

Nuffield Health

# Nuffield Health Bristol Hospital - The Chesterfield

## Quality Report

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March 2015

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This report describes our judgement of the quality of care at this hospital. 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.

## Ratings

### Overall rating for this hospital

Requires improvement



Surgery

Good



Services for children and young people

Inadequate



Outpatients and diagnostic imaging

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Nuffield Health Bristol - The Chesterfield is an independent hospital run by the Nuffield Health corporate group. It opened in November 2013 following the redevelopment of the site, although there had previously been a hospital there until 2010. The hospital provides inpatient surgical treatment to adults and children over the age of 12 years and outpatient treatment to adults and children from birth upwards. Surgical specialities at the hospital include orthopaedics, including spinal orthopaedics, spinal neurosurgery, general surgery, breast surgery, ear, nose and throat surgery, gynaecology, urology, cosmetic surgery, ophthalmology, vascular surgery, gastroenterology, and pain management. We carried out this comprehensive inspection as part of our wave 2 pilot of in-depth reviews of independent hospitals. Our inspection was carried out in two parts: the announced visit, which took place on 24 and 25 February 2015 and the unannounced visit, which took place on 10 March 2015. Our key findings were as follows: **Safety**

- There was a good safety culture within the hospital. Staff were aware of how to report incidents and felt supported to do so. Incidents were investigated and learning was shared with staff.
- Infection control practices were effective within the hospital. Premises were clean and uncluttered, with alcohol gel and hand-washing facilities available throughout. Staff used personal protective equipment and observed 'bare below the elbow' policies.
- There were risks to security out of hours, which meant that patients may be unsafe.
- Surgical safety systems were embedded in practice to support patient safety.
- There were sufficient levels of staff in all areas of the hospital. However, staff did not have sufficient qualifications, skills and experience to care for children and young people in a surgical setting. Only occasional practice took place at the hospital which limited staff ability to maintain their skills and experience. Some consultants were only engaging in occasional practice with respect to services for children and young people. National guidance identifies that occasional practice should not occur. Not all consultants who were providing care for children and young people, undertook NHS practice and the majority of the surgical work they carried out was on adults. We were not assured that they had sufficient skills and experience to provide care and treatment to children.
- Children and young people receiving surgical treatment were assessed against criteria including age, weight and height and considered as the same as adults. There was little consideration that children, no matter their weight and height, deteriorate in a different manner to adults and that, despite their physical appearance, may not be as psychologically or emotionally mature as adults.
- Although appropriate resuscitation equipment was available on the ward for the age, size and weight of the children admitted as in-patients not all the required resuscitation equipment was in place for children under 12 years of age on the hospital site. Not all key staff who were providing care for children and young people had been trained in basic paediatric life support, although, this had been identified and training sessions had been booked for the month following our inspection.
- We wrote to the provider (Nuffield Health) to make them aware of our concerns regarding the care and treatment of children at this hospital. They agreed not to provide any services to children and young people until the concerns raised were rectified. As a result we did not undertake any enforcement action at this stage.

### Effective

- Improvement was required in the effectiveness domain because the hospital was not monitoring outcomes sufficiently to provide assurance of the quality and safety of the service. There was no evidence that patient outcome data was used to improve the quality and safety of the service. The provider participated in some national audits relating to surgery, although not all data was available to us. There were benchmarking audits undertaken within the Nuffield Health group. However, despite our requests, data regarding patient outcomes and external benchmarking data and information was not made available to us during the inspection process.

# Summary of findings

- There were effective pain management practices on the wards. Patients received pain relief promptly and when required in an outpatient setting. This was managed on an individual basis by the consultant and resident medical officer.
- Patients were monitored well to ensure they had sufficient nutrition and hydration.
- Although not all services were available on seven days of the week, there was flexibility. Theatres were open from Monday to Friday between 8am and 8pm and on Saturday between 8am and 4pm. There was on-call provision to ensure that where required, a patient could return to theatre in an emergency 24 hours a day and seven days a week. There was specialist pharmacy and pathology advice available on an on-call basis.
- There was good multidisciplinary working throughout the hospital.
- Consent for surgical procedures was taken on the day of surgery, although patients told us they had discussed the procedure with the consultant prior to this. Documentation relating to consent for children and young people having surgery showed that although consent had been sought from parents, there was no record that the child or young person's view had been sought.
- Staff demonstrated variable understanding of the Mental Capacity Act 2005 and further training was planned for the week after our inspection. There was a dementia lead in the hospital, who was used as a source of reference for staff.

## Caring

- We saw staff throughout the hospital treating patients with kindness and compassion. This included housekeeping and catering staff. As there were no children or young people receiving care within the hospital at the time of our inspection we were unable to assess the caring nature of this service.
- There was support available for adult patients who were vulnerable or had extra care needs. Visiting hours were flexible and there were facilities for relatives to stay overnight to support their emotional wellbeing.
- Information was provided to patients in a way that they understood and appreciated. Procedures were explained thoroughly at pre-assessment and again when patients were admitted to the ward prior to surgery. Patients were encouraged to bring a relative or friend with them to appointments and we observed that where appropriate, the relative or friend was engaged in the discussion about care and treatment.

## Responsive

- The hospital was responsive to the needs of patients using the services. Admission, treatment and discharge pathways were well organised and flexible so that they were responsive to patients' changing needs.
- Outpatient capacity was managed well and patients were given flexibility to make choices about their care and treatment times.
- Staff worked in a flexible manner to meet the theatre schedule and ensure that patients' needs were met.
- Patients had a choice of menu which met their needs. Food to meet people's special dietary requirements and religious or cultural needs was provided. We saw examples where the menus were changed to meet people's needs and if they stayed in hospital for a longer period of time.

## Well led

- Staff throughout the hospital felt supported by both their line managers and the senior leadership team in the hospital. The hospital director had developed a supportive and empowering culture where staff felt able to raise concerns and to suggest improvements or changes.
- Staff were aware of and worked in accordance with the values and principles of the hospital.
- There was a governance structure in place where key performance indicators were reviewed and discussed through the integrated governance committee, hospital management operations group and the medical advisory committee. However, there was insufficient oversight of the service for children and young people. For example, there was no

# Summary of findings

lead consultant to provide advice and oversight of the service for children and young people on the medial advisory committee. The risks to children and young people were not managed appropriately or in accordance with Nuffield Health corporate policy. Few of the concerns regarding the service for children and young people, including the non-compliance with Nuffield Health policy, had been identified.

- When we raised concerns with the senior management team during the inspection, our concerns were not immediately recognised and the management team's response showed a lack of insight and understanding of the issues raised.
- There was evidence that, with exception of the services for children and young people, the governance structure worked well. Key risks were identified and managed

We saw several areas of outstanding practice, including:

- The number and flexibility of staffing in adult services were excellent. Staffing levels were adjusted for according to patient numbers, dependency and acuity. Staff were allowed to leave early if workload permitted, but equally stayed late if required.
- The choice and quality of food provided to patients in the hospital was excellent. There was flexibility within the menu to provide food that met people's needs and was not repetitive for those patients who stayed in the hospital for longer periods of time.

However, there were also areas of poor practice where the provider needs to make improvements. Importantly, the provider must:

- Ensure that there is sufficient data collection, external benchmarking and monitoring of outcomes for patients in order to provide assurance of the effectiveness of the service. Insufficient data was available to identify patients' outcomes in all areas.
- Ensure that there are sufficient numbers suitably qualified, skilled and experienced staff, employed by the provider to ensure standards of safety of children and young people are met and are meeting the requirements set out in national guidance, prior to providing any further services to children and young people.
- Ensure that there is adequate resuscitation equipment and medicines to ensure safety of children and young people, prior to providing any further services to children and young people.
- Ensure that consent of children and young people is appropriate, with consideration to the capacity of the child, prior to providing any further services to children and young people.
- Ensure that there is sufficient leadership and oversight of services provided to children and young people, prior to providing any further services to children and young people.

In addition the provider should:






- Provide sufficient training to make sure that all staff have a clear understanding of the Mental Capacity Act 2005.
- Provide sufficient mandatory training in basic life support.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Requires improvement</b> 
<b>Are services effective?</b>	<b>Not sufficient evidence to rate</b> 
<b>Are services caring?</b>	<b>Good</b> 
<b>Are services responsive?</b>	<b>Good</b> 
<b>Are services well-led?</b>	<b>Requires improvement</b> 

# Summary of findings

## Our judgements about each of the main services

### Service

### Surgery

### Rating

Good



### Why have we given this rating?

Care and treatment provided by surgery services was safe. Infection rates were low; incidents were reported and resulted in learning. Surgical safety systems were embedded in practice to support patient safety. Improvement was required in the effectiveness domain because the hospital was not monitoring outcomes sufficiently to provide assurance of the effectiveness of the service. Patients were well cared for on the ward and in theatres. Pain was well managed and patients' nutrition and hydration needs were met well. Some national audits were completed to establish outcomes for patients. Not all data was available to us to establish the effectiveness of the service. Audits were undertaken to benchmark service within the Nuffield group and to ensure the competency of staff. There was evidence of good multidisciplinary working and out-of-hours services were provided when needed. Staff demonstrated variable understanding of the mental capacity assessment process to protect patients' rights under the Mental Capacity Act 2005. Surgery services were caring. Patients were treated kindly and with compassion. Support was available for those patients who were vulnerable or had complex care needs. Patients felt involved in decisions about their care and treatment. Surgery services were responsive to meet the needs of the patients using the service. The admission, treatment and discharge pathways were well organised and flexible so that they were responsive to patients' changing needs. Staff worked in a flexible manner to meet the theatre schedule. Learning was taken from complaints and helped to inform service improvement. Surgery services were well led. The ward and theatre managers led staff who felt a strong sense of teamwork and collaborative working. Staff understood the vision and direction of the service. Effective governance arrangements ensured that performance was monitored and measured against national and local performance. Regular audit ensured that shortfalls in performance were identified and acted upon.

# Summary of findings

## Services for children and young people

Inadequate



Due to the low numbers of children and young people who were provided a service at the Nuffield Bristol we were unable to rate all areas of this service. We found that due to low numbers of children and young people receiving surgical treatment at the Nuffield Bristol, there was a risk of harm to this patient group. There was inadequate provision of resuscitation equipment for children under the age of 12 years and there were insufficient numbers of staff trained in paediatric life support. There was only occasional practice at the hospital which limited staff ability to maintain their skills and experience. Equally some consultants were only engaging in occasional practice with respect to services for children and young people. National guidance identifies that occasional practice should not occur.

We found that the competency tools used to train staff to manage the care of paediatric patients was poor and did not properly assess the skills needed. We found high standards of cleanliness, infection control and hygiene. Bookings and throughput were well managed. The hospital did not have appropriate staffing or skill mix to provide safe care and treatment for children and young people. Initially when raised senior staff did not recognise these concerns. Services for children and young people were voluntarily suspended at the hospital by the provider and an action plan developed to rectify the issues identified.

## Outpatients and diagnostic imaging

Good



During our inspection we spoke to reception staff, hostess staff, health care assistants, nursing staff, consultants and the nursing manager. We also spoke with thirteen patients and carers. We found there was a caring culture embedded in the outpatients department. Staff involved patients and carers in all decisions and put patients' needs first. The department's booking system was well organised and patients received timely appointments. There were few delays and patients were complimentary about the levels of information they received. The values, jointly known as EPIC (enterprise, passionate, independent, and caring) were fully embedded in the department. Staff had confidence in their managers and felt able to challenge poor practice and suggest improvements in the department. The department used a thorough method for ensuring effective infection control. Staff demonstrated a good understanding of the importance

## Summary of findings

of reporting incidents. The service was open and transparent when something went wrong. However we found that staff's understanding of safeguarding and what to do in an emergency could be improved. Diagnostic imaging services in the hospital were not provided by Nuffield Health and therefore were not assessed as part of this inspection.

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Requires improvement



# Nuffield Health Bristol Hospital - The Chesterfield

## Detailed findings

### Services we looked at

Surgery; Services for children and young people; Outpatients and diagnostic imaging

# Detailed findings

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### Detailed findings from this inspection

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## Background to Nuffield Health Bristol Hospital - The Chesterfield

Nuffield Health Bristol -The Chesterfield is an independent hospital which is part of the Nuffield Health corporate group. It provides outpatient services to adults and children from birth upwards and surgical services to adults and children over the age of 12 years.

The hospital opened (and was registered with CQC) in November 2013, following redevelopment of the site, although Nuffield Health previously had a hospital on this and another site in Bristol. This new hospital was formed of the merger of those locations.

The hospital had one 30 bedded ward and seven day case beds. The 30 rooms included two rooms with access for disabled people. Facilities to provide high dependency care were in place but had not been commissioned for use at the time of our inspection. There were three operating theatres and a separate

endoscopy unit which had six patient bays and one theatre. There was also a recovery (post-anaesthetic) area in the theatre suite. The hospital had 11 outpatient consulting rooms, a small pathology laboratory and an on-site pharmacy. Although diagnostic imaging facilities were available on-site, they were provided by a third party and were not reviewed as part of this inspection.

From the period October 2013 to September 2014 there were 2,446 visits to theatre and from January 2014 to January 2015 there were 548 endoscopy procedures performed. There were 18 surgical procedures carried out on children over the age of 12 years between January 2014 and December 2014.

We carried this inspection out as part of the wave 2 pilot programme of independent healthcare inspection under our new methodology.

## Our inspection team

Our inspection team was led by:

**Inspection Manager:** Catherine Campbell, Care Quality Commission The team included two CQC inspectors and

a variety of specialists: a consultant surgeon, a theatre nurse and a nurse with experience of working with children and in an outpatient setting. A member of the CQC policy team also joined the inspection.

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

# Detailed findings

- Is it responsive to people's needs?
- Is it well led?

The inspection team inspected the following three core services at the Nuffield Health Bristol – The Chesterfield hospital.

- Surgery;
- Services for children and young peoples;
- Outpatient and diagnostic imaging services.

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG), NHS England, Health Education England (HEE), the General Medical

Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch. We carried out this comprehensive inspection as part of our wave 2 pilot of in-depth inspections of independent hospitals. Our inspection was carried out in two parts: the announced visit, which took place on 24 and 25 February 2015; and the unannounced visit, which took place on 10 March 2015. During our visit we spent time on the wards and in the outpatient departments observing the treatment and care provided. We also spent time in the operating theatres, recovery and endoscopy areas of the hospital. We spoke with a variety of staff, including nurses, doctors, therapists, managers and support staff. We also spoke with patients and relatives.

## Facts and data about Nuffield Health Bristol Hospital - The Chesterfield

Nuffield Health Bristol – The Chesterfield has 30 inpatient beds and seven day case beds. The hospital opened in 2013 following redevelopment of the site. Services are provided to NHS patients and private patients. The hospital has a workforce of 31.8 whole time equivalent nursing staff and 3.6 whole time equivalent healthcare assistants. There is a resident medical officer, employed by an agency, on site at all times.

The hospital has 232 consultants who have “practicing privileges”. This means that they have been approved to work at the hospital, although they are not directly employed.

From the period October 2013 to September 2014 there were 2,446 visits to theatre and from January 2014 to

January 2015 there were 548 endoscopy procedures performed. There were 18 surgical procedures carried out on children over the age of 12 years between January 2014 and December 2014.

The hospital had a low bed occupancy rate, had low mortality rates and there had been no incidents of MRSA (methicillin-resistant *Staphylococcus aureus*) or MSSA (methicillin-sensitive *Staphylococcus aureus*) in the 12 months prior to our inspection. There had been two cases of *Clostridium difficile* at the hospital between October 2013 and September 2014. The Registered Manager had been in post since 1 April 2014.







## Our ratings for this hospital

Our ratings for this hospital are:

# Detailed findings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Not rated	Good	Good	Good	Good
Services for children and young people	Inadequate	Not rated	Not rated	Not rated	Inadequate	Inadequate
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement

# Surgery

Safe	Good	
Effective	Not sufficient evidence to rate	
Caring	Good	
Responsive	Good	
Well-led	Good	
Overall	Good	

## Information about the service

Surgery services at Nuffield Health - The Chesterfield comprised of three operating theatres which were used flexibly to operate on all the surgery specialities identified below and the theatre suite included a layout room, scrub room and recovery area. From the period October 2013 to September 2014 there were 2,446 visits to theatre.

All operating procedures were planned and no emergency surgery took place. Surgical specialities were: orthopaedics, including spinal orthopaedics, spinal neurosurgery, general surgery, breast surgery, ear, nose and throat surgery, gynaecology, urology, cosmetic surgery, ophthalmology, vascular surgery, gastroenterology, and pain management.

The endoscopy unit had six patient bays and one theatre and undertook 548 procedures from January 2014 to January 2015. This was an increase in procedures from the previous year.

There was one 30 bedded ward and seven day case beds. The 30 rooms included two rooms with access for disabled people. A high dependency facility was in place but had not been commissioned for use at the time of our inspection.

We visited all three theatres and the endoscopy unit over two days. We also visited the recovery (post anaesthetic) area. We spent time in the ward area and spoke with the managers for both theatre and the ward areas. We spoke with five consultants, thirteen nurses and six patients. We also spoke with health professionals, porters and housekeeping staff. We observed care being provided and looked at seven patients' records.

## Summary of findings

Care and treatment provided by surgery services was safe. Infection rates were low; incidents were reported and resulted in learning. Surgical safety systems were embedded in practice to support patient safety.

We did not rate the effectiveness domain because we were not confident that we had sufficient evidence to do so. The hospital was not monitoring outcomes sufficiently to provide assurance of the effectiveness of the service.

Patients were well cared for on the ward and in theatres. Pain was well managed and patients' nutrition and hydration needs were met well. Some national audits were completed to establish outcomes for patients. Not all data was available to us to establish the effectiveness of the service. Audits were undertaken to benchmark service within the Nuffield group and to ensure the competency of staff. There was evidence of good multidisciplinary working and out-of-hours services were provided when needed. Staff demonstrated variable understanding of the mental capacity assessment process to protect patients' rights under the Mental Capacity Act 2005.

Surgery services were caring. Patients were treated kindly and with compassion. Support was available for those patients who were vulnerable or had complex care needs. Patients felt involved in decisions about their care and treatment. Surgery services were responsive to meet the needs of the patients using the

# Surgery

service. The admission, treatment and discharge pathways were well organised and flexible so that they were responsive to patients' changing needs. Staff worked in a flexible manner to meet the theatre schedule. Learning was taken from complaints and helped to inform service improvement. Surgery services were well led. The ward and theatre managers led staff who felt a strong sense of teamwork and collaborative working. Staff understood the vision and direction of the service. Effective governance arrangements ensured that performance was monitored and measured against national and local performance. Regular audit ensured that shortfalls in performance were identified and acted upon.

## Are surgery services safe?

Good



There was a good culture of safety in surgery services. Incidents were reported and investigated and feedback and learning was provided to staff. Effective infection control processes were in place and recorded rates of infection were low. 'Safety thermometers' were used to measure, monitor and analyse patient harms and 'harm free' care. The environment of the ward and theatre suite was safe. The surgical safety checklists were embedded in practice and further systems were in place to respond to a deteriorating patient. Levels of staff in all areas were safe for medical, nursing, therapy and support staff. Agency staff were used when necessary. Mandatory training was ongoing; there were some shortfalls in training for basic life support. Medicines were managed safely and record keeping in all surgical areas was completed and audited, with any shortfalls addressed.

### Incidents

- Staff felt supported to raise incidents. In the last quarter of the year prior to our inspection there were no serious incidents or RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incidents.
- Nuffield Health had a standard operating procedure for the reporting and management of adverse events. Staff were aware of this procedure and appeared knowledgeable and confident about reporting incidents.
- There were 96 clinical incidents reported in the period July 2014 to December 2014. All incidents reported were investigated by Nuffield Health Bristol and a root cause analysis was undertaken. No serious incidents requiring investigation were recorded in this period. Incidents reported to the hospital board in October 2014 showed that, of the 89 incidents reported in the previous quarter, 26 resulted in no harm, 14 resulted in low harm and two resulted in moderate harm. This score was equal to the previous quarter scores.
- There was evidence of learning from incidents. For example, following multiple incident reports, heavy

# Surgery

theatre doors had been altered and training for handling of those doors had been provided, thus reducing the risk of harm to staff. There had been no unplanned transfers to another provider during this quarter.

- There had been 11 cases of unplanned return to theatre during the period between October 2013 and September 2014. The reasons for these returns were reviewed; they were varied and did not exhibit any specific trends.
- From October 2013 to September 2014 there were two reported cases of surgical site infection.
- Mortality and morbidity reviews did not take place unless a death occurred at the hospital. No deaths had occurred since the hospital had opened in 2013.

## Safety thermometer

- A selection of safety thermometer data for surgical wards was available for 2014. The safety thermometer was a check undertaken each month on a set day, looking at specific areas. The results were sent to the hospital matron for review. For 2014, quarterly scores showed a drop in patient falls from 88% to 61% for data relating to slips, trips and falls. Safety thermometer information supplied for November 2014 for the four patients sampled showed no falls, pressure damage or urinary tract infections were recorded.

## Cleanliness, infection control and hygiene

- The theatre complex was clean and equipment storage provided to enable effective cleaning. The theatre suite had a dedicated cleaner employed each evening between 4pm and 12pm to follow cleaning procedures.
- The ward area appeared clean and tidy. We spoke with two members of the ward housekeeping team. They explained that they had a handover sheet and were given information each day which highlighted any infection control risks, specific workload related issues and patient requests or preferences. Should they have any questions or information of concern they explained they felt supported to speak to the nursing staff or the ward manager.
- There were systems in place to manage and monitor prevention and control of infection. These systems used risk assessments to consider how susceptible patients were to infection and any risks that their environment may have. The hospital had in place an annual infection prevention learning and development programme for all staff to ensure infection control was well managed.

- The endoscopy unit cleaned and sterilised its own scopes and safety checks were performed daily, including water checks.
- Healthcare-acquired infection rates were low. No Methicillin-resistant Staphylococcus aureus (MRSA) blood stream infections had been recorded. There had been two reported cases of Clostridium difficile (C. difficile) in the reporting period between October and December 2013 and between April and June 2014.
- Audit of infection prevention and control was ongoing. We reviewed a sample of two infection prevention action logs relating to the operating theatre and ward. The ward review identified for November 2014 that compliance with hand hygiene scored 95%. Details of actions taken to address any shortfalls were recorded. The theatre record also identified a shortfall and the actions to be taken.
- We were presented with information which showed that during a survey 88% of patients asked said that the hospital was clean. This was 12% higher than the national score for Nuffield Health hospitals.
- We observed that staff wore appropriate uniform and 'bare below the elbow' to allow effective hand washing. Protective equipment, such as gloves and aprons, was available and we observed staff washing their hands between patients.

## Environment and equipment

- The operating theatre was secure and systems were in place to receive deliveries of equipment external to the theatre suite. A nurses' station was located near the main theatre doors to enable anybody accessing theatre to be met before changing into theatre scrub clothing. The theatre manager had identified that the main theatre doors opened automatically and had planned for this not to happen at the weekends when fewer staff were available.
- An equipment store was accessible within the theatre suite. Staff told us that the equipment management was efficient and they had everything they needed. Surgical equipment was provided from an external source. Equipment could be tracked and traced to ensure any questions relating to equipment could be answered.
- The ward area was well equipped and maintained. Pressure relieving equipment was accessible when a need was identified and an equipment room contained pumps and infusion equipment, which had been recently serviced.

# Surgery

- Adult resuscitation equipment was in place in each department. Equipment for pacing of heart rhythm was available and accessible in theatre and further defibrillation equipment was located at five points throughout the hospital. The trolleys used for resuscitation and associated equipment, for example suction and oxygen, were checked daily and those checks were monitored weekly to ensure they had been completed.
- The theatre manager had identified that while there were sufficient cardiac monitors in place for each theatre, a further monitor had been ordered to ensure that patients could remain monitored when being transferred to the ward.
- We noted that a clean utility room in theatre was being used to store some medicines. This room was adjacent to a patient and relative waiting area and was unsupervised at times. The theatre manager assured us that a key pad lock had been ordered and was pending.

## Medicines

- Medicines were managed safely. The hospital had an on-site pharmacy and pharmacists visited the ward daily to audit and re-stock the medicine supply. Information from the hospital demonstrated that audits of medicines management took place and any shortfalls were identified and investigated. A recent audit found no areas of concern for the management of controlled drugs.
- Stocks of controlled drugs were audited by the pharmacist. Controlled drugs are medicines that need extra checks and special storage arrangements because of their potential for misuse. Stock levels were limited and monitored.
- Patients told us that on admission they had their medicines stored in a locked cupboard by their bed. Should a patient have controlled drugs, they were stored in the controlled drug cupboard and returned to the patient on discharge.
- Medicines were administered safely. Medicines administration records were well maintained and clear about the medicines prescribed and administered. Patient medicine rounds were observed and patients were advised to not take the medicines without the knowledge of the nursing staff to ensure safe practice.

- At the morning briefing of theatre staff it was confirmed that theatre anaesthetic equipment had been checked. The anaesthetic machines were checked daily by an ODP and bottle oxygen supply was checked daily by the head porter.

## Records

- Records were in a paper format and appeared well completed, reducing the risk of unsafe or inappropriate care to patients. We reviewed five patients' records and all appeared to have been fully completed in sufficient detail to provide an audit trail of care from pre-admission assessment to discharge.
- At first consultation private patients were seen following a referral from their GP, with the exception of cosmetic consultations. Where there was no GP referral the consultant undertook a full assessment relevant to the pathway of care. A Nuffield health record was then created for current and all subsequent visits to the hospital. Consultants were required to maintain clear, accurate, contemporaneous medical records as part of their practising privileges contract. Compliance with this requirement had been identified as an area for local improvement ahead of further development of electronic records.
- As part of their practising privileges contract, consultants were required to ensure that Nuffield Health had access to the medical records, and when these were moved off site they were required to inform the Registered Manager how they could be obtained. We did not see this take place in practice.
- For NHS patients accessing the hospital via the 'Choose and Book' system there was a preliminary patient record created with a referral and some basic medical history.
- Records were audited monthly and a record of outcomes and actions maintained. Patient records were sampled in each department. We noted an error in one of the records we reviewed and pointed this out to the ward manager. It was highlighted that as part of the audit sample, not all records were reviewed; therefore some errors may slip through unnoticed. The hospital risk register included an issue relating to clinical record keeping. A monthly audit of medical records notes and action plan were being developed to identify areas of improvement.

## Safeguarding



# Surgery

- The hospital matron was the lead for safeguarding and the point of access for staff should they have questions about safeguarding issues.
- There had been no safeguarding concerns or alerts reported by the hospital in the 12 months prior to our inspection. Staff said they were confident to raise a safeguarding alert and were able to describe the process they would follow. Policies on the referral of a safeguarding concern were available for staff to refer to.

## Mandatory training

- Mandatory training rates for January 2015 were variable. Most staff had completed training in fire safety, health and safety, information governance and safeguarding vulnerable adults. Lower percentage completion rates were seen for manual handling and infection control. Scores were low for staff trained in basic life support. Some team members, including the resuscitation lead, had completed advanced life support training; this included the Resident Medical Officer.
- Staff told us training was ongoing; they felt supported and had time to attend classroom sessions or complete the e-learning packages in place. A system was in place to alert staff to the renewal date for training to ensure that updates were not overlooked.

## Assessing and responding to patient risk

- Risks to patients were assessed at the pre-admission assessment and should there be any concerns the surgery would not take place. Consultants told us that no patients with an American Society of Anaesthesiologists physical status classification score of 4-6 were operated on at the hospital. This meant that no patients with severe systemic disease that was a constant threat to life would be considered for surgery. There had been two cases of unplanned transfer of an inpatient to acute hospitals in the period between October 2013 and September 2014, following deterioration in the patient's condition.
- Within theatres each morning a 'morning brief' took place. Each planned procedure was discussed and notes made. These notes were stored for future reference, should any issues be raised about planning and procedure. The World Health Organisation (WHO) surgical safety checklist was embedded in daily practice and adhered to. This is a process recommended by the National Patient Safety Agency to be used for every patient undergoing a surgical procedure. The process

involves a number of safety checks before, during and after surgery to avoid errors. We observed the checklist being followed and it was completed fully for each patient procedure. We reviewed the sample audits undertaken in theatre which included a review of the WHO checklist being completed. This was consistently completed satisfactorily for most aspects. However, we noted in the audit of 10 records during 2014 (no date available) only 70% compliance had been achieved for the 'time out' section of the checklist. We reviewed five sets of notes where the checks were fully completed. An audit was provided within the Clinical Quality Report October 2014 which stated that compliance with the WHO clinical checklist had achieved 97%, an increase since the previous quarter when 95% compliance had been achieved. The Chesterfield Hospital risk register recorded that the risk to patients was significant and there was an aim to achieve 100% compliance.

- Risks relating to deteriorating patients were managed using a recognised assessment tool. The Modified Early Warning System (MEWS) had been implemented across Nuffield Health hospitals. This is an evidenced based tool which is used to calculate certain indicators to identify deterioration in a patient's clinical status and so identify when intervention is required. Within the recovery department MEWS was started as the patient woke from their anaesthetic and multiple observations were undertaken before the patient was discharged to the ward. We observed that for one patient, who had an endoscopy, a score of three had been calculated and action had been taken to admit the patient overnight for further observation.
- There was a hospital policy in place for the emergency management of cardiopulmonary resuscitation. This stated the minimum requirements were a core team of three practitioners available at any time.
- We spoke with the resuscitation lead nurse who was able to describe the actions taken should a cardiac arrest take place and was confident that staff had the skills to undertake a resuscitation.
- There were policies in place for the management and consent for patients who were not to be resuscitated. A DNACPR (do not attempt cardiopulmonary resuscitation) form was in place, which would be completed by the consultant and would be reviewed every 24 to 48 hours. The patient's resuscitation status would be monitored by the resuscitation lead nurse who was the ward manager. The ward manager was

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aware of the issues around capacity and would ensure that, should capacity be unclear, a mental capacity assessment would be completed and the patient's best interest be served.

## Nursing staffing

- Staffing levels were safe. Nuffield Health had established a working party to review the National Institute of Clinical Excellence Safe Staffing Guidelines. The hospital's approach made use of a basic staffing tool to meet patient acuity or dependency needs. The approach was to schedule one qualified nurse to eight inpatients or six day case patients, supported by health care assistants. Staff numbers could be increased according to a clinical assessment by a senior nurse of the individual patient's needs each nursing shift.
- We saw on the days of our inspection the required staffing ratio was being met. Staff told us that this was mostly the case. On the first day of our inspection overnight two trained nurses were allocated to care for six patients and this level was seen during our unannounced inspection.
- The Chesterfield Hospital board report for January 2015 noted that staffing levels in theatres were low and recruitment was ongoing to address this. Recruitment was in progress in response to an increased workload and interim agency staff were being employed. We were advised by the theatre manager that only one agency was used to ensure consistency of practice and agency staff could be booked for block periods of time. The theatre manager was aware of the agency staff skills and could be assured that they were suitably experienced skilled for the theatre work. Theatre staffing levels were staffed in line with the Association of Perioperative Practice recommendations. There were low vacancy rates for allied health professionals and administrative and clerical staff.
- The provider told us that they assessed the hospital to have a stable workforce and a low/ moderate rate of staff turnover for inpatient department's nurses and administrative and clerical staff.
- Out-of-hours nursing staff were required to have a minimum of three months' experience before they were able to provide on call cover. Nursing staff worked on a day/night shift rotation and night staff had the opportunity to complete on line training at this time.

- Student nurses were employed on the wards as the hospital was part of the student nurse rotation from a local NHS trust.

## Surgical staffing

- Surgical consultants' and anaesthetists' workload varied and so a wide range of surgical staff were available. There was a resident medical officer (RMO) on the hospital site 24 hours a day, seven days a week, who liaised with the consultant and nursing teams. The RMO was provided via a third party contract. There were two RMOs on a weekly rotation. These staff were resident on site and were available on call out-of-hours. Should they be called out in the night, eight hours' rest time was needed before returning to a shift. The RMO was aware of the pending patient theatre lists and was included in staff handovers of information to ensure good communication. All clinical care was consultant led and consultants provided personal cover for their own patients 24 hours a day, seven days a week. They also arranged alternative cover from another consultant with practising privileges at the hospital, in the event that they were not available.
- Consultants on occasions provided their own first assistant staff to assist them during surgical procedures. These staff were not employed by Nuffield Health and did not have practising privilege arrangements in place. However, we were assured by the theatre manager that identification, occupational health and Disclosure and Barring Service checks had been completed for them. We were not provided with evidence during our inspection but this has since been provided.
- The hospital undertook the revalidation process for the consultants who only worked with in private practice if their caseload at the Chesterfield was the majority of their work. We saw evidence of this revalidation process within the consultant practising privileges records we reviewed.

## Major incident awareness and training

- The hospital had a major incident plan in place to outline the process for managing and coordinating the response of the hospital in the event of such an incident. The hospital major incident plan had been developed with advice from local emergency services.
- Emergency life support scenarios were enacted every two months. An external company undertook the scenarios without staff being aware of the planned

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scene. This arrangement was in place to develop staff response skills. The RMO took the lead in these scenarios. Following completion of the scenario a report and recommendations were produced.

- Patient transfers to the local NHS trust were managed and audited against other hospitals in the Nuffield Health hospital group. Should a patient become unwell and require care which was not able to be provided at the hospital, staff followed the hospital's transfer procedure. This would entail a consultant to consultant handover and transfer by ambulance with the anaesthetist or consultant attending with the patient.
- Power tests were undertaken at the weekends and a secondary generator was in place to ensure that, should a power failure take place during surgery, an alternative source was available. A risk assessment was in place in the event that the generator also failed to ensure the safety of patients in theatre. During our inspection we saw lights in theatre dip but power was maintained.

## Are surgery services effective?

Not sufficient evidence to rate

Patients were well cared for on the ward and in theatres. There was evidence of good multidisciplinary working and out-of-hours services were provided when needed. Facilities were available to meet the demands of the service provided. Staff demonstrated variable understanding of the mental capacity assessment process to protect patients' rights under the Mental Capacity Act 2005.

Pain was well managed and patients' nutrition and hydration needs were met well. Some national audits were completed to establish outcomes for patients.

There was insufficient monitoring of benchmarking data regarding patients' outcomes. The hospital board recognised the need to improve data collection to support external benchmarking. This required improvement because the hospital was not monitoring outcomes sufficiently to provide assurance of the effectiveness of the service.

## Evidence-based care and treatment

- The hospital is one of the smallest hospitals in terms of surgical activity when compared with other Nuffield hospitals, although the number of surgical procedures undertaken had increased since the previous year.
- The 2014 Patient Led Assessment of the Care Environment (PLACE) scores for cleanliness, food overall, privacy, dignity and wellbeing and condition, appearance and maintenance were between 94% and 100%.
- Patients were screened for the risk of developing venous thromboembolism (VTE). The screening rate was equal to or greater than 90%.
- Endoscopy records were fed into national surveys through the Joint Advisory Group (JAG) accreditation system. The hospital was in the process of applying for JAG accreditation to demonstrate that they had the competence to deliver against endoscopy national standards. Internal endoscopy audits took place and satisfaction surveys took place monthly, with results fed back to the Medical Advisory Committee. We did not see those survey results but saw evidence of positive feedback to staff. The hospital's infection prevention lead also audited the endoscopy unit and any issues were discussed and appropriate actions taken.
- We spoke with three consultants who told us that patients who received treatment under the NHS and privately had data that was stored nationally for audit and review. The activity at the hospital was predominantly elective surgery and so data of outcome measures was submitted to the National Joint Registry, 98% compliance had been achieved with submissions. However, there was no information which identified how this data was used to improve services.
- The surveillance of surgical site infections was undertaken by Public Health England (PHE) Hospital outcomes and audit - surgical site infection. We were advised that the hospital submitted information to this survey. The hospital had a local infection prevention strategy. We were advised by the management of the hospital that four reports of surgical site infection had been recorded since April 2013.
- Care was provided in line with National Institute for Health and Care Excellence (NICE) guidance. The Nuffield Chesterfield Hospital Clinical Quality Report October 2014 NICE guidance reported on compliance with relevant guidance, for example, Quality Standard 66, intravenous fluid therapy in adults in hospital. The report stated "The above guidance has been reviewed

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by the clinical team and where relevant the hospital is compliant with the guidance issued” We were unable to confirm at this inspection if this guidance was being followed as we did not see any patients receiving intravenous fluid therapy.

- The consultants audited their own practice and this formed part of their review and validation process. We did not review any audits of private practice.

## Pain relief

- We spoke with five patients. They told us that pain management was discussed with them and pain relief was provided promptly. Pain management was discussed with the patient at their pre-assessment appointment and again on admission to the ward. While in theatre recovery staff were supported by anaesthetists to make decisions about pain relief needed. One registered nurse with a background in high dependency care had a special interest in pain relief and so was a reference point for staff, should they have any questions.
- All pain relieving medicines administered were recorded on the patient administration chart. Pain scores and the effectiveness of pain relief were recorded.

## Nutrition and hydration

- Records relating to nutrition and hydration were well completed and provided an audit trail of decisions about hydration and nutrition and the actions completed. Fluid balance charts were consistently completed and we saw that patients had access to drinks and snacks at all times.
- The management of ‘nil by mouth’ prior to surgery was discussed at the patient’s pre-admission assessment. Protocols were in place to ensure that food and fluids were taken in line with consultant advice to ensure the safety of the patient.

## Patient outcomes

- Some national audits were completed to establish outcomes for patients. The hospital board recognised the need to improve data collection to support external benchmarking. This required improvement because the hospital was not monitoring outcomes sufficiently to assure themselves of the effectiveness of the service. Patient Reported Outcome Measures (PROMs) are standardised validated question sets to measure patients’ perception of health and functional status and

their health-related quality of life. The hospital invited all patients (private and NHS) undergoing hip or knee replacement and groin hernia surgery to complete a PROMs questionnaire. Although PROMs data had been submitted for all procedures for the year 2012-2013 and for hip replacement surgery for the year 2013-2014, no data had been submitted for knee replacement surgery and the data for groin hernia surgery showed no results. The data for hip replacement surgery for 2013- 2014 showed 75% of patients felt there was a health improvement as a result of their surgery. However, there was no information which identified how this data was used to improve services.

- We requested from the provider any evidence-based data on the outcomes for patients for plastic surgery and upper GI surgery but this was not provided.
- The hospital also undertook internal audits and results of these audits were measured against other Nuffield Health hospitals to establish benchmarks and improvements. The Patient Satisfaction Headlines 2014 survey reported scores of between 89% and 93% in response to questions which included patients’ overall satisfaction, whether they would strongly recommend the service and their confidence in their doctor or nurse.
- The rate of unplanned readmissions (per 100 inpatient discharges) had increased to 10 reported cases during the reporting period between October 2013 and September 2014. We were not advised of the rate prior to this. We reviewed the reasons for readmissions and no specific trends were evident.
- There were five extended inpatient stays between October 2013 and February 2015. These were mostly caused by theatre timing and delays.

## Competent staff

- All new staff received induction training and were supernumerary to staffing levels during this time in both theatre and the ward. Staff told us they felt supported when they started work at the hospital and felt able to ask for further support if needed. Student nurses from the local hospital were also working on the ward and were mentored and supported during their period at the hospital.
- Appraisal rates for staff varied. Nuffield Health records demonstrated high completion rates for staff appraisal at the hospital since April 2014, with the exception of administrative and clerical staff (63%). Ward and theatre staff confirmed that appraisals took place regularly and

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that they were valuable to their ongoing performance review. Staff described reflective and retrospective appraisals to review their practice and formulate a performance related development plan.

- Staff were keen to tell us of the support they received to develop competencies and skills. They explained that, as part of their performance review process, they could highlight any areas for development and they were supported to advance these skills. Examples provided were support in dementia care, pain management and high dependency care.
- The revalidation of consultants was underway. This was an initiative of the General Medical Council where doctors were required to demonstrate their competence in a five year cycle. For consultants with NHS contracts, the hospital received individual appraisal summaries and evidence of mandatory training from their NHS employer. Consultants who work solely in the private sector undertook an annual appraisal in support of revalidation and we were advised that they completed the Nuffield Health mandatory training programme. The hospital used an electronic database to monitor compliance, with due dates identified for doctor appraisal, revalidation renewal and indemnity, as a part of the practising privileges process.

## Facilities

- There were three digital equipped theatres, all of which were in operation. There were no separate anaesthetic rooms, which meant that patients walked into theatre and were anaesthetised there. Laminar flow air systems were in place in each theatre to control the flow of air through the theatre suites.
- Sterile equipment services were available off site and staff confirmed that equipment was accessible for routine and priority caseloads.
- The endoscopy unit was within a theatre which had clean air exchange. The theatre was also used for minor cosmetic procedures, cataract operations and pain management procedures.
- A high dependency unit (HDU) had been furnished but had not been commissioned for use until sufficient staff had achieved the required competencies. We were told that currently two staff had HDU competence which they maintained by ongoing training in an alternative Nuffield hospital with an active HDU. We were told that on two occasions high dependency care had been provided, although this had not occurred in the last 12

months. On one occasion high dependency care had been provided in response to an emergency situation, pending the patient being transferred to an acute hospital. The second occasion involved planned HDU care following bariatric surgery. In both instances the recovery area had been used as a temporary HDU and staff competencies had been assessed at that time to ensure safe and effective care could be provided. The theatre manager advised both incidents were historic and no future planned HDU admission would be considered due to lack of sufficient staff with HDU competence.

- We were told that security improvements had taken place and were planned. These included changes in access arrangements to theatre at the weekends and changes in arrangements to access keys for theatre to ensure no delay was incurred when access to theatre was required out of hours.
- Systems were in place to ensure safe blood transfusion. Staff undertook competency training to administer blood and one staff member was trained as a 'super-user' to ensure safe practice. Competency training updates were planned for all staff. Electronic systems were in place to release the blood correctly from the storage fridge and emergency access systems were also in place.

## Multidisciplinary working

- There was good multidisciplinary teamwork evident throughout the surgical service. This ensured that patients' needs could be met across a range of treatments and therapies. We observed medical staff, nursing staff, therapists and pharmacists working on the ward. Records of care and outcomes were maintained by the whole multidisciplinary team. Ward rounds took place daily.
- When patients were discharged the hospital worked well with external services. A letter was sent the patient's GP on discharge to inform of the treatment and care having been provided.
- Should a patient need to return to theatre unexpectedly out of hours, there was a theatre team on call, supported by senior nursing staff, x-ray and physiotherapists.
- Physiotherapy was available on the ward and following discharge through the Recovery Plus programme. The physiotherapy team worked to ensure that patients were treated by the same physiotherapist from



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admission to discharge. Ongoing patient rehabilitation was provided for some surgical treatments through access to the local Nuffield Gymnasium for a three month period. The 'healthy work programme' involved input from personal trainers, physiotherapists and consultants who jointly promoted lifestyle management based on patients' clinical needs. Should patients not wish to use this facility, further rehabilitation could be accessed through the outpatient department.

## Seven-day services

- Each theatre was used flexibly for by all specialties. The endoscopy unit was open from Monday to Friday and staff confirmed occasional weekend working took place.
- The theatres were available 8am to 8pm Monday to Friday and from 8am to 4pm on a Saturday (the hospital operated on most Saturdays during the year and offered a regular six day service).
- The theatres were also available for any patient needing to return to theatre 24 hours a day, seven days a week when the need arose. There was a staff on call rota which included scrub staff. Staff worked variable hours to accommodate surgeons' requests. They told us their hours mostly balanced at the end of the month.
- There was a out-of-hours pharmacy provided by a local NHS trust, and pathology advice was available by phone from Nuffield Health Cheltenham Hospital. There was also a senior manager on call each night.

## Access to information

- Patients told us that they had received sufficient information prior to their planned surgery. Patients were provided with both verbal and written information to ensure they understood the planned procedure and had clear expectations about their admission to hospital. They told us that they had any risks explained to them.
- Observation records were kept in each patient's room and were accessible to patients and staff.
- On discharge further information was provided. The ward manager explained that most patients received a telephone call to check on their wellbeing two to three days after discharge and to provide the patient the opportunity to ask any questions. Staff said that patients could telephone the ward with any concerns post discharge.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Consent for surgical procedures was obtained on the day of surgery. We spoke with five patients who all confirmed they had discussed the procedures with their consultant during their pre-admission assessment and had time to consider the procedure planned before consenting to treatment with their consultant on the day of surgery.
- Staff told us that patients who may lack capacity to make an informed decision about surgery were extremely rare. This would be identified at the pre-admission assessment and if any consideration was needed this would be undertaken at this stage. Staff demonstrated variable understanding of the mental capacity assessment process. Some staff were clear about the Mental Capacity Act 2005 and its impact on consent but some staff were not sure of the process to be followed. Further training was planned for the week after our inspection. The ward had a dementia lead who was used as a point of reference for staff. This staff member was a health care assistant with previous experience in mental health care. They had created a file for all staff to reference should capacity, consent or the Mental Health Act 2005 need to be considered.
- The Nuffield Health policies for the resuscitation of patients and 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) decisions were clear to staff. Unless otherwise requested, all patients who had a cardiac arrest were to be resuscitated. Staff's understanding about capacity was limited, although very few patients admitted lacked capacity to make this decision. No DNACPR forms were in place at the time of our inspection and staff advised that it was rare that a DNACPR form was in place. However, should there be one, staff were aware and this information was cascaded at handover of shifts.

## Are surgery services caring?

Good



Surgery services were caring. Patients were treated kindly and with compassion. Consideration was given at all times to their privacy and dignity. Support was available for those patients who were vulnerable or had complex care needs. Patients felt involved in decisions about their care and

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treatment. Facilities for relatives and carers were available when needed. Consideration and support was provided for decisions made around resuscitation in the event of a cardiac arrest.

## Compassionate care

- Patients spoke in complimentary terms about the staff and the care they received. They told us that care had been “excellent” and “first class”.
- The Friends and Family Test (FFT) was undertaken by the Chesterfield Hospital to capture patient feedback. Results showed that between June 2014 and December 2014 100% of respondents said they were ‘extremely likely to recommend’.
- The Nuffield Health Privacy and Dignity Policy states: “All clinical staff, including therapy and medical staff are responsible for ensuring the privacy and dignity of individual patients.” We observed all staff knocking on doors and waiting for a response before entering and referring to patients by their name of choice.
- Positive comments about care received were fed back to staff. We saw that staff received a letter of commendation from the hospital director when patients or relatives had commented about the kindness and care of the staff. Staff appreciated this supportive feedback.

## Understanding and involvement of patients and those close to them

- Information about care was provided in a way patients understood and appreciated. Five patients told us that they had their planned procedure explained thoroughly to them at pre-assessment and again on admission. Patients were clear about the risks involved with their procedure.
- Patients receiving day surgery underwent the same process. Sufficient information was provided on discharge about what to expect following treatment and what to do if they had any concerns. Staff at the hospital had identified from surveys that more specific information was needed and were developing additional documentation about medicines for patients to take home with them.

## Emotional support

- Staff explained that visiting hours were flexible and that on occasions relatives may stay overnight. For patients living with dementia facilities were made available so that a family member or carer could stay with them to support their emotional wellbeing.
- Counselling services were not provided at the hospital. There were no facilities for religious worship or on-site or regular visiting clergy. However, staff maintained a list of contacts for local clergy for different faiths who may be able to provide religious or spiritual support to people.

## Are surgery services responsive?

Good



Surgery services were responsive to the needs of the patients using the service. The admission, treatment and discharge pathways were well organised and flexible to meet patients’ changing needs. Staff worked in a flexible manner to meet the theatre schedule and ensure patients’ needs were met. Learning was taken from complaints and helped to inform service improvement.

## Service planning and delivery to meet the needs of local people

- The admission process and care provided was the same for private patients and NHS patients. However, gym access post procedure was not available to some patients from each group.
- The service assessed the needs of patients and tailored their care on an individual basis. Staff told us that when a patient with a level of dementia was admitted and was unsettled, staff provided the support needed. They toured the hospital with the patient and ensured they were settled and happy to proceed. They took previous experience from learning forward so for any future admission a tailored approach to the patient’s dementia would be in place.
- Patient admissions for theatre were staggered throughout the day to ensure patients did not experience extended waiting. One patient told us “It all runs sweet”. The lists for theatre were compiled by each consultant surgeon’s secretary with sufficient time to enable the theatre to be cleared and prepared for the next patient. There was a one week ‘window’ for booking operations and staff confirmed that lists were

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rarely ever changed past that window. Patients told us that they were required to confirm that they had somebody at home to support their care before they could be discharged.

## Access and flow

- Patients were admitted via reception to the ward and were received by the nurse responsible for their care that day. There were two to three theatre lists taking place each day and some weekend working took place. The patients were seen prior to surgery by the anaesthetist and surgeon for health checks and for consent to be given. When the patient was ready they were given the option to walk to the theatre escorted by staff. In the theatre department there were three waiting cubicles and a small waiting room. Ward staff waited with the patient if they were nervous but if settled they would be handed over to the recovery staff. Whilst in theatre the patient's bed was brought to theatre for the patient to return to the ward in a secondary lift which was away from I areas.
- A theatre recovery area was available with dedicated staff. If needed, additional help was available to recovery staff from the theatre operating department staff.
- The patients were seen by the resident medical officer and consultant before discharge and all treatment communicated to the patient's GP.
- Five side rooms were available for day care operations. These were staffed by a registered nurse or health care assistant. The lists ran through the day and were planned to include evenings, with some day case discharges taking place in the evening.
- Staff reported very few delays in the surgery list and any delays which did occur were communicated to the ward to inform the patient and staff. Staff worked in a flexible manner to meet the theatre schedule, often working extended hours to ensure the theatre list was completed.
- Only one patient theatre list had been recorded as cancelled and the reason for that cancellation was staff sickness. Overnight patient numbers decreased and on the first day of our inspection there were seven patients remaining in hospital overnight.

- Most patients spent two or three days in hospital with the longest stay noted during the inspection being two weeks. We saw one patient from the endoscopy unit being admitted overnight but staff told us this was a rare event.

## Meeting people's individual needs

- Staff provided as much support as required for patients who were vulnerable or had complex needs. Patients living with dementia or a learning disability who needed extra support could be accommodated to ensure the minimum of distress. Staff told us that the patient's carer or a family member could stay at the hospital through the duration of their stay should that be needed and gave us a recent example of how this had taken place. Relatives or carers could also escort the patient to theatre should that be appropriate. Staff on the ward were allocated patients each day and so provided continuity of care throughout the day.
- Staff had access to translation services, should they be needed, to ensure patients had a full understanding of their surgical procedure and plan of care. The ward manager confirmed that an agreement with the local university was in place to provide translation services. We were assured by the ward manager that access to translators with an understanding of medical terminology was in place.
- Patient literature on the ward was available in larger formats but not in alternative languages to English.
- Staff told us that access to an advocacy service had never been called upon and would need to be researched in order to provide this service.
- We saw that the dietary needs and preferences of patients were met. Patients told us that staff made every effort to ensure they had the food and drink they preferred. Birthday cakes were provided to celebrate and for those patients with a reduced appetite every effort was made to tempt patients to eat. A hostess service was available on the ward to provide drinks and snacks when requested. Patients were rarely admitted for longer than three or four days. On one rare occasion a patient had been an inpatient for two weeks and they were offered alternatives to the standard menu which was on a one week cycle.
- Staff told us that patients had access to a TV in each room and air conditioning was provided to ensure their comfort. Free Wi-Fi was available to support communication.



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- Arrangements for discharge were considered at pre-admission and again on admission. Should there be a change of plan and the patient not have somebody at home, a longer hospital stay was arranged.

## Learning from complaints and concerns

- There had been 15 complaints received between November 2013 and November 2014. A sample was sent to us with details of actions taken to address the issues raised in the complaints. The hospital undertook a review of themes to identify any remedial action that may be required.
- The hospital director, as the Registered Manager, was accountable for the investigation of and response to any complaint. The hospital matron oversaw the investigation and delegated this to appropriate individuals. A report of their findings was provided to the matron following the investigation.
- Staff were encouraged to respond to complaints or concerns at the time of complaint and had received LAPSE (listening, acknowledge, propose, solve, evaluate) training to resolve issues. On receipt of a formal complaint, an acknowledgement letter was sent within two working days and the complainant was offered a meeting with the hospital director to discuss concerns in further detail. A Nuffield Health brochure "How to make a comment or formal complaint" was available in all patient areas.
- Complaints were discussed at various meetings where outcomes, lessons learnt and improvement on practice were discussed. Details of complaints formed part of the matron's monthly governance report. The details were shared at the monthly head of department meetings, monthly clinical meetings, monthly senior leadership meetings, quarterly integrated governance meeting and quarterly MAC meeting.

## Are surgery services well-led?

Good



Surgery services were well led. The ward and theatre managers led staff who felt a strong sense of teamwork and collaborative working. Staff understood the vision and direction of the service. Effective governance arrangements ensured that performance was monitored and measured against national and local performance. Regular audit

ensured that shortfalls in performance were identified and acted upon. There was an open and transparent culture in which staff understood their duty of candour when incidents occurred.

## Vision and strategy for this service

- We met with 12 staff who confirmed that the hospital director and leadership team were approachable. Staff told us they thought the service was evolving and developing as it got busier. They felt that the workforce was inclusive and had a 'family feel'. They all understood the vision for the service and were proud to work at the hospital.

## Governance, risk management and quality measurement

- The hospital committee structure comprised of three main committees: the Head of Department meetings and the Hospital Board Meetings, which both linked into the Integrated Governance Committee.
- A clinical governance report was compiled each quarter which reported on performance against key performance indicators for the hospital. This report was presented and discussed at the Integrated Governance Committee (IGC) meeting, Hospital Management Operations (HMO) meeting and Medical Advisory Committee (MAC) meeting.
- Consultant surgeons were represented on the MAC and this was a voluntary position. Consultants told us that incidents and complaints were presented and discussed at the MAC. The MAC would also discuss any issues and reviews of surgical procedures as required.
- A clinical quality report was produced monthly and this report was used as a basis for further discussion with the hospital's Clinical Governance Consultant, Integrated Governance Committee and Medical Advisory Committee.
- Patient satisfaction scores, recorded in the clinical quality report were reviewed at the Hospital Board meetings. Areas which required improvement were highlighted for further focus. For example, these included identified shortfalls in useful printed information.
- The hospital risk register recorded moderate and significant identified risks. Risks included issues relating to documented evidence of clinical staff competence in the use of medical devices, failed delivery of

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instruments non-compliance with the WHO checklist and standards of record keeping. For each risk, there was an action plan and a review timescale was identified.

## Leadership of service

- The hospital director led the organisation, with four managers leading further teams. These managers included the matron who led the clinical teams, human resources lead, head of sales and service and a commercial manager.
- The ward and theatre staff told us they felt well led by both local and senior management. They told us they found the ward and theatre managers approachable. All staff at all levels had patient-focused values and a strong commitment to patient care.

## Culture within the service

- The hospital had a governance framework, which underpinned its business and clinical decision making. The hospital had developed a formal meeting and committee structure and internal communication process to ensure engagement at all levels.
- Staff involvement was welcomed by the management of the hospital and was facilitated by various means. These

included the opportunity for staff to attend an employees' forum, and team talks and a staff newsletter. Initiatives to support staff included a "reward drop-in session" and on-site health assessments.



## Public and staff engagement

- The hospital had developed a customer service initiative called 'Hearts and Minds'. The aim of the project was to improve communication and promote "getting the right message across".
- The hospital had a small patient forum. This forum worked with the hospital team to develop and support activities and services.
- A patient satisfaction monitor was supplied which demonstrated both a scoring system for patients responses but also any increase or decrease from the previous report. This enabled changes in care to be evident and appropriate action plans to be put in place.

## Innovation, improvement and sustainability

- The hospital had plans to develop a workforce plan to ensure recruitment, training and development of staff to support higher acuity patients. This was to be underpinned by performance management processes.
- The hospital planned to continue to actively recruit staff with the qualifications and behaviours to meet the needs of the business and its patients.

# Services for children and young people

Safe	Inadequate	
Effective	Not sufficient evidence to rate	
Caring	Not sufficient evidence to rate	
Responsive	Not sufficient evidence to rate	
Well-led	Inadequate	
Overall	Inadequate	

## Information about the service

The children's and young people's service at Nuffield Health provided of outpatient consultations and surgical procedures. Only private patients were treated. Four consultants performed 18 surgical procedures in 2014 and 114 patients were seen in the outpatient department. Patients from birth upwards were seen in outpatients and surgical procedures were only performed on children aged 12 years and above.

## Summary of findings

Due to the low numbers of children and young people who were provided a service at the Nuffield Bristol we were unable to rate all areas of this service.

We found that due to low numbers of children and young people receiving surgical treatment at the Nuffield Bristol, there was a risk of harm to this patient group. There was inadequate provision of resuscitation equipment for children under the age of 12 years and there were insufficient numbers of staff trained in paediatric life support.

There was only occasional practice at the hospital which limited staff ability to maintain their skills and experience. Equally some consultants were only engaging in occasional practice with respect to services for children and young people. National guidance identifies that occasional practice should not occur.

We found high standards of cleanliness, infection control and hygiene. Bookings and throughput were well managed. We found that the competency tool used to train staff to manage the care of children and young people was poor and did not properly assess the skills needed. The hospital did not have appropriate staffing or skill mix to provide safe care and treatment for children and young people. Initially when raised, senior staff did not recognise these concerns. However,

# Services for children and young people

following our inspection services for children and young people were voluntarily suspended at the hospital by the provider and an action plan developed to rectify the issues identified.

## Are services for children and young people safe?

Inadequate



Some significant aspects of this service were inadequate. Staff did not have sufficient qualifications, skills and experience to meet the needs of children and young people. The level of mandatory training, specifically in relation to providing care and treatment for children and young people, was below the required standard. The competency framework used to assess staff was not adequate.

There was only occasional practice of children's surgery within the hospital, which did not comply with Nuffield health policy. Children's resuscitation equipment was not available for children under 12 years of age putting patients at risk.

The frequency of consultants' practice was not assessed to determine whether their competency with respect to undertaking surgical procedures had been maintained and to ensure that they maintained a safe level of practice.

There were some positive findings: The hospital was clean and tidy and there were effective systems in place to monitor standards cleanliness, infection control and hygiene. There had been no incidents relating to services for children or young people in the last year.

### Incidents

- There had been no incidents relating to children and young people in the 12 months prior to our inspection.
- All staff we spoke with were confident to report incidents and understood the processes involved. However, senior nursing staff said that the reporting system could be difficult to use may deter staff from using it.

### Cleanliness, infection control and hygiene.

- Infection control audits were completed every three months as part of a national Nuffield Health audit programme. The hospital's compliance was higher than the national average in Nuffield hospitals. This compliance was assessed using a robust assessment tool based on observations and an individual assessment of knowledge about infection control.

# Services for children and young people

- All equipment had an 'I am clean' sticker displayed, apart from three wheelchairs in the main reception. When we asked a member of staff they said that they were cleaned before they were brought to the main reception, although there was no record of this.
- In the outpatient department there was a box of wooden toys. We were told they were cleaned after every use with a cleansing wipe; however, records of this could not be produced.

## Environment and equipment

- The UK Resuscitation Council identifies minimum equipment and medicines requirements for cardiopulmonary resuscitation (CPR). Although adult equipment was available throughout the hospital there was no specific paediatric resuscitation equipment available within the hospital. However, the equipment available may be considered appropriate if they were over the age of 12 years based on criteria set by the UK Resuscitation council. Staff at the hospital said that it was accepted practice to use adult resuscitation equipment on people aged 12 years and above. Children aged 12 years and above who were treated at the hospital were described as "the same as adults" so it was assumed that the equipment was appropriate.
- Most equipment used in the hospital was labelled to show that it had been recently serviced. However, three wheelchairs in the main reception did not have any indication on them of when they were due to be serviced.

## Medicines

- We saw evidence which demonstrated that the pharmacist saw all paediatric patients post-operatively and medicine doses were calculated on an individual basis.

## Records

- There was a medical records team on site managing records for surgery, the ward and outpatients. Records are also kept in a secure storage unit in Bristol and in Manchester. The hospital was able to obtain records from either site overnight. We were given examples of when this had happened and a set of notes had been transferred by courier.

- We were told that lists were created two days in advance allowing the medical records staff to collect the notes. A second list was created each day to assess if there have been any additions to any clinics or surgical lists.
- Any notes removed from medical records were recorded in a book to allow for tracking throughout the hospital. This book noted where they were taken and when they were returned.
- We were told that staff did not monitor or audit the number of medical records missing from clinics because they believed records were always available.

## Safeguarding

- As of January 2015, 94% of staff had completed safeguarding children training as part of their mandatory training programme.
- Staff said they would contact their line manager if they had a concern, who would then follow a safeguarding flow chart to notify relevant external authorities. We were given an example where a child safeguarding alert had been raised. The hospital told us that this was followed up and a report was received after discussions with the local authority.
- Some staff were not aware that a child abduction policy existed. A member of senior staff knew it existed but felt they needed to read it again to familiarise themselves with it. However, all staff said that they would call 999 if they felt there was a risk to a patient.

## Mandatory training

- Mandatory training comprised both classroom sessions and e-learning. We were told that if a member of staff failed e-learning twice they must attend a classroom session.
- The Nuffield Health cardiopulmonary resuscitation policy stated that all staff caring for, or supervising children must be trained in basic paediatric life support. This was supported by the resuscitation policy. These policies were not being followed as only the RMO and the lead paediatric nurse had paediatric life support competencies. This put patients at risk. This risk had been identified prior to our inspection and paediatric basic life support training had been arranged for March 2015 for all staff.
- In order for a nurse to be competent to work with children and young people they had to be assessed, using a framework tool. This framework assessment only required staff to read policies and demonstrate a

# Services for children and young people

theoretical knowledge which was inadequate and did not provide the standard of assessment expected to care for children and young people. There was no indication of how assessments were undertaken or whether any of the core skills required were monitored or assessed. The Nuffield Health Children's policy stated that the framework allowed staff to work under the supervision of a registered nurse. However, staff were not working under the direct supervision of a registered children's nurse within the hospital and therefore the competency assessment was not suitable for the ongoing practice in place.

- We were told that all relevant staff on the ward had undertaken the paediatric competency framework which stated that all staff working with children should have "undertaken PBLS (paediatric basic life support) training within the last year". On the ward only the RMO had appropriate paediatric life support training and they were not based on the ward at all times. None of the staff in the theatres department had undertaken paediatric life support training.

## Assessing and responding to patient risk

- All children and young people attending for surgery had a pre-admission risk assessment conducted. This was either conducted in person or over the phone if they met specific criteria.
- The standard operating procedure for the pre-admission assessment for children's inpatient/day case services stated that a children's nurse was responsible for undertaking the pre-admission assessment for all children under the age of 16 years. We saw evidence which showed that an adult trained nurse performed the pre-assessments for six out of 17 children treated at the hospital who were under the age of 16 years in the year prior to our inspection.
- Two members of staff we spoke with were unsure as to the process to follow in the event of a medical emergency, stating they would contact a nurse or call 999. The standard operating procedure, Management of cardiac/ respiratory arrest and anaphylaxis – children stated "there must be an appropriate system in place for alerting the resuscitation team, either by direct call or telephone. In hospitals this number should be 2222."
- We looked at four medical records for children and young people. All of them recorded the use of Paediatric Early Warning Scores (PEWS) when performing routine monitoring on the ward. These scores were calculated

by generating a combination of scores from a selection of routine observations and provided an indication of when intervention was needed. As part of the competency assessment framework for children, staff needed to demonstrate that they had read the Modified/ Paediatric Early Warning System/ Cardiopulmonary Arrest Prevention in Hospitals Policy and had an understanding of processes in place to alert staff to a deteriorating patient. However, no formal assessment of staff for the use of PEWS was required or training offered. This was not in accordance with Royal College of Nursing (RCN) standards for assessing, measuring and monitoring vital signs in infants, children and young people which states "practitioners working in hospital or community settings where paediatric early warning systems are used have undergone specific training in their use and limitations."

## Nursing staffing

- The RCN's Defining staffing levels for the care of children states that there should be a minimum of two registered children's nurses at all times in all inpatient and day case areas. The hospital did not meet this standard at the time of our inspection, with only one registered children's nurse in the outpatients department. The hospital was in part following guidance from the Independent Healthcare Advisory Service which was withdrawn following our inspection.
- Staff providing surgical care and treatment to children on the ward, in theatres and in recovery did not have the appropriate qualifications or competency based training to keep patients safe.

## Medical staffing

- The Independent Healthcare Advisory Services (IHAS) Clinical Guidance on the Care of Children in the Independent Healthcare Sector states that "occasional practice is undesirable across all aspects of the care of children" and suggests that 50 paediatric procedures per year should be performed as a minimum. We were given evidence which showed that only 18 procedures were carried out in 2014 at the hospital.

## Major incident awareness and training

- Patient transfers to the local NHS trust were managed and audited against other hospitals in the Nuffield Health hospital group. Should a patient become unwell and not able to be cared for at the hospital, staff



# Services for children and young people

followed the hospital's transfer procedure. This would be a consultant to consultant transfer by ambulance, with the anaesthetist or consultant attending with the patient.

## Are services for children and young people effective?

Not sufficient evidence to rate

Due to the low numbers of children and young people seen at the Nuffield Bristol we were unable to rate the effectiveness of this service. We reviewed patients' records and found that although consent was taken from parents for surgical procedures, there was no evidence that the child's view had been taken into account within the consent process.

### Consent

We looked at four medical records. In all cases the child's parent or guardian had signed the consent form. We saw no evidence in the medical record that the child's view had been taken into account or that the child was able to express their view with regards to the procedure.

## Are services for children and young people caring?

Not sufficient evidence to rate

There were no children or young people receiving care or treatment at the hospital during our inspection. We were therefore unable to rate how caring this service was.

## Are services for children and young people responsive?

Not sufficient evidence to rate

Due to the low numbers of children and young people seen at the Nuffield Bristol we were unable to rate the responsiveness of this service.

We found that, as with adult patients, there were effective processes to ensure appropriate booking of patients. There

was a seven day waiting time to ensure adequate staffing levels and skill mix were available for children. We were told that capacity was not an issue at this hospital. Team meetings were held on a weekly basis to discuss capacity and flow of patients.

Children and young people were given a choice of food from two menus and were offered alternatives if they didn't like anything on the menu. There were no complaints about children's services in the year prior to our inspection. Leaflets about how to make a complaint were clear and informative.

### Service planning and delivery to meet the needs of local people

- In order to ensure the correct staff skill mix (nursing staff with paediatric competencies) for surgical procedures, patients had to be booked in at least seven days in advance. We were told that capacity was not an issue. However, access to the correct staff skill mix could be difficult to ensure.
- The booking team and the head of sales met on a weekly basis to manage capacity and address any issues that arose.
- The computer system only allowed specific appointment times and no double booking, ensuring that all patients are allocated adequate time with a consultant or a member of staff for their appointments. We were told that a clinic or theatre list would never be overbooked due to this system, ensuring that children's appointments were prompt and were not rushed.
- Surgical procedures for children and young people were always undertaken first on a surgical list, reducing the likelihood of children and adults being mixed on the ward. We were told that a screen was used to protect dignity in recovery.
- Accommodation, in the form of a pop-up bed, was available for parents to stay in the child's room ensuring constant supervision.

### Access and flow

- The hospital employed a customer experience team (made up of two enquiry handlers) which managed outpatient bookings, inpatient bookings, enquiries and medical records.

# Services for children and young people

- Weekly team meetings were held to discuss the level of enquiries, the source of the enquiries, conversations, and overdue tasks. This meeting was used to discuss themes which were taken to other governance meetings.

## Meeting people's individual needs

- Nuffield Hospital had a separate menu for children and young people. This included 13 main meals and a selection of hot and cold snacks and desserts. We were told that if a child did not like the choices the chef would visit them and prepare a meal tailored to their request. We were told however that this service was unavailable after 8pm and that overnight, in addition to toast and biscuits, a variety of soups, selection of sandwiches and fruit was also available.
- Staff recognized their limitations and those of the hospital environment, to provide care to children and young people with a learning disability or complex needs. This was under continual review and children with such needs were not cared for in the hospital.

## Learning from complaints and concerns

- There had been no complaints concerning care of children and young people in the last twelve months.
- There were leaflets available in waiting areas and on the ward informing people on how to make a complaint. These leaflets explained how to make a complaint and what processes were involved when a complaint had been made. This leaflet also provided contact information for the Care Quality Commission and the Parliamentary and Health Service Ombudsman. However, these were the leaflets which had been produced for adult patients and there were no leaflets available which were written in a specific format for children and young people.
- Staff we spoke with said they would contact their manager if a patient approached them to make a complaint.

## Are services for children and young people well-led?

Inadequate



There was insufficient oversight of children's services. There was no lead consultant for children's services on the hospital Medical Advisory Committee (MAC), to provide clinical oversight. The hospital's risk register contained no risks relating to children's services.

The risks to children and young people were not managed appropriately or in accordance with Nuffield Health corporate policy. When we raised concerns with the leadership team during our inspection our concerns were not acknowledged and the responses we received showed a lack of insight and understanding of the issues raised.

## Vision and strategy for this service

- The hospital director informed us of an ongoing strategy and project with a local NHS trust to perform children's surgery at the hospital. This was still being planned at the time of the inspection and a business case was being developed. The objective was to provide surgical services for children aged three upwards, providing plastic, ear nose and throat, and orthopaedic surgery.

## Governance, risk management and quality measurement

- The hospital had a children's service policy. However, senior responsibilities outlined in the policy were not being observed. The policy stated that where children's services were being provided, there should be appropriate infrastructure and staffing in place to ensure the delivery of an effective children's service at all times. This was not the case because there were insufficient registered children's nurses employed
- The Nuffield Health children's services policy stated that the MAC should include a paediatric consultant of any speciality to advise and support the MAC and children's services team. We saw minutes and agendas from MAC meetings, none of which included a consultant lead for services to children and young people or reference to the care of children or young people.
- The policy stated that consultants should have appropriate experience in the care and treatment of children and fulfil the requirements set out in the



# Services for children and young people

Nuffield Health Group Practising Privileges Policy. This requirement was not fulfilled. One consultant, who worked solely in private practice at the hospital, only performed one surgical procedure on a child within the twelve months prior to our inspection.




- There was a hospital risk register. However, there were no entries on it relating to children's services. We could not be assured therefore that risks to children were identified and managed.

## Leadership of service

- During our inspection we informed the hospital director and matron of our safety concerns. We requested a statement be produced the following day, to provide assurance that children's services were safe. The statement they provided showed lack of insight and

understanding of the issues we raised during our inspection. It stated that there was nothing to suggest that they "should be concerned with [a named surgeon's] or any of the other surgeon's, treatment and management of children". This statement also said that the "skill mix is balanced to meet the needs of the service." We did not find this to be the case, particularly in relation to paediatric life support. We formally requested that Nuffield Health stopped performing children's surgery at the hospital. The provider subsequently took swift action, acknowledging the concerns and voluntarily suspended all children's services (in outpatients and surgery) at the hospital. An action plan was produced by the provider describing the initial actions to be put into place to address concerns.

# Outpatients and diagnostic imaging

Safe	Good	
Effective	Not sufficient evidence to rate	
Caring	Good	
Responsive	Good	
Well-led	Good	
Overall	Good	

## Information about the service

The outpatients department employed four nurses and three care assistants to manage 11 consulting rooms, a pre-assessment unit, and a physiotherapy suite. The department comprised of consultant-led clinics and saw 4000 patients in 2014. The majority of these were either orthopaedic or cosmetic surgery appointments.

## Summary of findings

During our inspection we spoke with receptionists, hostess staff, health care assistants, nurses, consultants and the nursing manager. We also spoke with thirteen patients and carers.

We found there was a caring culture embedded in the outpatients department. Staff involved patients and carers in all decisions and put patients' needs first.

The department's booking system was well organised and patients received timely appointments. There were few delays and patients were complimentary about the level of information received. A set of values known as EPIC (enterprise, passionate, independent, and caring) were fully embedded in the department. Staff had confidence in their managers and felt able to challenge and suggest improvements in the department.

There were effective systems to ensure infection prevention and control. The staff demonstrated a good understanding of the importance of reporting incidents and the service was open and transparent when things went wrong. However we found that staff's understanding of safeguarding processes and what to do in an emergency required improvement. Diagnostic imaging services in the hospital were not provided by Nuffield Health; therefore they were not assessed as part of this inspection.

# Outpatients and diagnostic imaging

## Are outpatients and diagnostic imaging services safe?

Good



There was a culture of safety awareness and staff felt they were given the time to provide good, safe care. There was an infection control audit programme which identified risks and appropriate actions were taken to eliminate those risks. There were sufficient staff, which were adequately trained to perform outpatient activities safely. However, we found that medical gasses were not stored appropriately. Staff were unclear about their responsibilities with regard to safeguarding and assessing patients at risk.

### Incidents

- In the year prior to our inspection there were no serious incidents, RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incidents or emergency transfers to another provider.
- All staff we spoke with were confident to report incidents and understood the processes involved.
- Senior staff said that the incident reporting system was useful for collating information in one place; however, it could be difficult to use.
- The manager investigated incidents and action plans were produced if required. Information was then disseminated on an individual basis or in team meetings to the wider group.
- One member of staff felt that incident rates were low because they were given the time to give good, safe care as the department was not operating at full capacity.

### Cleanliness, infection control and hygiene

- Patients were complimentary about how clean and tidy the hospital was. We were provided with information which showed that during a survey 88% of patients asked said that the hospital was clean. This was 12% higher than the national score for Nuffield hospitals.
- PLACE (Patient-led assessments of the care environment) analysis showed that the hospital was performing better than the England average for cleanliness.
- Infection control audits were completed every three months as part of a national Nuffield Health audit programme. This was last completed in November 2014.

The hospital's compliance was higher than the national average in Nuffield hospitals. This compliance was assessed using an assessment tool based on observations and an individual assessment of knowledge about infection control.

- We were told that if this audit identified any issues further training for staff was provided and audits were repeated. An example was given where a consultant was non-compliant with hand hygiene. We were told that the consultant was challenged on their behaviour and an action plan put in place to monitor improvement.
- All equipment had an 'I am clean' sticker affixed, apart from three wheelchairs in the main reception. A member of staff they said that they were cleaned before they were brought to the main reception; however, there was no record of this.
- We were told that all clinic rooms were cleaned between patients and at the end of each day and the couches stripped to reduce risks of cross infection. This was part of the daily routine.
- Infection control was a permanent item on the outpatient team meeting agenda, which were held every two weeks.

### Environment and equipment

- Adult resuscitation equipment was available in the outpatient department and was easily accessible by all staff. This was checked daily to ensure all equipment was available and in date. Staff could tell us where the equipment was in the department, should it be needed urgently.
- Individual consultant rooms were appropriately equipped. For example, some rooms had specialist cosmetic equipment, while others contained audiology or physiotherapy equipment.
- There were only two toilets available for both staff and patients to use. We were told that at busy times, for example, when all eleven clinic rooms were in use, access to these toilets could become an issue, with patients having to wait.
- Most equipment used in the hospital was labelled to show that it had been serviced. However, three wheelchairs in the main reception area did not have any indication on them when they were due to be serviced.
- PLACE analysis showed that the hospital was performing better than the England average for condition, appearance and maintenance.

# Outpatients and diagnostic imaging

- We observed that there were posters which highlighted the correct procedure for waste disposal and that sharps bins were stored securely which reduced the risk of injury.

## Medicines

- A recent audit of medicines storage in the outpatient department showed that all medicines were in date and stored securely. This audit indicated that, although fridge temperatures were monitored and recorded daily, there was no action taken if the temperature was outside of the appropriate temperature range. This meant there was a risk that medicines may not be fit for use.
- We found that there was one oxygen cylinder in the outpatients department. This was in a clinic room on a trolley to ensure that it was safe for staff to move around the department. However, the clinic room was not always in use and was not locked to ensure the cylinder was stored securely. We raised this with the nurse in charge who said they would ensure this equipment was stored securely in future.

## Records

- We looked at four medical records, all of which were accurate, complete, legible and up-to-date.
- There was a medical records team on site which managed records for outpatients. Records were also kept in a secure storage unit in Bristol and in Manchester. The hospital was able to obtain records from either site overnight using a courier. We were given examples of when this had occurred.
- We were told that clinic lists were created two days in advance which allowed the medical records staff to collect the notes and prepare them. A second list was created each day to assess if there had been any additions to any clinics.
- Any notes removed from the medical records department were recorded in a book to allow for tracking throughout the hospital. This book noted where they were taken and when they were returned.
- We were told that the service did not monitor or audit the number of medical records missing from clinics as staff they feel there was no need.
- In the outpatient department notes are locked in the office and inaccessible by patients or visitors.

## Safeguarding

- All staff in the outpatient department had received adult safeguarding training.
- We were told by some staff if a safeguarding issue were to be raised they would follow a flow chart of processes and contacts to ensure that the right people were informed. However, some staff could not articulate their understanding of safeguarding or what might trigger an alert to be raised. This posed the risk that safeguarding issues may be missed.
- There was no safeguarding information available in the waiting areas for patients to raise concerns.
- Staff in the outpatient department were trained to chaperone. Staff said they were clear of their responsibilities with regard to this. There was information displayed about the chaperone service in the outpatient's reception.

## Mandatory training

- Staff in the outpatients department had a package of training tailored to suit their role. All staff had received all required mandatory training, including basic life support, safeguarding vulnerable adults, infection prevention, and manual handling. There was a training matrix maintained for each member of staff which indicated when training needed refreshing.
- Some staff felt that the quality of e-learning was good but this wasn't a universally held opinion; some found it difficult to do the training without being interrupted. Some staff we spoke with said the quality of the learning itself was good, saying it was informative and provided the right amount of information.

## Assessing and responding to patient risk

- All clinical staff we spoke to were able to describe the actions required when a patient collapsed and knew the emergency phone number. However, not all non-clinical staff were clear of their responsibilities. Two non-clinical staff could not identify where the nearest alert/cardiac arrest button was in the outpatients department and did not know what numbers to call in an emergency. We were told that they would request the assistance of a nurse (from the nurse's office immediately next to the reception) if a patient collapsed in the waiting areas. During our inspection we noted that there was nursing staff available in the office at all times

# Outpatients and diagnostic imaging

- A nurse told us that if a patient collapsed they would call the resident medical officer and the patient's consultant. They would then make the decision to transfer them to the ward or elsewhere, based on risk.
- We were told that it could be difficult if a patient deteriorated and required admission from the outpatient department to the ward because the patient's insurance company needed to authorise the admission.

## Nursing staffing

- The hospital had 3.4 WTE (whole time equivalent) nurses and 2.6 WTE care assistants employed in the outpatients department. A nurse manager and a nurse team leader were also employed. All of these staff had been employed for over a year and had a sickness rate below 2.5% in the year prior to the inspection.
- The hospital was almost fully staffed and actively recruited bank workers across all disciplines. The hospital attended armed forces recruitment events to promote interest in working for the organisation. We were told that the hospital did not use agency staff and vacant shifts were covered by the hospital's own staff.
- Staff felt that as activity in the outpatients department was increasing, the demand for the registered nurses was increasing proportionately. However, we were told that the impact on the patients was minimal as most consultants were self-sufficient.

## Medical staffing

- The consultants we spoke with complimented the staff at the hospital and said that they had a good working relationship, facilitating good patient care.
- One consultant said that at the hospital they could "give the quality of care that patients deserved". They felt that having the time to have multiple outpatient appointments had a positive impact on the patients. For example, we were told that a patient had two appointments prior to their procedure to consider all options and regular follow up appointments afterwards.

## Major incident awareness and training

- Staff in the outpatients department were aware of their responsibilities as part of the hospital's major incident plan and the actions to be taken in an emergency.

## Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

We did not have enough evidence to provide a rating on the outpatient department's effectiveness. All staff had received an annual appraisal of their performance and felt that the appraisals were worthwhile. We saw evidence that multi-disciplinary working had a positive impact on the care of patients. Staff were aware of their responsibilities in respect of obtaining consent for care and treatment and gave patients time to consider alternative treatments.

## Evidence-based care and treatment

- All of the processes and practices mirrored those of the Royal Marsden Manual on Clinical Nursing Procedures.

## Pain relief

- Pain relief was available following an assessment by the RMO. Information regarding pain relief was sent to the patient's GP. Patients received a follow-up call from a nurse to discuss medicines after their outpatient appointment.

## Patient outcomes

- We were not provided with any evidence of patient outcomes.

## Competent staff

- Staff told us they had all received their appraisal within the required time-frame. They complimented the quality of the appraisal system. However, they felt that some skills were taken for granted, such as basic computer skills, where training was not offered.
- Staff said they felt confident to raise issues and felt listened to when they made suggestions. We were told by senior management that the appraisal system was based on Nuffield Health's objectives which were then translated to more specific personal objectives.
- Health care assistants were trained through a competency framework to perform pre-operative assessments for certain surgical procedures and felt well supported to perform this role.

# Outpatients and diagnostic imaging

- All staff received dignity awareness training. Staff said that this reminded them of the skills, approach and care required to manage patients with dementia.

## Multidisciplinary working

- Staff regularly met through a clinical forum and a ward forum to discuss issues relating to the ward, surgery and the outpatient department.
- Staff told us the outpatient department had constant and prompt access to the RMO and physiotherapists and regularly met to discuss patients.
- The outpatient department worked closely with GPs to ensure a smooth care pathway for the patient. We were given examples where concern of a urinary infection was identified at an outpatient appointment. This was discussed with the patient's GP, who then prescribed antibiotics and arranged for the patient to obtain their medicine from the GP practice. This reduced the need for an additional appointment for the patient to be assessed by the GP.
- Within the hospital there was a private GP service which was available to all patients. This meant that patients who were unable to attend an outpatient appointment had the option to have a home visit from a doctor.

## Seven-day services

- The outpatient service was provided from Monday to Saturday, with a full range of support services available, such as diagnostic imaging and physiotherapy.
- We were given an example where a consultant requested a patient to have a magnetic resonance imaging (MRI) scan on a Saturday, which was available ten minutes later. This prompt service enabled the patient to be out of the hospital in a reasonable time and they did not have to attend again until their next follow up appointment.

## Access to information

- Letters following outpatient appointments were sent promptly to GPs. These were faxed or posted to the practice, depending on preference. However, patients did not regularly get copies of these letters sent to them.
- We were told that important information was provided to patients and carers involved in the patient care pathway before they attended for an appointment, for example, information on a patient's co-morbidities and previous care both by Nuffield Health and the NHS.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were aware of their responsibilities in respect of obtaining consent for care and treatment, including consideration of mental capacity, and deprivation of liberty safeguards. Patients said that they were given appropriate information to allow them to consider all options when consenting for a treatment. We were told that a week was allowed between information giving and signing a consent form to allow for appropriate consideration of procedures.

## Are outpatients and diagnostic imaging services caring?

Good



There was a strong person-centred culture embedded throughout the outpatients department. Feedback from patients was positive. One patient described their care as "wonderful and ten out of ten". Staff gave examples of going out of their way to provide for patients. We observed that relationships built between staff and patients were supportive and caring. The Nuffield Health patient satisfaction monitor provided extremely positive results. Staff were well equipped to provide emotional support to distressed patients and gave us examples of when this had happened.

## Compassionate care

- During our inspection we witnessed staff behaving in a caring manner towards patients; included their carers in all conversations, where appropriate and necessary. We saw examples where staff were engaging with patients, listening to concerns and issues.
- We saw multiple examples of staff, particularly reception and hostess staff, taking time to have conversations with patients and their relatives. It was clear that staff knew the patients and their relatives and took time to talk to them in the waiting areas.
- Patients in the waiting areas appeared relaxed and comfortable.



# Outpatients and diagnostic imaging

- We witnessed compassionate care from a consultant who sat down next to the patient in the waiting room and had a short conversation there with them prior to having their appointment. This highlighted the strong relationship built up between patients and staff.
- One patient we spoke with described their care as “ten out of ten” because everyone was so helpful, cheerful and pleasant to them.
- We were given an example of where a patient had a conversation with the hostess every time they attended. We were told by the hostess that this had a positive impact on the fears and anxieties the patient faced at every appointment.
- One member of staff gave an example of good care where a patient had become unwell and required to be transferred to an NHS hospital. The nurse cared for the patient throughout this process and spent a large amount of time with them. The staff were proud of their actions during this time as the patient complimented them on their compassion and caring nature.
- One member of staff stopped their conversation with us in order to help someone who needed support to walk down a corridor.
- In September 2014 (the most recent data available) 64 patients responded to the Nuffield Health patient satisfaction monitor. Of those, 90% rated the service as excellent; 87% would strongly recommend the hospital to friends and family; and 91% always had confidence and trust in doctors and nurses.

## Understanding and involvement of patients and those close to them

- All patients we spoke with told us that after their appointments they felt adequately informed of the next steps in the process. Patients were told when they would get further information and when to expect their next appointment. One patient described the process as a “well-oiled machine” and felt that all staff involved worked well as a team.
- All patients received a follow up telephone call from a member of the outpatient team to answer any questions and to discuss any issues or concerns.
- Patients said they were well informed and knew who to contact if they had any issues.

## Emotional support

- There were appropriate arrangements to support people when they were given bad news. We were given

examples where a patient who had received bad news was taken into a different room so a nurse could support them. The consultant then saw the patient a second time before they went home.

- Patients were encouraged to bring a friend or relative with them for any appointments at the hospital. We observed that they were included in conversations by all staff in the waiting areas.
- All patients we spoke with said they were well informed of all treatment options and were offered alternatives where appropriate. We were told that they felt part of the decision making process and were not pressured into making decisions.

## Are outpatients and diagnostic imaging services responsive?

Good



We saw that capacity was well managed and patients were given the flexibility to make choices about their care and treatment times. Delays were minimal and when they occurred were managed well. Patients’ needs were identified and addressed in a positive way. For example, drinks and food were offered to all patients on arrival to the outpatients department. There were issues with unanswered calls from the enquiry team, however this had been quickly identified and addressed.

## Service planning and delivery to meet the needs of local people

- We were told that the provider was resourced to meet demand and that capacity to provide outpatient services was not an issue, although, access to the correct staffing mix could be difficult to achieve. For this reason there was a seven day minimum wait between referral and the surgical procedure taking place.
- All patients were offered flexibility about when they had their appointments. NHS ‘Choose and Book’ patients were offered appointments; the number of appointments available depended on the number of empty slots after private patient allocation. All patients were seen within five weeks of referral to the Chesterfield Hospital.

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- The booking team and the head of sales met on a weekly basis to manage capacity and address any issues that arose. This proactive approach meant that the department had a constant flow of patients and avoided peaks and troughs in activity.
- The computer system only allowed specific appointment times and no double booking ensuring that all patients were allocated adequate time with a consultant or a member of staff for their appointments. We were told that a clinic list could never be overbooked with this system.
- The average time from GP referral to outpatient appointment was three weeks, with anaesthesia and general surgery appointments being four weeks and plastic surgery appointments being five weeks.
- We observed that patients did not wait long in the reception prior to having their appointment. Staff said that if there ever was a delay, patients were offered and apology and catered for. We were told about an occasion when a patient experienced a substantial wait. They were apologised to and were offered an alternative appointment before they left.

## Access and flow

- The hospital employed a customer experience team (made up of two enquiry handlers) which managed outpatient bookings, inpatient bookings, enquiries and medical records. In January 2015 there were 324 enquiries made to the hospital, the majority of which were enquiries about the outpatient department. However, 16% of those calls went unanswered. This has been identified as an issue and a new member of staff has been employed to manage this.
- Weekly team meetings were held to discuss the level of enquiries, the source of the enquiries, conversations, and overdue tasks. This benefitted the patient; for example a new varicose vein service had been introduced as a result of a high number of enquiries through this team.
- Patients were greeted at the main reception, where directions were given to the outpatient department. The receptionist in the outpatient department booked patients in and asked them to sit in the waiting area. We observed that both the main reception and the outpatient reception were never left unattended.
- Staff met in the morning before the start of clinics to discuss the planned day. There was also a staff handover at lunch time to ensure that no issues were left unresolved. There was a communication board in the office to alert staff of general issues or comments.
- If patients met certain criteria they were offered a telephone appointment, rather than having to attend at the hospital. All patients were offered a choice of times which were convenient for them. Patients were encouraged to organise their own transport. However, if this was not convenient a taxi was booked for them.

## Meeting people's individual needs

- Patient satisfaction survey results were displayed in the main waiting area for the outpatient department. This department had scored 97% for overall patient satisfaction 98% for staff professionalism.
- PLACE (Patient-led assessments of the care environment) analysis showed that the hospital was performing better than the England average for the quality of food.
- The department employed a hostess to cater for all patients and carers in the outpatient department. All patients were offered a drink or food when they sat down and were asked if they needed anything. When the hostess was not available the reception staff asked patients if they wanted refreshment.
- We were told that food could be ordered by anyone in the waiting area and would be provided within ten minutes. One patient offered their compliments to chef on the standard of the food received.
- We were given examples of where staff were had been informed of patients with a learning disability and had arranged conversations with the patients' GPs about their management prior to their appointment. This information was then disseminated to all people involved in their care pathway.
- Patients said that they received good quality information about procedures before they attended their appointment and had a selection of telephone numbers to call if there was an issue. They said that they were encouraged to ring with any concerns if any arose and felt confident to do so.
- We were told that all patients received a telephone call within a week of the outpatient appointment to discuss



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any issues and to inform them of the next steps in their pathway. One patient said that the telephone appointment was “first class”. They also complimented the service on the speed that test results were shared.

- All patients had access to translation services which was arranged prior to their first appointment at the hospital. This information was conveyed to all departments involved in the patient’s care pathway, to ensure adequate support.

## Learning from complaints and concerns

- We were shown an example of a complaint where a patient was unable to book an appointment due to comments on the referral form. This was fully investigated, the causes were highlighted and processes and practices were changed to ensure this did not happen again in the future. The patient received a full apology.
- There were leaflets available in waiting areas and on the ward informing people on how to make a complaint. These leaflets provided information on how to make a complaint and what processes were involved when a complaint had been made. Contact information for the Care Quality Commission and the Parliamentary and Health Service Ombudsman were also provided.
- Staff we spoke with said they would contact their manager if a patient approached them to make a complaint and direct them to the leaflets available.

## Are outpatients and diagnostic imaging services well-led?

Good



We found that all staff were aware of, and worked in accordance with the hospitals values known as EPIC (enterprise, passionate, independent and caring). We witnessed behaviours which showed these were fully embedded in a person-centred culture. The risks in the outpatient department were minimal, but risks identified were managed well. Staff spoke positively of their management. We were told that members of the management team regularly visited the department.

## Vision and strategy for this service

- All staff could identify the values of the organisation describing the principles of EPIC (enterprise, passionate, independent and caring) and staff said that they would “go that extra mile” for the benefit of the patient.
- We were told that there were no cost improvement plans being enforced in the outpatients department. However, regular meetings were held to discuss spending.
- The outpatient department was producing a business plan as an additional service was being created called ‘Health MOT’. This business plan was looking at the additional staffing and training requirements for existing staff to manage this service. Staff were being trained in performing a ‘Health MOT’ in the outpatient department. We were told that this service would benefit the patients by promoting good health and wellbeing.

## Governance, risk management and quality measurement

- The outpatient department had a governance lead who was the link between the department and the hospital board. They attended the heads of department meetings, clinical forum, health and safety meetings and managed governance issues at a clinical level.
- Information from the hospital board was disseminated to the team at team meetings. The department produced a monthly report to the board discussing governance issues.
- There were no items on the risk register which related to the outpatient department. We were told that in the outpatient department only low level risks emerged. We saw several risk assessments which were adequately assessed with action plans in place and nominated responsible individuals for progressing these.
- Nuffield Health had a clinical audit programme which assessed aspects of care in the outpatient department. This data was compared to other Nuffield Health hospitals data and a performance chart was maintained. The hospital ranked in the top third of hospitals in the country based on audit compliance, which was a positive indicator of their performance.
- We saw evidence of four risk assessments which required action in the outpatient department at the time of our inspection. These were being managed with

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calculated risk scores. The highest risk was identified as a chair in a clinic room which was not fit for purpose. This chair had been replaced at the time of the inspection.

## Leadership of service

- We were told that senior managers routinely visited departments to talk with staff. Some senior staff visited three times a week. Staff said they felt confident to discuss issues with them and felt listened to.
- We observed that the attitude to care of the outpatient's manager motivated staff and positively helped to develop and promote a person-centred culture.
- Staff said that the manager of outpatients was a positive role model and was approachable with issues or concerns. One member of staff said it was positive to have their manager clinically based as it allowed for a better connection between them.

## Culture within the service

- Staff said their behaviours were influenced by EPIC. For example, staff told us they were confident to make suggestions and changes to improve patient care. One member staff said they felt proud to be part of the EPIC team.
- Staff said they felt confident to raise concerns with their manager if someone was not observing the values of the organisation. We were told that if staff did not observe the behaviours expected by the hospital they were spoken to on an individual basis by the manager. We were told that there had been no formal disciplinary investigations in the outpatient service.
- Staff felt that they were a 'close-knit' team who would help each other out where they could. For example if a colleague was absent they would work longer hours to cover them.

- We were told of an example where a member of staff suggested improvements to the medical record storage in the outpatients department. This had been progressed quickly.
- Staff said that having gym membership provided by the hospital had improved the morale, health and wellbeing of staff, which was having a positive impact on patients. We were told that this positive attitude was influencing the mood of patients in the hospital.

## Public and staff engagement

- The management team engaged with staff through various methods. There was an employee forum every two months, a staff newsletter every six weeks, as well as staff forums and team talks for formal discussion.
- The hospital engaged with GP surgeries through a series of GP listening events and a 'Lunch and Learn' programme. This helped develop relationships between these services and encompassed a wide range of specialities, including diabetes, spinal surgery, radiology and gynaecology.
- We were told that nurses from different Nuffield Health hospitals attended online presentations where issues were discussed and information was shared.

## Innovation, improvement and sustainability

- The outpatient department worked with other departments in Nuffield Health hospitals to compare practices and data, establishing peer groups to assess performance.
- Workforce forums with other hospitals discussed practices in different hospitals to establish whether improvements could be made locally.
- Staff said that were actively encouraged to be innovative and to suggest ideas for improving services for patients.
- We were told that the department was involved in a RCN-led forum discussing the best practice for dressings for wounds. This work had been published in a nationally recognised journal.

# Outstanding practice and areas for improvement

## Outstanding practice

### **We saw several areas of outstanding practice including:**

The number and flexibility of staffing in adult services were excellent. These were adjusted according to patient numbers and their dependency or acuity. Staff were allowed to leave early if workload allowed, but equally stayed late if required.

The choice and quality of food provided to patients in the hospital was notable. There was flexibility within the menu to provide food that met people's needs and preferences, and was not repetitive to those on staying in the hospital for longer periods of time.

## Areas for improvement

### **Action the hospital MUST take to improve**

The hospital must ensure that there are sufficient numbers suitably qualified, skilled and experienced staff, employed by the provider to ensure standards of safety of children and young people are met and are meeting the requirements set out in national guidance, prior to providing any further services to children and young people.

The hospital must ensure that there is adequate resuscitation equipment and medicines to ensure safety of children and young people, prior to providing any further services to children and young people.

The hospital must ensure that consent of children and young people is appropriate, with consideration to the capacity of the child, prior to providing any further services to children and young people.

The hospital must ensure that there is sufficient leadership and oversight of services provided to children and young people, prior to providing any further services to children and young people.

### **Action the hospital SHOULD take to improve**

The hospital must ensure that there is sufficient data collection, external benchmarking and monitoring of outcomes for patients in order to provide assurance of the effectiveness of the service. Insufficient data was available to identify patients' outcomes in all areas.

The hospital should provide sufficient training to make sure that all staff have a clear understanding of the Mental Capacity Act 2005. The hospital should provide sufficient mandatory training in basic life support.