure and the use of other tools such as an electronic risk management system.

Environment and equipment

- At our last inspection in 2016, we found the hospital's medical gas cylinder storage was not secure and the cylinders were at risk of being stolen or falling on someone. We told the hospital it must store medical gases securely.
- During this visit, we found medical gases were stored in line with national guidance. We saw a specially built

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metal storage cage that had a security lock fitted. The store was protected from the elements, had partitioned sections to prevent cylinders moving and displayed clear hazard signage to warn people about fire and other risks. This complied with the Department of Health (DOH) Health Technical Memorandum 02-01, which states that medical gas cylinders should be kept in a purpose built cylinder store that should allow the cylinders to be kept dry, in a clean condition and secure enough to prevent theft and misuse.

- The cage contained 'in date' cylinders of oxygen, all of which had been positioned to enable observers to read the expiry dates and fill gauges. Cylinders and regulators appeared to be clean, dry, dust and oil free. This indicated that staff correctly followed the British Compressed Gases Association's 'code of practice 44: the storage of gas cylinders (2016)' and 'Technical information sheet 36 (2017)'.
- In 2016, our inspection team noted there were no piped medical gases leading to the ward, which meant the ward relied on portable oxygen cylinders. We told the hospital it should assess the risk of using oxygen cylinders, in the absence of piped gases.
- On return, we were shown an up-to-date risk assessment that identified hazards associated with portable cylinders and detailed the measures taken to control these. When we toured the ward environment, we confirmed that the control measures had been taken. Cylinders appeared clean and free from dust or oil contamination and stored in commercially supplied cylinder holders away from main walkways. Cylinders were also secured to the walls to help prevent accidental movement.
- In 2016, we observed that two of the sinks in outpatients department were not compatible with HBN 00/09 (Infection Control in the built environment, DH 2013). We told the hospital it should carry out planned work without delay to ensure compliance with the guidance.
- At the time, the hospital acknowledged the non-compliance and when the inspection team returned a few days later for the unannounced follow-up visit, they saw the issue had been placed on the hospital risk register and learned the work to replace these had been accelerated and scheduled.
- On this visit, we were shown the completed work. We noted that all sinks in the areas we viewed were compliant with HBN 00/09.
- On the previous inspection in 2016, we saw some items of electrical equipment not labelled with portable appliance testing or PAT stickers. We told the provider it should review its arrangements for the testing of portable electrical appliances.
- While many health care providers continue with annual PAT testing, this is no longer mandated. The Medicines and Healthcare Products Regulatory Agency's (MHRA) Managing Medical Devices (April 2015) states that healthcare organisations should risk assess to ensure that the safety checks carried out on portable electrical equipment are appropriate and reasonably practical. The MHRA now focusses on staff training in visual electrical safety inspection techniques and the importance of pre-use testing of new devices as well as maintenance and calibration tests at intervals depending on the risks identified.
- On this visit, we saw that electrical equipment had been identified by asset numbers that matched records detailing the last date and frequency of the appliance testing. We checked a sample of devices during our tour and also noted labels with the dates of the most recent electrical testing. This complied with Ramsay Health Care Health & Safety policy (HHS008) and provided staff using the equipment with visual confirmation that the items had been examined by a qualified technician to ensure they were safe to use.
- During our inspection in 2016, we observed latex gloves being used in theatres. We recommended the hospital review the use of natural rubber latex (NRL) gloves, which have the potential to cause asthma and urticaria (itchy rash) or more serious allergic reactions, such as anaphylaxis. The Health and Safety Executive recommends employers should carefully consider the risks when selecting gloves in the workplace, because of the importance of latex gloves as a source of exposure to NRL proteins. Employers must demonstrate that they have carried out an assessment to select which type of gloves they should provide and have an effective glove use policy in place.
- On this visit, the senior management team explained that a review had been completed and while NRL gloves were still preferred by some medical staff for reasons of dexterity, the hospital had removed them from general use. Risk assessments had been completed for those still using NRL gloves and others, including patients,

Location

who may be exposed to the material. Annual skin surveillance and self-checking for the signs of skin irritation had been implemented and we saw documents confirming this.

Medicines

- When we last visited the hospital, we found outpatient prescriptions were managed in a way that did not prevent potential misuse. We told the hospital it must take action to ensure sufficient controls were in place for the monitoring and provision of prescription pads in the outpatient department. At this inspection we found systems had been introduced to ensure prescription pads were stored securely and to track and monitor their use.
- We saw that the hospital had amended the existing system and improved how prescription pads were issued and controlled. The hospital used a combination of corporate private prescription forms and FP10 prescription forms for use with NHS patients. Both versions were numbered to assist with tracking and tracing prescriptions to specific patients.
- In the past, a 'block' of prescription pads were signed into the department and then distributed amongst the consulting rooms in the morning, before being collected and stored in the drugs cupboard at the end of the day. Once the pads were signed out, there was no control over how many forms were used on a daily basis and it was felt that this presented a risk that any missing sheets may not be noticed and could lead to inappropriate use.
- The hospital had since introduced systems to track and monitor prescription sheets. During our visit, outpatient staff demonstrated a routine audit check of prescription pads using a locally produced log sheet. The same sheet was used to record the number of the prescription being issued to the consultant. Staff issued single prescriptions on demand and updated the record each time. The log was audited weekly by the head of department and record retained in case any queries arose.
- We saw that the FP10 pads and forms were stored securely in a locked cupboard in the clinical storeroom. The logbook was kept nearby so staff could rapidly respond to a request from the consultant for a prescription form. We saw that no forms or pads were left in treatment or consulting rooms.

- Overall, staff gave a clear account of the process involved and demonstrated a good understanding of the Ramsay Health Care Medicines Management Policy (CMM 001).
- In addition, we observed a number of doors to offices; clinic and treatment rooms had been secured with a keyless entry system, which staff said had been introduced since our last visit. This meant the hospital had an extra layer of security to help reduce the chances of unauthorised entry to key areas, including where prescription pads were stored.

Mandatory training

- When we inspected the hospital in June 2106, we found that staff were not completing mandatory training in sufficient numbers to maintain patients' safety. We told the hospital it must take action to improve compliance with its mandatory programme. At this inspection we found the hospital has taken the necessary action and training rates were satisfactory.
- We found both Ramsay Health Care and the hospital had invested resources into achieving a sustained improvement in training compliance. The overall mandatory training rate for North Downs had increased to 86%, which exceeded the corporate target of 85% and represented a significant improvement.
- The corporate team had introduced a new internet-based 'e-learning' system throughout the Ramsay group. Locally, the senior management team had allocated an operating department practitioner (ODP) to the role of training coordinator. The general manager said this was a permanent part-time responsibility and was considered a "good fit" with the role of health and safety representative, which the person also held. The ODP worked between one to three days a week in the training coordinator role, depending on demand.
- The hospital provided a combination of e-learning and classroom lessons as part of its annual mandatory training program. E-learning topics included safeguarding (adults and children), information governance, equality and diversity, health and safety, emergency management and fire safety. When staff completed each module, their personal training record was automatically updated. Managers had 'administrative rights' for the system, which meant they could check and generate summary reports either by

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department or by individual. These figures were included in performance reports distributed to all managers and reviewed during monthly head of department meetings.

- With this data, the senior management team engaged with heads of departments to reinforce targets and ensured that mandatory training was also reviewed at individual performance and development reviews. We saw examples of meeting notes confirming this along with copies of training status reports for all topics. Managers explained that the information held on the system was also available to corporate executives and training managers, who also monitored results and benchmarked each hospital.
- Benchmarking was published at the regional meetings attended by general managers and matrons from each Ramsay hospital in the area. These meetings were attended by corporate directors, and the standing agenda for these meetings included a combination of business and clinical performance indicators such as mandatory training compliance. This indicated effective monitoring and reporting systems had been embedded into the culture of the organisation.
- We spoke with the training coordinator, who felt well supported by the senior management team and spoke of a “new commitment” to training by the hospital. The coordinator described strategies used to secure “protected time” for training days, manage new starters and staff requiring extra support to complete training tasks. For instance, with the help of the management team, the coordinator had been able to run ‘mop up’ sessions for staff over the Christmas period, when surgical activity was lower. The coordinator said she was now pursuing individuals who missed training sessions on a case-by-case basis and was able to pinpoint these using the reports she generated and a spreadsheet record.
- Staff we talked to appreciate the single point of contact for questions about training and one member recalled having one-to-one help from the coordinator when dealing with the new software.

Is the location effective?

(for example, treatment is effective)

At our previous inspection we rated effective as good in both outpatient and surgical services, and good overall. We have not changed this rating.

The previous inspection in 2016 indicated that improvements were required to minimise risks and promote safety and to meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider it must address this issue.

Competent Staff

- At our last inspection, we found the competence, capability and indemnity insurance of surgical first assistants could not be assured. At the time, we examined four records of staff who worked at the hospital as first assistants. They were not directly employed by the Ramsay group and were provided by an external agency. Our inspectors noted the hospital did not keep details of relevant qualifications and medical indemnity insurance for these staff on record.
- Surgical first assistants are experienced theatre nurses or operating department practitioners who have undergone nationally recognised postgraduate training courses to enable them to assist surgeons during operations. First assistants are expected to have the same level of knowledge, skills and expertise as that of the medical practitioner they are replacing.
- On this visit, we reviewed three personnel files and saw clear evidence of certification and insurance status. Managers outlined the HR process that had been refined to ensure certificates were provided and checked before staff were booked. The files were tabulated and clearly presented, making it easy for the reader to obtain the information required.

Is the location caring?

We did not inspect this area of the service as this was a focused follow up inspection.

Is the location responsive to people's needs?

Location

(for example, to feedback?)

We did not inspect this area of the service as this was a focused follow up inspection.

Is the location well-led?

We did not inspect this area of the service as this was a focused follow up inspection.