KIMS Hospital Limited

KIMS Hospital

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Summary of findings

Overall summary

Our rating of this service stayed the same. As this was a focused inspection we did not change the rating for the service. At the last inspection in 2019 well-led was rated as good.

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with staff to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	**Inspected but not rated**	We carried out a focused unannounced inspection at KIMS Hospital on the 18 January 2023. The hospital reported two Never Events during 2022. Together with other concerns we had received, this prompted the inspection. We wanted to check the leadership team had responded to the Never Events and to ensure the service was safe.

Summary of findings

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Summary of this inspection

Background to KIMS Hospital

KIMS Hospital is operated by KIMS Hospital Ltd. The hospital opened in 2014. It is a private hospital in Maidstone, Kent. The hospital primarily serves the communities of Kent. It also accepts patient referrals from outside this area.

The hospital has 99 beds, 68 of which were in use at the time of the inspection, five purpose-built theatres, an endoscopy suite, an interventional suite and outpatient and diagnostic facilities.

The registered manager has been in post since 2016 and is also the controlled drugs accountable officer. The hospital had been inspected previously in January 2018 and September 2019 when it was rated good overall and good for the core service of surgery.

How we carried out this inspection

We inspected the core service of surgery and we focussed on two key questions, "Are services safe? and well-led"? We did not look at the other key questions relating to effective, caring, and responsive as this was a focussed inspection.

Our findings did not affect the ratings we gave the hospital after our inspections in January 2018 and September 2019, when KIMS Hospital was rated as good overall.

The hospital has four wards and is registered to provide the following regulated activities:

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

The hospital did not accept children under the age of 18 for surgery. During the inspection, we visited all the surgical wards in use, the pre-assessment unit and theatres. We spoke with members of staff including; registered nurses, medical staff, operating department practitioners, allied health professionals, and managers.

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

Our findings

Overview of ratings

Our ratings for this location are:

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

Inspected but not rated

Surgery

Safe	Inspected but not rated
Well-led	Inspected but not rated

Are Surgery safe?

Inspected but not rated

Our rating of safe stayed the same. As this was a focused inspection we did not change the rating for safe. At the last inspection in 2019 safe was rated as good.

Mandatory training

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

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers received a monthly report on compliance with mandatory training and had oversight of training. Staff received an email when their mandatory training was due and instructions on how to book mandatory training.

The hospital set their target for mandatory training compliance at 95%. Overall, the hospital compliance rate with mandatory training was 94.65% in December 2022. Staff in theatres achieved 93.45% compliance and staff in pre-assessment achieved 88.94% compliance against the hospital target.

The mandatory training was comprehensive and met the needs of patients and staff. The training included equality and diversity, fire safety, infection prevention and control, safeguarding, and moving and handling.

Nursing staff received and kept up-to-date with their mandatory training. Staff also completed on-line training, modules relating to mental health and mental capacity were included. Staff were able to describe how they would assess a patient's capacity. Bank and agency staff were required to complete a local induction programme and must have completed basic or intermediate life support training relevant to their role.

Medical staff received and kept up-to-date with their mandatory training. Consultants completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Theatre staff completed the World Health Organisation surgical safety checklist. The World Health Organisation surgical safety checklist is a national core set of safety checks for use in any operating theatre environment. The checklist consists of five steps to safer surgery. These are team briefing, sign in (before anaesthesia), time out (before surgery starts), sign out (before any member of staff left the theatre) and debrief.

Inspected but not rated

Surgery

The service undertook monthly World Health Organisation surgical safety checklist audits to monitor compliance. Data showed for December 2022 the service had achieved 100% compliance for both the sign in and time out stages, and 97% for the sign out stage of the checklist.

During our inspection we observed the checklist was undertaken consistently and staff appeared fully engaged in the process. We did not observe the debrief stage.

Staff said they felt able to raise concerns during the surgical safety checklist process.

Shift changes and handovers included all necessary key information to keep patients safe. Each ward and theatre area had a “huddle” each morning to review any risks including patient safety risks and plan how to address these.

We observed the daily site meeting referred to as 10 at 10, which was attended by representatives from all departments including clinical nursing staff, physiotherapists, infection control lead, estates, pharmacy, catering and members of the senior management team. The meeting focused on operational issues such as patient numbers, staff sickness and staffing alongside learning, safeguarding concerns and estates issues.

Each theatre team had a safety huddle at the beginning of the operating session to discuss equipment requirements, staffing levels, the list for the session and any relevant patient information.

Weekly hospital multidisciplinary meetings were held. Patient risks were discussed at these meetings and plans agreed to reduce these risks. Monthly theatre meetings were held with a structured agenda. This included sharing feedback from clinical incidents, patient feedback, policy changes and general hospital information.

The hospital had a resuscitation team who would respond to any emergencies within the hospital. The team met twice daily in the morning and evening, where they allocated roles in the event of an emergency and to check the full team was available. The team consisted of a senior nurse carrying the hospital bleep, resident medical officer, a porter and a member of the theatre team.

The service undertook scenario training to ensure staff maintained the skills and knowledge required to respond to an emergency in the hospital. Scenario debrief documentation highlighted areas that worked well and also areas that required improvement.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

We reviewed the root cause analyses for 2 never events reported in 2021-22. We had also received concerns relating to the escalation of incidents, the management of and undertaking reviews of incidents. Staff could describe and demonstrate actions taken to address these concerns.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The service carried out comprehensive root cause analysis after each of the never events and a duty of candour letter delivered to the patients.

Inspected but not rated

Surgery

The learning from never events was shared with all staff to prevent recurrence. There was evidence of changes in practice from the clinician following the never event. The service had also purchased different equipment to allow for the changes to be more effective. Staff met to discuss the feedback and look at improvements to patient care. Staff discussed learning from incidents at a variety of meetings including Patient Safety meetings.

Staff knew what incidents to report and how to report them. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses. All incidents were recorded on an electronic incident reporting system. The hospital had an open reporting culture and staff said there was a culture of openness and transparency in learning from incidents and learning was shared. They said the hospital was very proactive in encouraging staff to record incidents on the incident reporting system. Staff said they were encouraged to report 'near miss' situations.

Managers debriefed and supported staff after any serious incident. Investigations reviewed showed staff involved in the incidents had been supported by managers and had facilitated reflective sessions for the staff involved.

Staff raised concerns and reported incidents and near misses in line with the hospital's policy. We reviewed the incidents data for the previous 12 months and found they were reported and investigated in line with the service's procedure. For each incident, the actions taken, and lessons learned were recorded where applicable.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. We saw evidence of this in the never event documentation reviewed.

Learning from incidents was also shared with staff via departmental meetings, KIMS Voice staff forum, "10 at 10" daily briefings, newsletters and emails. Departmental meeting agendas and meeting minutes all had incidents, accidents and lessons learnt as standard agenda items. Learning from the serious incidents and cascading of changes following the incidents was included in agendas and meeting minutes.

Are Surgery well-led?

Inspected but not rated

Our rating of safe stayed the same. As this was a focused inspection we did not change the rating for well-led. At the last inspection in 2019 well-led was rated as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver effective and sustainable care. The hospital's senior management team comprised of the hospital director, medical director, chief nurse, finance director, chief operating officer, HR director and commercial director.

The surgical service had an established management structure which included the pre-operative assessment manager, ward manager, theatre manager and sterile services manager. Each manager had clearly defined roles and responsibilities. This was supported by an effective recruitment program ensuring the skills and abilities of leaders matched the job profiles required within the hospital.

Inspected but not rated

Surgery

The hospital had quickly informed CQC about the never events and serious incidents and had taken decisive action to mitigate the risk and to prevent a reoccurrence. The senior leadership team had ensured structured root cause analyses had been undertaken and maintained oversight of the actions resulting from these. They ensured changes were made quickly and staff were provided with opportunities for reflection and provided support and additional training if required.

The senior leadership team had actively sought external scrutiny to support their analysis and had ensured learning had been shared both internally and externally. In addition, they had researched and were in the process of implementing two accredited programmes to support wider issues identified within the root cause analysis.

Staff said it was a good organisation and hospital to work for. All staff spoke positively about the teamwork they experience at the hospital. Staff said they felt respected, valued and listened to at the hospital and described an open culture.

Managers who led a ward or department had completed or were working towards an accredited qualification in leadership and management. This helped them to develop their skills and experience, improve performance and prepare for senior management responsibilities.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff said they felt supported, respected and valued by their leaders. Staff commented it was a lovely place to work, how the staff worked well as a team and how they felt they were listened to.

The leadership team said they had an open-door policy and encouraged and supported staff to speak with them. Staff described the senior management team as being visible and approachable. Staff on the wards confirmed this. All the staff we spoke with said they enjoyed their job. Staff were proud of the organisation as a place to work and spoke highly of the culture.

The hospital had a freedom to speak up guardian. The leadership team had invested in this role and supported the staff member to fulfil their duties. Clinical staff said they could speak to the freedom to speak up guardian about any matter and felt confident they would listen and support them.

Leaders said the hospital had moved towards a learning and sharing culture in relation to reporting incidents or raising concerns. This was in part due to a change in the governance structure and approach during the previous 12 months. Leaders confirmed staff were now more open and reported all incidents following the shift in approach, which they welcomed and encouraged.

The hospital had implemented the “Speaking-up for safety™” programme. This was an accredited programme used by the whole organisation and built a culture of safety by empowering staff to support each other and raise concerns. The hospital director and chief nurse were the sponsors for the programme.

The hospital was also implementing the “Promoting professional accountability” programme. This programme provides a framework for defining safety and professionalism standards, and identifying, measuring and addressing behaviours that undermine them. The programme was planned to run alongside “Speaking-up for safety™” programme and aimed to embed an organisation-wide speaking up culture.

Inspected but not rated

Surgery

The hospital embraced a one team culture, a positive culture that both supported and valued staff, creating a sense of common purpose based on shared values. This culture was evident during our conversations with staff of all grades.

Governance

Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

In the 12 months prior to the inspection the governance structure had been reviewed, was being revised and had also been improved with additional staff resourcing. The hospital had a clinical governance and local committee structure in place. The hospital quarterly meetings included Clinical Governance Committee, Infection Prevention and the Medical Advisory Committee (MAC). Leaders continuously reviewed the structures to ensure they were effective and meeting the requirements of the service.

The hospital's Quality and Governance Committee, chaired by the chief operating officer, met monthly and provided assurances around quality and safety to the hospital executive team.

There was a Medical Advisory Committee (MAC) which met quarterly with responsibility for advising on surgeon performance and surgery specific matters. The MAC had oversight of audit results, complaints and incidents which were routine agenda items.

The hospital's Medical Governance Committee met quarterly and we reviewed the minutes of the last three meetings. The committee reviewed unplanned transfers to hospitals and return to theatres as a standard agenda item. Representatives from theatres, pharmacy, the resuscitation team and enhanced care lead attended the meetings.

The hospital director and the Medical Director were responsible for ensuring doctors practised in accordance with their practising privileges, and were advised on such matters by the MAC. This included obtaining accurate appraisal information from their substantive NHS employer.

A variety of sub-committees such as Medicines Management, Infection Prevention and Control and Patient Safety Committee fed into the Clinical Governance Committee. A report amalgamating information and data from all sub-committees was presented at the Clinical Governance Committee meetings and Medical Advisory meetings. The chairs of the sub-committees sat on the Quality and Governance committee, which gave assurances to the board.

Leaders and department managers for the surgical service held monthly team meetings. The meeting minutes showed agenda items included patient feedback, audit, incident reporting and staffing.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

Leaders used electronic systems and performance dashboards to manage current and future performance. The senior leadership team utilised these systems as an effective way to identify, monitor, understand and address current and future risks. The hospital had a detailed risk register, supported by the dashboard, which reflected issues both staff and the senior leadership team had described. Leaders followed clear process and systems to escalate risk and performance issues via sub-committees and to the hospital's executive team.

Inspected but not rated

Surgery

Staff used a systematic programme of clinical and internal auditing to monitor quality and operational processes. The service had a comprehensive list of audits and risk assessments, for example audits of care records. Meeting minutes showed audits were discussed at various management and staff meetings, with audit results used to drive improvements with patient care.

There were arrangements in place for identifying, recording and managing risks, together with mitigating actions. The hospital used an electronic incident reporting system and staff were able to describe the process.

The hospital had one risk register, separated into departmental and organisational risks. The risk register detailed who had overall responsibility for each risk and actions taken to mitigate the identified risk. Where action did not fully mitigate the identified risk, there was a plan of action, with the date the action was due to be completed and detail of who was responsible for ensuring the action was completed.

The hospital had a comprehensive quality dashboard used to monitor monthly performance in a range of areas relating to surgery. These included but was not limited to; World Health Organisation safer surgery checklist, national early warning score 2, surgical site infections and unplanned returns to theatre. The hospital had set targets for each indicator based on national standards where applicable. We reviewed the monthly Quality Governance sub committee meeting minutes for November and December 2022 and draft minutes for January 2023.The meeting minutes showed the quality dashboard was reviewed and any areas for improvement identified with actions.

Engagement

Leaders actively and openly engaged with staff to plan and manage services.

The hospital had a variety of ways they could engage with staff. The hospital had a staff forum called “KIMS Voice” which met monthly. The hospital director or the chief nurse attended.

To ensure all staff had an opportunity to voice any concerns confidentially, KIMS Hospital had designated ‘Freedom to Speak Up Guardians’ (FTSUG) who could be contacted at any time for confidential conversations and advice. We saw posters and screen savers which explained the role of the Freedom to Speak Up Guardians’. We spoke with the FTSUG who described good and open access to the executive sponsor for the hospital.

KIMS Hospital had introduced three mental health first aiders to ensure mental health and wellbeing of all staff, giving them somewhere confidential and supportive to turn to when required. The first aiders had received additional training in how to support and signpost staff who may be experiencing a mental health illness.

The hospital had a “Good to Outstanding” initiative which allowed staff to present new ideas to the senior leadership team. If successful and their idea was implemented, staff received an additional payment.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

The hospital had undertaken comprehensive investigations into the never events reported in the previous year. Leaders had identified learning and had implemented changes to practice where required. There were sponsors for the changes

and this ensured there was senior oversight of any challenges and ensured the time frame was met. All staff we spoke with were aware of the serious incidents and could give examples of learning from them. Leaders in the service, and those involved in the never events, demonstrated they were committed to ensuring the learning was shared outside of the hospital.