Nuffield Health Wessex 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

Nuffield Health Wessex Hospital is operated by Nuffield Health. The hospital provides surgery, medical care and outpatients and diagnostic imaging. We conducted a focussed unannounced inspection on 10 April 2018. We inspected medical care as we had rated this service as Requires Improvement during out inspection in December 2015.

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

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

Throughout this inspection we also followed up on concerns raised at the CQC inspection conducted in December 2015. We found:

- At the last inspection, we found the endoscopy unit was built before the health and safety executive published the standards recommended practices for endoscope reprocessing units (2012) on the movement of clean endoscopes. The service had not undertaken a risk assessment on how it mitigated the risk of spillage when moving clean endoscopes from endoscopy to theatres and back to endoscopy.We found during this inspection that the Nuffield Health corporate risk advisor had undertaken a risk assessment of all Nuffield groups of hospitals in similar situations and had made appropriate adjustments to mitigate such a risk. This included the provision of covering of the endoscope during the journey to avoid any spillages.
- At the last inspection in December 2015, we found the endoscopy recovery room could not provide adequate privacy and dignity for patients. We found during this inspection that the department had addressed this issue and now only provided the space to recover one patient at a time, ensuring patient privacy and dignity could be maintained.
- At the last inspection, we found, in the treatment room a small piece of threaded carpet covered electrical leads to prevent staff tripping up. At this inspection, the hospital had covered the electrical leads with a rubber mat. This was upon advisement of the Nuffield Health corporate risk advisor. Staff told us this was a temporary solution as in January 2018 a request had been made for a tape system to avoid any accidents. The matron confirmed that this was being actioned in early May 2018 and we were shown an email confirming this.

We rated this hospital as good overall.

We found good practice in relation to medical care:

- We found incidents were managed appropriately. Staff were aware of how to report incidents and supported to do so.
- Infection prevention and control was well managed and was regularly audited to ensure staff compliance.
- Staff undertook a range of mandatory training subjects, including appropriate safeguarding training for their grade. We saw that staff training compliance was above the service target of 90%.
- Staff were competency assessed to undertake their roles. Staff received yearly appraisals.
- Staff were consistently caring and respectful towards patients. We observed direct patient care whereby staff were compassionate and engaged with patient needs.
- The service provided assurance on how it met national waiting times for patients to wait no longer than 18 weeks for treatment after referral.

Summary of findings

- Staff spoke highly about their departmental managers, and about the support, they provided to them and to patients. All staff said managers supported them to report concerns. Their managers would then act on them.

However, we also found the following issues that the service provider needs to improve:

- Patient dignity was compromised because of the theatre gowns they wore.Patients would normally walk to the theatre and the theatre gowns were such that the backs were open.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve.

Amanda Stanford

Deputy Chief Inspector of Hospitals, London and South

Overall summary

We rated medical care services as good overall because: Staff demonstrated a clear understanding of incident reporting and there was an effective process which ensured thorough investigations were undertaken with learning shared throughout the hospital. Staff could describe the duty of candour and we saw evidence of how this had been applied in practice. Staff were supported in doing both their mandatory training and undertaking additional training for development. Staff spoke highly of the support they received from managers to do this. We found during this inspection that the Nuffield Health corporate risk advisor had undertaken a risk assessment of all Nuffield group of hospitals where the unit was built before the guidance issued by the health and safety executive for endoscope reprocessing units. The service had made adjustments to mitigate the risk of spillages. The service had a cleaning schedule that was available and visible to staff. The endoscopy unit had developed standard operating procedures in line with national guidance. The unit took part in peer review with other Nuffield endoscopy units nationally. The hospital ensured the recovery area in the endoscopy unit maintained privacy and dignity of patients. The service provided assurance on how it met national waiting times for patients to wait no longer than 18 weeks for treatment after referral. Translation services were available for patients in a variety of languages. Staff spoke highly about their departmental managers, and about the support, they provided to them and to patients. All staff said managers supported them to report concerns. Their managers would then act on them. They said their managers regularly updated them on issues that affected the unit and the whole hospital. The senior management team were highly visible across the hospital.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care	Good 	Medical care services were a small proportion of hospital activity. We rated medical care services as good overall because it was safe, effective, caring, responsive and well led.

Summary of findings

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Summary of this inspection

Background to Nuffield Health Wessex Hospital

Nuffield Health Wessex Hospital is operated by Nuffield Health. The hospital/service opened in 1977. It is a private hospital in Chandlers Ford, Hampshire. The hospital primarily serves the communities of Hampshire. It also accepts patient referrals from outside this area. We carried out an unannounced inspection of Nuffield Health Wessex Hospital on 10 April 2018. This was a focused inspection to ascertain whether the hospital had taken any actions related to the endoscopy service which was part of the medical care service.

The hospital has had a registered manager in post since June 2012. At the time of the inspection, the current registered manager had been in post since December 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in medical care. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

Why we carried out this inspection

We conducted a focussed unannounced inspection on 10 April 2018. This inspection was a follow-up to our December 2015 inspection. We looked at endoscopy service, which is part of medical care, as we rated this service as Requires Improvement during our inspection in 2015.

How we carried out this inspection

We inspected endoscopy, which is part of medical care, using our comprehensive inspection methodology. We carried out the unannounced inspection on 10 April 2018.

Information about Nuffield Health Wessex Hospital

Nuffield Health Wessex Hospital provides medical services to patients who have private medical insurance , those who self fund , or who have been referred for services from the NHS. Medical services include assessment, diagnosis and treatment of adults by medical intervention rather than surgery.

The only medical service provided by Nuffield Health Wessex hospital is endoscopy. Endoscopy involves looking inside the body for medical reasons using an endoscope. An endoscope is an instrument used to examine the interior of a hollow organ or cavity of the body. The focus of this report is the endoscopy service.

Summary of this inspection

The endoscopy unit access is via the ward corridor and consists of a treatment room, a room for washing equipment used in endoscopy with clean and dirty processing areas and a recovery area.

During the inspection, we visited the endoscopy unit. We spoke with the matron, a GP endoscopist, a consultant, endoscopy lead nurse, theatre manager, ward sister, pre-operative nurse team leader, six registered nurses, one operating department practitioner, three patients, one relative, and a member of administrative staff. Before, during and after our inspection we reviewed the provider's performance and quality information. During our inspection, we reviewed 14 sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The hospital has been inspected once before, and that inspection took place in December 2015.

What people who use the service say

People who use the service told us that nurses treated them with care and compassion. They had the opportunity to have private conversations with staff members in a private room. People told us that that they were "always treated with dignity and respect" by all staff members and they were very positive about their treatment and care they were receiving. People told us they were encouraged to provide feedback.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Staff demonstrated a clear understanding of incident reporting and there was an effective process which ensured thorough investigations were undertaken with learning shared throughout the hospital.
  Staff could describe the duty of candour and we saw evidence of how this had been applied in practice. Staff were supported in doing both their mandatory training and undertaking additional training for development. Staff spoke highly of the support they received from managers to do this.
- We found during this inspection that the Nuffield Health corporate risk advisor had undertaken a risk assessment of all Nuffield group of hospitals where the unit was built before the guidance issued by the health and safety executive for endoscope reprocessing units. The service had made appropriate adjustments to mitigate the risk of spillages.
- The service had a cleaning schedule that was available and visible to staff.
- The endoscopy suite was working toward Joint Advisory Group (JAG) on gastrointestinal (GI) endoscopy accreditation incorporating the endoscopy global rating scale, which is quality improvement and assessment tool for the GI endoscopy service.

However;

- At the time of inspection, the endoscopy unit did not have patient slide equipment. This could result in a patient experiencing skin tears by being dragged up a bed. It could also result in staff injury.

Are services effective?

Good

We rated effective as good because:

- The endoscopy unit had developed standard operating procedures in line with national guidance.
- Staff within the endoscopy unit worked jointly with other health professionals to provide a seamless service for patients.
- The unit took part in peer review with other Nuffield endoscopy units nationally.
- Staff demonstrated a good understanding of the Mental Capacity Act 2005 and highlighted its application within the unit.

Summary of this inspection

Are services caring?

Good

We rated caring as good because:

- The hospital ensured the recovery area in the endoscopy unit maintained privacy and dignity of patients. Staff were caring and compassionate. Patients commented positively about the care provided from all staff they interacted with. Staff treated patients with respect and courteously. Patients felt well informed and involved in their procedures and care. They received information including their care after discharge from the endoscopy suite.
- Staff supported patients to cope emotionally with their care and treatment as needed.

However,

- Patient dignity was compromised because of the theatre gowns they wore.Patients would normally walk to the theatre and the theatre gowns were such that the backs were open.

Are services responsive?

Good

We rated responsive as good because:

- The service provided assurance on how it met national waiting times for patients to wait no longer than 18 weeks for treatment after referral.
- Care and treatment was coordinated with other providers.
- Translation services were available for patients in a variety of languages. This met with the needs of the local population.
- Staff discussed comments received from patients regularly at staff meetings.

Are services well-led?

Good

We rated well-led as good because:

- Staff spoke highly about their departmental managers, and about the support, they provided to them and to patients. All staff said managers supported them to report concerns. They said their managers regularly updated them on issues that affected the unit and the whole hospital.
- The senior management team were highly visible across the hospital.Staff described open culture and said senior managers were approachable at all times.
- Staff from all departments had a clear ambition for the service and were aware of the vision for their departments.

Summary of this inspection

- Governance processes at department, hospital and corporate level allowed for monitoring of the service and learning from incidents, comments and results of audits across medical services.

Good

Medical care

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

Information about the service

Summary of findings

We rated medical care services as good overall because: Staff demonstrated a clear understanding of incident reporting and there was an effective process which ensured thorough investigations were undertaken with learning shared throughout the hospital. Staff could describe the duty of candour and we saw evidence of how this had been applied in practice. Staff were supported in doing both their mandatory training and undertaking additional training for development. Staff spoke highly of the support they received from managers to do this. We found during this inspection that the Nuffield Health corporate risk advisor had undertaken a risk assessment of all Nuffield group of hospitals where the unit was built before the guidance issued by the health and safety executive for endoscope reprocessing units. The service had made adjustments to mitigate the risk of spillages. The service had a cleaning schedule that was available and visible to staff. The endoscopy unit had developed standard operating procedures in line with national guidance. The unit took part in peer review with other Nuffield endoscopy units nationally. The hospital ensured the recovery area in the endoscopy unit maintained privacy and dignity of patients. The service provided assurance on how it met national waiting times for patients to wait no longer than 18 weeks for treatment after referral. Translation services were available for patients in a variety of languages. Staff spoke highly about their departmental managers, and about the support, they provided to them and to patients. All staff said managers supported them to report concerns. Their managers would then

act on them. They said their managers regularly updated them on issues that affected the unit and the whole hospital. The senior management team were highly visible across the hospital.

Are medical care services safe?

Good

Incidents

- Staff in the endoscopy suite were aware of their responsibly to report incidents. Staff reported incidents either via an electronic reporting system or to their manager who then logged the incident on the reporting system. Staff we spoke with were confident to report incidents and challenge poor behaviour by staff at any level, medical or nursing, if they were concerned about poor practice that could harm a person.
- Within the endoscopy unit, there were no serious incidents and no clinical incidents reported (April 2017 and March 2018).
- There had been no never events in the endoscopy service. Never events are serious incidents that should not occur if the available preventable measures have been implemented.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The NHS Safety Thermometer allows teams to measure harm and the proportion of patients that are 'harm free' during their working day. This enables teams to measure, assess, learn, and improve the safety of the care they provide.
- Day cases were excluded from the NHS Safety Thermometer. In the period January to December 2017, only one patient undergoing an endoscopy procedure stayed overnight.

Cleanliness, infection control and hygiene

- The hospital had policies and procedures in place to manage infection prevention and control. Staff were able to access the policies and procedures on the hospital's intranet, and the endoscopy lead demonstrated how to do this. We saw policies for the management of waste and processes surrounding decontamination.
- All areas we visited were visibly clean.

- In the endoscopy suite, stickers were signed and dated to indicate that items, for example patient observation machines, were clean.
- Antibacterial hand disinfectant gel was available and we saw staff use them..
- Hand wash basins were available and we saw staff washing their hands .
- Staff adhered to the 'bare below the elbow' policy when providing care and treatment.
- Disposable aprons and gloves were readily available. Staff used them when delivering care and treatment to patients, to reduce the risk of cross infection. Staff also wore disposable gloves and aprons as personal protective equipment when undertaking endoscopy.
- For the endoscopes, there was a physical decontamination pathway. There was a pass-through hatch (one way) between the endoscopy room and dirty room. There was a drying cupboard and a storage cupboard for the endoscopes. There were also full scope-tracking and traceability records kept. This followed guidance from the British Society of Gastroenterology on decontamination of equipment for gastrointestinal endoscopy (2014).
- The National Institute for Health and Care Excellence (NICE (2008) states that all perioperative staff should wear specific non-sterile theatre attire in all areas where surgery is performed including endoscopy and minor procedure rooms. The department complied with this guidance.
- At the last inspection, we found the endoscopy unit was built before the health and safety executive published the standards recommended practices for endoscope reprocessing units (2012) on the movement of clean endoscopes. The service had not undertaken a risk assessment on how it mitigated the risk of spillage when moving clean endoscopes from endoscopy to theatres and back to endoscopy. We found during this inspection that the Nuffield Health corporate risk advisor had undertaken a risk assessment of all Nuffield groups of hospitals in similar situations and had made adjustments as they were in line with the guidance to mitigate such a risk. For example, the liquid container was covered so the content would not spill over.
- At the last inspection we found there was a cleaning schedule available, but it was not visible to the staff. At this inspection, the cleaning schedule was available and visible to staff.
- Domestic staff cleaned the endoscopy unit overnight. We saw 10 completed cleaning checklists. These were completed and signed by the domestic staff for items they cleaned.
- At the last inspection we found, in the treatment room a small piece of carpet covered electrical leads to prevent staff tripping up. At this inspection, the hospital had covered the electrical leads with a rubber mat. This was upon advisement of Nuffield Health corporate risk advisor. Staff told us this is a temporary solution as in January 2018 a request had been made for a tape system to avoid any accidents. The matron confirmed that this was being actioned in early May 2018.
- At the last inspection, we found there was not a cleaning checklist for items cleaned by theatre staff. There was a general checklist, including a check of fridge temperatures, room temperatures and endoscopy equipment. At this inspection there was a specific checklist for items cleaned by theatre staff.
- There had been no incidences of Clostridium difficile between January and December 2017.
- At the pre-operative assessment stage, staff screened all patients for methicillin-resistant Staphylococcus aureus (MRSA), a type of bacterial infection that is resistant to a number of widely used antibiotics. If a patient was positive, they received treatment for MRSA and a procedure was not performed until the patient was clear of infection.
- For the most recent Patient-Led Assessments of the Care Environment (PLACE) assessment (2018) Nuffield Health Wessex scored higher (98.9%) compared with other independent hospitals (98.4%). These self-assessments were undertaken by teams of NHS and private health care providers, and included at least 50 per cent members of the public (known as patient assessors). They focused on the cleanliness of the hospital. Furniture we saw was clean and in good condition, fully wipe-able and compliant with the Health Building Note (HBN) 00-09: Infection control in the built environment.

Environment and equipment

Good

Medical care

- There were two resuscitation trolleys located on the main ward and these were tagged to prevent access by unauthorised personnel. Documented regular checks were undertaken. Staff explained that these trolleys could easily be accessed in case of emergency. However, to mitigate the risk of not being able to rapidly access the resuscitation trolley, in case of emergency, the hospital had ensured the endoscopy suite had an emergency drug box and equipment such as a bag valve mask. This is a manual resuscitator or "self-inflating bag." It is a hand-held device commonly used to provide positive pressure ventilation to patients who are not breathing or not breathing adequately.
- The hospital had not complied with the Joint Advisory Group (JAG) accreditation standards on gastrointestinal endoscopy standard that states that a resuscitation trolley should be located within the endoscopy unit during an endoscopy list. It had adequately mitigated the risk by the provision of emergency drug box and ventilation equipment.
- The endoscopes were standardised, to help all staff to be familiar with the equipment.
- The number of endoscopes and size of scopes met the needs of the service. There were also a sufficient number of monitors, cameras, and printers.
- There were processes to ensure compliance with decontamination processes as recommended by JAG.
- Maintenance and repair contracts were in place for the endoscopes, the washer disinfector, and the drying cabinet. We saw maintenance records during our inspection and they were all up-to-date..

  At the time of the inspection, the endoscopy suite did not have any slide sheets available. Slide sheets are used to assist patients and the carer in movement and transfer of patients. Staff told us they try to get patients to move themselves up and down the trolley. If they had a patient who could not position themselves unaided, they would call for help from other members of staff. Equipment to move and reposition patients was made available post inspection.

  The endoscopy pendent had been ordered and was awaiting to be fitted.

Medicines

- Medicines were stored in locked cupboards. Medicines that required storage below a certain temperature were stored in a locked fridge, remotely monitored. However, we found the monitoring system had not been monitoring a particular fridge in endoscopy. We highlighted this as a concern to the matron who immediately reported the matter to the pharmacist for action. They disposed of medicines in the fridge and requested an urgent repair.
- The storage of controlled drugs (CDs) was appropriate.
- The CDs were checked after each endoscopy list, and reconciled against stock levels. The checks were undertaken regularly.However, the last check was done on10 April 2018. There had been an endoscopy list on 9 April 2018, however, there was no CD check recorded for that day. This was the only omission over a period of 3 months.
- At the last inspection in December 2015, we identified that the endoscopy unit did not have a medication called naloxone. This is a medication that may be needed if a patient has a reaction to specific analgesia. At this inspection we found the medication was available.
- Oxygen cylinders, tubing and masks were available on the patient trolleys in recovery if needed.
- At the last inspection, we found inappropriate storage of oxygen cylinders. At this inspection, we found oxygen cylinders were safely stored in line with guidance.

Records

- The records were complete and included clinical data and were written and managed in a way that kept people safe.
- During our inspection, we reviewed 14 endoscopist patients care records. The pre-assessment questions, admission record, pre-procedure care, care during procedure, recovery, post-procedure care were fully completed and nursing care.
- Staff told us there was a system in place to ensure that medical records generated by staff holding practising privileges were available to staff (or other providers) who may be required to provide care or treatment to the patient.

- The hospital had recently changed the documentation of the completion of the Five Steps to Safer Surgery World Health Organisation (WHO) checklist. This is a tool for the relevant clinical teams to improve the safety of surgery by reducing deaths and complications. For the period October 2017 to March 2018, compliance of 100% had been achieved for both the observational audit and the documentation audit.
- The medical staff told us that at the start of each endoscopy session they led an in room briefing. We saw this during the inspection. This was followed by patient checks at the start of the list and a debrief after. This summarised the procedure, and medications given, in line with the WHO process.

Safeguarding

- Compliance with safeguarding training was 98%. The hospital target for attendance was above 90%. A corporate policy safeguarding and protecting vulnerable people policy was in place.
- Endoscopy staff were aware of their responsibilities and described a safeguarding concern being acted upon appropriately and in a timely manner.
- There had been no safeguarding referrals from the endoscopy service.

Mandatory training

- Mandatory training compliance for the seven staff working in the endoscopy suite ranged from 95% to 100%. The hospital had set the standard of compliance at 90%.

Assessing and responding to patient risk

- There were guidelines for the management of patients on blood thinning medicines undergoing endoscopic procedures. These guidelines were routinely audited for compliance.
- Patients were asked to complete a postal pre-assessment heath check questionnaire. A registered nurse checked the returned questionnaires prior to the procedure to re-assess a patient's suitability and fitness for endoscopy. The pre-operative assessment nurse would advise the consultant's secretary, if there were any medical risk factors that the consultant needed to be made aware of.
- Through the postal pre-assessment health check questionnaire, the hospital would assess if a patient was at risk of being MRSA positive. If so, the patient would be contacted pre-procedure to attend the pre-assessment clinic for swabs. Arrangements would be made to ensure the patient attended the last appointment for the day. This meant the equipment could be thoroughly cleaned to remove MRSA.
- We were told that endoscopy list order would take account of a patient's health needs. For example, if a patient had diabetes, the patient would be listed first to prevent the possibility of low blood sugar in pre-operative starvation period. Patients were advised to bring any tablets or insulin to control their diabetes with them. We reviewed the notes of one diabetic patient and found the hospital followed the process it had outlined.
- A modified early warning system (MEWS) is a scoring system that identifies patients at risk of deterioration, or needing urgent review. This would include observations of vital signs and the patient's wellbeing to identify whether they were at risk of deteriorating. This system was in use for patients undergoing endoscopy. Medical and nursing staff were aware of the appropriate action if a patient scored higher than expected. Of the10 sets of notes reviewed, we found the MEWS scoring system was filled out accurately.

Nursing staffing

- The endoscopy unit team comprised of one lead endoscopy nurse, two trained nurses, one decontamination worker and one recovery trained nurse. Staff confirmed they were line managed by the deputy theatre manager who was a member of this team.
- We reviewed the rotas of three different weeks and found that the actual staffing was in line with planned staffing.
- There was cover provided for staff absence.
- We observed one endoscopy procedure. There were four endoscopy staff in the treatment room during the procedure, and one endoscopy staff member undertaking decontamination.

Good

Medical care

- The unit met JAG guidelines for staffing. The minimum standard for the unit was to have all six staff to hold endoscopy competencies. At inspection, we checked and found all staff had endoscopy competencies.

Medical staffing

- The endoscopy service was led by a consultant endoscopist. All endoscopies were undertaken by medical staff. There were three medical staff undertaking regular lists in the unit.

Emergency awareness and training

- The endoscopy staff were aware of the major incident policy at Nuffield Health Wessex Hospital there was a standard corporate policy in place. In the event of a major incident, staff from the endoscopy unit would be part of the theatre team, with specific responsibilities allocated to them.

Are medical care services effective?

Good

Evidence-based care and treatment (medical care specific only)

- We looked at standard operating procedures (SOP) for different aspects of the endoscopy service. We saw these were in line with national guidance such a British Society of Gastroenterology (BSG) guidelines. Staff had signed them to indicate they had read them.
- Endoscopy staff were aware of National Institute for Health and Care Excellence (NICE) guidance. They did not yet have Joint Advisory Group (JAG) accreditation. The service had registered with JAG and had completed an endoscopy global rating scale (GRS) self-assessment. The hospital provided us with their self-assessment result. JAG had not yet formally reviewed the hospital. The GRS is a quality improvement system designed to provide a framework for continuous improvement for endoscopy services to achieve and maintain accreditation.
- To support best practice, Nuffield Health Group created a policy for endoscopy for all its Nuffield Health hospitals with an endoscopy suite. Nuffield Health Wessex Hospital had in place the policy and an audit of its compliance to that policy. This audit was completed in November 2016 and the audit was graded at 88% (minor concerns).Overall, it demonstrated that there was good compliance with the policy.
- However , there were two areas that were identified as areas of concern: (1) the evidence of audit feedback through the hospital's integrated governance reporting systems. Since then, the hospital has regularly updated the MAC on the progress the hospital was making on the GRS.(2) The evidence of audit feedback to consultants. Since 2016, the hospital has launched endoscopy user group meeting under the leadership of the endoscopy service lead.

Pain relief (medical care specific only)

- Colonoscopy was undertaken under intravenous sedation. Patients who underwent gastroscopy were offered throat spray to numb the back of their throat, or intravenous sedation. Patients were provided with additional analgesia, if required.
- We observed two patients who underwent procedures. They were relaxed and lightly sedated. However, they were aware of their surroundings and conversed with the consultant and nurses. They were both able to change position with assistance, as requested by the consultant during the procedure. The consultant asked how the patients were during the procedure, and they said they were fine.

Nutrition and hydration

- The2018 Patient Led Assessment of the Care Environment (PLACE) audit rated audit for period March and June 2018, the food on the ward at the Nuffield Wessex was rated 99% compared with other independent hospitals at 91.6%.
- Patients, who were due to attend for colonoscopy, were sent medication in the post. They were also sent advice on how to prepare for the procedure, and given general guidance regarding pre-operative dietary and fluid intake.
- Before attending the department for their gastroscopy procedure, patients were advised not to eat or drink anything for at least six hours prior to appointment time, to enable good views of the stomach.

- All patients, following either a gastroscopy or a colonoscopy, were offered a drink and light snack prior to discharge.

Patient outcomes

- The hospital had not yet explicitly identified the information about outcomes of people undergoing endoscopy and ensured these are routinely collected and monitored. At the time of the inspection in April 2018, there had been little activity in the unit however since the closure of another local unit the number of patients attending for an endoscopy procedure had increased. The hospital director told us they were now able to produce several reports. These reports were discussed at the endoscopy user group meetings.
- The matron and theatre manager had self-completed (GRS) using a template from JAG. This self-assessment had identified areas where improvement in patient outcomes was needed, for example, the development of a comprehensive endoscopy operational policy. The matron, to support the hospital progressing towards accreditation, had drawn up an action plan. The matron had identified nine actions for improvement in patient outcomes, to meet JAG standards. These all had a responsible person identified and noted, and a target date.

Competent staff

- The medical advisory committee (MAC) was responsible for granting and reviewing practising privileges formedical staff. The hospital undertook checks which ensured medical staff who worked under practising privileges had the necessary skills and competencies. The medical staff received supervision and appraisals. Senior managers ensured the relevant checks against professional registers, and information from the Disclosure and Barring Service (DBS) were completed. The status of medical staff consultants practising privileges was recorded in the minutes of the medical advisory committee notes.
- The endoscopy lead had drawn up a set of competencies for a dedicated team of staff who supported endoscopy. All six staff met these competencies.
- In October 2017, two endoscopy staff attended a decontamination study day. The deputy manager had signed up to a “How to gain JAG accreditation” to be held in April 2018.
- Staff appraisals were planned yearly. Appraisal compliance was 100% in June 2018.
- Staff were provided with training on the duty of candour.

Multidisciplinary working

- There was effective multidisciplinary working in the endoscopy suite. During our inspection, we saw that the administrative staff, pre-assessment staff, endoscopy staff, medical staff, and ward nursing staff worked well together to ensure the patient pathway was effective.

Seven-day services

- The endoscopy procedures were planned interventions, and performed during the hours 7.30am to 8.00pm Monday to Friday. Patients we spoke to reported good access to appointments and availability at times that suited their needs.

Access to information

- Records of endoscopic procedures were kept on a computer system, which could be accessed by those with a passcode. A copy was printed out and kept in the patient record, so the doctor could review it in an outpatient clinic.
- Patients received a letter which included the reason for the procedure, findings, medication and any changes, potential concerns and what to do and details of any follow up. Staff sent copies of this letter to the GP and placed a copy in the patient’s medical records kept at the hospital. This meant there were effective systems to ensure GP’s had up to date information about their patient’s treatment and progress.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One hundred per cent of endoscopy staff had attended this training. Staff told us capacity was assessed at the pre-assessment appointment. They gave us examples of this and had a good understanding of the process.

Good

Medical care

- Patients received information prior to their endoscopy procedure. This allowed patients to read the information and, if understood, give informed consent when they came for their procedure. Consent forms appropriately detailed the risks and benefits to the procedures.
- In all the records we looked at, each record had a signed consent form to indicate the patient had consented to treatment. This was in line with the hospitals policy and Royal College of Surgeons guidelines.

Are medical care services caring?

Good

Compassionate care

- At the last inspection in December 2015, we found a potential privacy and dignity issue with the environment supporting two patients together at the same time. At this inspection, the hospital had ensured the recovery area in the endoscopy unit only accommodated one patient at a time.
- Patients had the opportunity to have private conversations with staff members in a private room. Patients told us that nurses treated them with care and compassion.
- Staff used a screen to provide extra privacy to patients undergoing a procedure.
- There was a recovery area with curtains to protect patient's dignity.
- Patients told us that that they were "always treated with dignity and respect" by all staff members. Patients were very positive about their treatment and care they were receiving.
- Patients were encouraged to provide feedback and this was analysed to improve the care provided. The Friends and Family Test results showed that patients were always given privacy when receiving care.
- The service took part in the Friends and Family Test (FFT). This is a survey which asks NHS patients whether they would recommend the service they have received to friends and family. From January 2017 to June 2017 the service had an average response rate of 13.6% for NHS funded patients and achieved a score of 98% for NHS funded patients.
- A chaperone was made available to all patients that requested this. A chaperone is a person who serves as a witness for both a patient and a medical practitioner as a safeguard for both parties during a medical examination or procedure.
- However, there were instances when patient dignity was compromised because of the theatre gowns they wore. Patients would normally walk to the theatre and the theatre gowns were such that the backs were open. Most patients were not aware of how these gowns could be overlapped to protect their dignity. The hospital supplied patients who underwent colonoscopy procedures with dignity underwear which was designed to be worn during the procedure.

Understanding and involvement of patients and those close to them

- Staff discussed side effects of treatment with patients in a kind and considerate matter.
- Patients received full explanations and details about the procedures they were to have. We saw information leaflets with this information on them.
- Patients undergoing an endoscopic procedure attended the pre-assessment clinic to receive a full explanation about the procedure. If a patient was unable to attend the pre-assessment clinic, staff gave these patients information and medicines necessary for them to have their procedure through by post.

Emotional support

- We saw staff interacting with patients in a supportive manner and dealt with them with sympathy and reassurance.
- In the hospital's own friends and family test 214 patients took part in this survey that took place between July 2017 to December 2017. On average 98% of patients would recommend the hospital.
- The hospital scored 95% in the PLACE assessment for privacy, dignity and well-being, which was better than the national average of 88%.

Good

Medical care

- We saw staff treating patients in a kind and considerate manner. Patients told us staff always treated them with dignity and respect.

Are medical care services responsive?

Good

Service planning and delivery to meet the needs of local people

- The hospital undertook NHS and private work. The hospital had agreed with the local clinical commissioning group to include the GP endoscopist undertaking NHS gastroscopies in the NHS contract. This would enable the recording and monitoring of waiting times in line with national requirements. There was not an NHS commissioned colonoscopy service; patients requiring this service were treated on a self-funded or insured (private) basis.
- Patients received appropriate information prior to their procedure. For example, the information about gastroscopy included preparation and time to arrive, the two ways it could be performed, the examination process and after care. For a colonoscopy, the information included preparation and time to arrive, what the procedure involved, during the procedure and aftercare.
- To ensure there was gender separation, the hospital had an early afternoon list that was dedicated to one gender and a later afternoon list dedicated to the other gender.
- Staff told us they were aware of how to provide care to patients having dementia or a learning disability. They told us of one patient who had dementia and had been admitted for a procedure in the endoscopy suite.

Access and flow

- For a colonoscopy procedure, a patient would be referred to a consultant endoscopist by their GP or by another consultant. The patient would be seen for an outpatient consultation. The symptoms would be assessed and they would be listed for a procedure if they fulfilled standard national guidelines. Waiting times were around one to two weeks and these were monitored by the matron on a weekly basis.
- The NHS gastroscopy service was aimed at non-urgent referrals. The service provides GPs with an open access diagnostic gastroscopy service. Exclusions included suspected cancer, active bleeding, any condition requiring emergency gastroscopy and a defined range of complex medical conditions.
- A patient that was a non–urgent case for a gastroscopy would be seen within two to four weeks of referral. If a patient was suspected to have cancer, then there was a fast track system in place following the endoscopy. This was to ensure the patient had an urgent scan. A consultant upper gastrointestinal surgeon would then see the patient in their two-week clinic.
- A patient admitted for a procedure, was discharged on the same day with a letter to their GP.

Meeting people's individual needs

- To meet people's individual needs, patients were provided with a gown and shorts to wear under the gown. We have mentioned earlier how dignity could be compromised.
- Male and female patients were recovered post procedure in the endoscopy suite one-bedded recovery bay. The hospital had ceased that practice at this inspection.
- At the last inspection, we raised concerns regarding privacy and dignity with the endoscopy lead as the lists were not separated into male and female. At this inspection, the unit had now either had a single sex list in the morning and a single sex list in the afternoon.
- For patients whose first language was not English, telephone translation facilities were available. At the last inspection, staff in the endoscopy suite used relatives to interpret at times. At this inspection, we found staff were aware of how to access translation services. There was also on-going monitoring to ensure staff used the service.
- At the last inspection, the assessment of health needs questionnaires sent to patients prior to their arrival, contained some questions about dementia, but this only related to people over 65 years old. The assessment questionnaire has since been revised to reflect dementia also affected patients younger than 65 years old.

Good

Medical care

- Patient Led Assessment of the Care Environment (PLACE) undertook an audit to assess how the hospital responded to patients with dementia. During the period March and June 2018, PLACE rated the hospital as 77.4%, compared with other independent hospitals at 83%.

Learning from complaints and concerns

- There had been no complaints related to care given in the endoscopy suite during the period January to December 2017.
- CQC did not receive any complaints about the hospital between January and December 2017
- Information on how to make a complaint was available within a leaflet which set out the process and what people should expect. The leaflets were available in the endoscpy waiting area, at reception and throughout the hospital. Information was also set out in a patient guide, which was sent to all patients and identified how a complaint could be raised and how it would be managed.
- Patients could make a complaints in a number of ways; they could do so verbally, providing feedback directly to staff, feedback cards, the hospital' complaint process, social media, NHS choices and Healthwatch.
- Staff discussed comments from patients at regular team meetings. We saw minutes of these meetings which indicated this was occurring regularly.
- Nuffield Wessex Hospital received 10 complaints in 2017 which was a decrease on the 41 complaints received in 2015.

Are medical care services well-led?

Good

Leadership and culture of service

- There was a clear management structure which staff were aware of. This meant that leadership and management responsibilities and accountabilities were explicit and clearly understood.
- In endoscopy, staff worked with the lead endoscopy nurse who was responsible for the day to day running of the endoscopy unit. They reported to the deputy theatre manager who was responsible for the operational management of the endoscopy unit. They reported to the matron who wasresponsible for the provision of clinical services. The matron ensured that sufficient resources were available to maintain the endoscopy service provision set out within their policy. The matron reported to the hospital director who had overall responsibility for all patient services within the hospital. This responsibility included that all legal and regulatory requirements were met and that patient safety and quality of care was ensured.
- Staff told us they could approach immediate managers and senior managers with any concerns or queries.

Vision and strategy

- The vision for the hospital was to become the private hospital of choice in Hampshire, and regional centre by ensuring high quality care, which is safe, effective and personalised.
- Staff from the endoscopy departments had ambitions to grow the service. They were aware of the vision for the department. The vision was to provide the highest standards of care, ensuring a patient's experience was as comfortable as possible.
- Achieving JAG accreditation would enable staff to enhance the service.

Governance, risk management and quality measurement (medical care level only)

- The hospital had, since the last inspection, developed its own internal risk register. They told us that there were a number of risks identified and these were assessed before being placed on the risk register. For example, the risk of not receiving JAG accreditation was on the risk register.
- The hospital now carried out its own internal risk assessments as part of their quality assurance process to improve the quality of the service delivery.For example, the internal risk assessment had been completed for the movement of clean endoscopes from endoscopy to theatres and back to endoscopy. This audit ensured that there were no spillages of any fluids from used endoscopes.
- The hospital director hosted the hospital's medical advisory committee (MAC) meetings.They also held

regular meetings with the local care commissioning group (CCG) and minutes of these were available which looked at performance and activities. They also were part of the endoscopy user group that was formed as a result of the last inspection.This group was charged to implement the standards that would lead to JAG accreditation.

- The hospital director also held regular meetings with the matron and risks were discussed. We were told these were constructive meetings and they had, since the last inspection recorded the minutes.There was now a formal record of any arising concerns or agreed actions.

Public and staff engagement

- Since January 2015, the hospitals' patient satisfaction survey had enabled patients to indicate overall satisfaction with experience by procedure. There were seven other procedures performed at the hospital, as well as the three endoscopy procedures. Since January 2015 the average 'overall satisfaction' score for endoscopy patients has been 95%. Patients had made a number of positive comments. None of the comments necessitated a review of processes.
- The endoscopy unit began an endoscopy user group in 28 February 2016. They invited a patient as a member of this user group. Other members of the group the hospital planned to invite were an endoscopist, an endoscopy nurse, endoscopy ward nurse/ outpatient department (OPD) nurse, theatre manager, matron, ward and OPD manager. The purpose of the group was to improve the care given to the patient and the patient journey.
- The staff survey for 2017 had a 63 percent response rate, with 98 percent saying they would be happy to recommend Nuffield Health services to family and friends.
- The provider regularly sought the views of people using the service. The friend and family test result showed 96% were satisfied with the care and treatment they had received.

Innovation, improvement and sustainability

- The hospital director and matron regularly met with the hospital endoscopists.The last meeting was in early January 2017 and the next was scheduled in January 2018. The purpose of this meeting was to discuss progress on the endoscopy unit and compliance with JAG.
- The governance meetings improved the performance of the unit.
- They had seen an increase in the number of patients responding to the survey.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- Develop patient centred outcome measures for endoscopy services.
- Improve the availability of patient equipment.
- Re-design surgical gown to improve patient dignity.