

Victoria Hospital

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

Standard Health Ltd is registered with the Care Quality Commission and provides orthopaedic day case surgical procedures on average one day a month at Victoria Hospital which is herein referred to as the host hospital. This Standard Health service is provided at the Victoria Hospital which is part of Dorset Healthcare University Foundation Trust (DHUFT) through a service level agreement.

We carried out a routine announced inspection on the 5 December 2016, as part of our national programme to inspect and rate all independent providers. We inspected the core service of surgery as this is the main activity carried out at this location by the provider Standard Health Ltd.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's

Summary of findings

needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection we took account of how the provider understood and complied with the Mental Capacity Act 2005.

The service provided by Standard Healthcare at this location was Orthopaedic day case surgery. Services were provided under a service level agreement with the host hospital. Some of these included:

- Theatres.
- Staffing including nursing and others.
- Infection control.
- Physiotherapy.
- Radiology and imaging
- Catering and laundry services.
- Clinical Waste disposal services.
- All equipment in theatres and day ward and their maintenance.

We rated this service as good overall because:

- The service had a good track record safety.
- There were appropriate systems to keep people safe and to learn from incidents.
- Staffing levels provided by the host hospital were planned to align with capacity which was part of service level agreement. This included sufficient staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- The provider followed the host hospital's infection control policies and procedures to support safe care. The environment and equipment we inspected were clean and well maintained.

- Care was delivered in line with national guidance and the outcomes for patients were good.
- Patients could access care when they needed it and they were treated with compassion and their privacy and dignity was maintained at all times.
- Staff complied with peri- operative checklists and accurate records were maintained.
- The service had received consistently positive feedback from patients relating to their care and treatment.

We found areas that required improvements

- People were offered limited choices of food and fluids following day surgery.
- Staff did not always follow good practice guidance for the safe management of medicines in the anaesthetic room.
- The governance process was not robust as they did not reflect the processes taking place including the monitoring of service level agreement (SLA) and gaining assurances

We found the following areas of good practice in surgery:



- Patients' satisfaction surveys for the provider were consistently high. In April 2016 100% of patients described their overall care as "very good or excellent."
- Overall response to treatment times (RTT) rates for admitted patients for surgery and non- admitted patients were within expectations.

Ted Baker

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Location	Good 	Standard Health Ltd provides orthopaedic day case surgical procedures and included outpatients follow up one day a month at Victoria Hospital, Wimborne, which is the host hospital.
Surgery	Good 	<p>In the reporting period July 2015 to June 2016 there were 51 visits to the operating theatre as day case episodes of care recorded at this service. These were all patients who were NHS funded.</p> <p>The service had a good track record for safety. Between July 2015 and June 2016, there were no serious incidents or never events reported by Standard Health at this hospital. Never events are serious incidents that are wholly preventable and have the potential to cause serious patient harm or death. There were no clinical incidents during the same time period. During 2015-2016 we did not receive any direct complaints, whistle blowing or safeguarding concerns reported to us related to Standard Health Ltd. The provider confirmed to us that they had not received any complaints.</p> <p>Standard Health Ltd told us there were no reported cases of serious infections such as methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile (c.diff) or E-coli.</p>

Summary of findings

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Good 

Victoria Hospital

Services we looked at

Surgery

Summary of this inspection

Background to Victoria Hospital

Standard Health Ltd provides orthopaedic day case surgical procedures and an outpatient service one day a month at Victoria Hospital which is (the host hospital). The service was registered in 2011. The registered manager is Mr Gorav Datta. The service primarily serves the communities of the south coast of England. It also accepts patients' referrals from outside this area.

The service is registered to provide the following regulated activities:

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

We last inspected the service in 2014 and there was one outstanding requirement for complaint. The provider sent us an action plan to show action taken to become compliant. We carried out an announced inspection of the service on 5 December 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in surgery.

Why we carried out this inspection

We carried out a routine announced inspection on the 5 December 2016, as part of our national programme to inspect and rate all independent providers. We inspected the core service of surgery as this is the activity carried out at this location by the provider Standard Health Ltd.

How we carried out this inspection

During the inspection, we visited the day care ward and one operating theatre. Care and treatment was provided under a service level agreement with the host hospital. This included all equipment, staffing, catering, radiology, access to theatre, physiotherapy and occupational therapy. The provider had access to the day care unit as part of the service level agreement with the trust. All the patients treated were NHS funded patients.

We spoke with two of Standard Health's staff and eight staff from the host hospital. These included registered nurses, health care assistants, reception staff, medical staff, operating department practitioners, and senior managers.

We spoke with four Standard Health patients who were receiving care at the time of the inspection and a relative. We reviewed eight sets of patients' records and other information such as policies, incidents reports and data we received pertaining to Standard Health. The surgical procedures undertaken by Standard Health consisted of minor orthopaedic surgery and facet joints' injections.

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

Summary of this inspection

Throughout the inspection we took account of how the provider understood and complied with the Mental Capacity Act 2005.

Information about Victoria Hospital

Orthopaedic surgery was the main activity of the service. There were 51 day care surgical episodes recorded in the reporting period (July 2015- June 2016). These were all NHS funded patients. There were no patients who stayed overnight during that same reporting period.

The service did not provide a service to children and anyone under the age of 18 years.

The most common type of surgical procedures was joint injections (28), followed by Knee arthroscopy (11), carpal tunnel decompression (9) and excision of ganglions (3).

What people who use the service say

People who use the service were positive about the care and treatment they received. They told us that the

provider and the staff treated them with utmost care and respect and their privacy and dignity was maintained. They told us they received information in order to make an informed choice about their care and treatment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The service had a good track record for safety and there were no clinical incidents reported between June 2015 and July 2016. There was a positive reporting culture of reporting incidents. Standard Health worked jointly with the host hospital in managing this.
- Appropriate Infection control procedures were followed to keep patients safe.
- Staffing levels were planned in line with capacity and there were enough staff to meet patients' needs.
- Staff were aware of their responsibility to safeguard vulnerable adults from abuse. There were clear internal processes to support staff to raise concerns.
- Records were well maintained, managed safely and securely and were available for patients care.
- Patients' risks were assessed as part of pre-admission process.
- Medicines were available to patients as required.

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

- The provider needs on going assurance that medicines are managed safely at all times in the anaesthetic room.

Good



Are services effective?

We rated effective as good because:

- Standard Health Ltd had a service level agreement (SLA) Dorset Healthcare University Foundation Trust (DHUFT) which detailed arrangements for sharing policies and procedures developed by the host hospital.
- The provider did not participate in national audits. This was due to the type of service and low patient volume which meant national benchmarking could not be achieved.
- There was a service level agreement to ensure medical practitioners were appraised, competent and validated. The provider also worked for a local NHS trust and validation was assured by the medical advisory committee (MAC).
- The provider took into account national guidance and recommendations when providing treatment and care to patients.
- The provider followed their process in seeking patients' consent.

Good



Summary of this inspection

- There was effective multi-disciplinary working to meet the needs of patients.
However, we also found the following issues that the service provider needs to improve:
- The provider needs assurance that patients are always offered choices in order to meet their dietary needs during their care at the host hospital.

Are services caring?

We rated caring as good because:

- The provider and the host hospital's staff treated people with kindness and respect.
- People were consistent positive about the care and treatment they received from this service.
- Patients' satisfaction surveys showed patients experienced good quality care.
- Staff supported patients and involved them in their care.
Patients' privacy and dignity was maintained including chaperones were available to them.

Good



Are services responsive?

We rated responsive as good because:

- People were provided with information about how to raise a concern.
- Patients were assessed pre-operatively and risks assessed prior to surgery.
- Processes were in place to support patients' focus care and treatment.
- The provider consistently met their referral to treatment time which positively impacted on patients. They worked with the local commissioners in planning and delivering services.
- Patients' individual needs were considered and adjustments made for people with specific needs such as learning difficulty and dementia.

Good



Are services well-led?

We rated well led as requires improvement because:

- There was limited evidence of quality assurance processes and governance arrangements. The governance strategy was not robust. Whilst processes were in place for sharing of information between the provider and the host hospital, these were not documented and outcomes could not be measured.
- There was no local risk register and minutes of meetings were not always recorded.

Requires improvement








Summary of this inspection

However, we also found the following areas of good practice –

- The provider had an effective system in place to gather feedback from patients.
- The provider worked collaboratively with the local commissioners to meet the needs of the local people.
- The provider followed the host hospital's standard operating process to support care delivery.

Surgery

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

Information about the service

Standard Health Ltd provides orthopaedic day case surgical procedures and included outpatients follow up one day a month at Victoria Hospital, Wimborne, which is the host hospital.

Summary of findings

In the reporting period July 2015 to June 2016 there were 51 visits to the operating theatre as day case episodes of care recorded at this service. These were all patients who were NHS funded.

The service had a good track record for safety. Between July 2015 and June 2016, there were no serious incidents or never events reported by Standard Health at this hospital. Never events are serious incidents that are wholly preventable and have the potential to cause serious patient harm or death. There were no clinical incidents during the same time period. During 2015-2016 we did not receive any direct complaints, whistle blowing or safeguarding concerns reported to us related to Standard Health Ltd. The provider confirmed to us that they had not received any complaints.

Standard Health Ltd told us there were no reported cases of serious infections such as methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile (c.diff) or E-coli.

Surgery

Are surgery services safe?

Good 

Incidents

- There were appropriate systems to keep people safe and to learn from incidents.
- Standard Health Ltd used the host hospital electronic reporting system to report incidents. The host hospital staff told us if the incident related to the provider, this would be shared with them as appropriate so actions could be taken and lessons learned. There was no incident reported which related to the provider.
- There were no reported never events for Standard Health between July 2015 and June 2016.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify service users (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The provider was confident in initiating the duty of candour if needed. The host's hospital staff told us they would be confident to approach the provider to raise any matter that may relate to duty of candour. Staff had received training in duty of candour. There had been no incident to evoke this; however the provider was clear about the process on the action they were required to take in order to meet this.

Cleanliness, infection control and hygiene

- There were appropriate infection control policies and procedures to support safe care. The environment and equipment we inspected were visibly clean.
- There were no reported cases of serious infections such as methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile (c.diff) or E-coli relating to this provider.

- At the pre-operative assessment stage, staff screened patients for methicillin-resistant Staphylococcus aureus (MRSA). This was in line with Department of Health: Implementation of modified admission MRSA Screening guidance for the NHS (2014).
- Standard Health followed the host's hospital policies and procedures for the prevention and control of infection. The operating theatre was clean and well maintained.
- There was a separate clean and dirty utility area in the operating theatre to ensure that the risk of infection transmission was minimised. The provider and the host hospital's staff we spoke with all understood their responsibilities in minimising the risks of cross infection.
- We noted that sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The sharp bins were clearly labelled and tagged to ensure appropriate disposal and closed when not in use.
- We observed the provider followed best practice during surgery which included drapes around the surgical site and the use of sterile gowns and gloves. There was a designated staff member to ensure all swabs, needles and blades used, were accounted for during and after the surgery. This further reduced the risk of surgical site infections and the risk of retained instruments and equipment post-surgery.
- Access to the operating theatre was also restricted. This was part of infection control process to keep patients safe by reducing the risk of surgical site infections. This was in line with the National Institute of Health and Care Excellence (NICE) guidelines CG74, for the preoperative stage of surgery.
- There was adequate supply of personal protective equipment (PPE) such as gloves and aprons in the theatre and on the day ward area. We observed staff adhered to 'bare below the elbow' policy in clinical areas and used PPE as appropriate.
- Cleaning schedules and checklists were used in accordance with the host's hospital local or national policy, such as The Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance.

Surgery

- There were clear processes which the host hospital staff followed for decontamination of reusable medical devices in line with national guidance.
- The provider's PLACE score for cleanliness was 100% which was higher than England average of 98%.

Environment and equipment

- The environment was well maintained, bright, secure and welcoming and adequate seating was available in the reception area.
- There was a service level agreement with the host hospital for the provision and maintenance of equipment. We viewed the resuscitation equipment for adults in the operating theatre. The provider did not treat children at this service. Checks were carried out daily and records of these were maintained to ensure they were ready for use.
- Staff followed their process to ensure the anaesthetic machines and other equipment in theatre was in working order which was essential to patient's safety. Daily checks of anaesthetic equipment and monitors were undertaken in accordance with recognised guidance by the Association of Anaesthetists of Great Britain and Ireland (AAGBI), 'Checking Anaesthetic Equipment' 2012 guidance.
- There was a process for the recording of implants and single use instrument kit where the unique identifying labels were attached to the patients' records for audits and traceability if required. The surgeon and scrub nurse completed a double check to ensure that the correct implant was used. This included size, type and make of implant which was recorded on the white board.
- There was a variety of equipment such as wheelchairs, hoists and walking frames. A check of equipment showed that they had been serviced at regular intervals to ensure they were safe for use. Equipment was readily available to patients and they were all NHS funded patients.

Medicines

- The provider told us the anaesthetist would prescribe pain control for patients following minor surgery as needed. They followed the host hospital procedure for prescribing medicines.

- In the anaesthetic room, we observed drugs were drawn up in syringes and were labelled appropriately. However these were left unattended on the side in the anaesthetic room and posed potential risks of unauthorised staff accessing these. Although access to the theatre was secure, once inside staff could access the anaesthetic room. This was brought to the attention of the host's hospital staff who were responsible for these and immediate action was taken.
- Emergency drugs were available and to hand in case they were needed in the operating theatre and on the tamper proof resuscitation trolley.
- Dedicated fridges were available for the storage of medicines; the records showed the host hospital's staff completed daily checks to ensure medicines were stored correctly as per recommendations.

Records

- Patients' records were held in paper formats. The provider and the host's hospital staff confirmed patients' notes were available when patients attended for treatment.
- There was a local protocol relating to records. All records were stored securely and in line with the Data Protection Act 1998. This minimised the risks of unauthorised persons having access to patients' confidential notes and records.
- We reviewed eight patients' records and these contained pre- operative assessment, peri- operative (during surgery) and post- operative (after surgery) information to inform staff's practices. These included clear instructions and action needed in order to support the patients following surgery.
- The host hospital staff worked closely with the provider to effectively manage patients' records. We noted the records were always available for clinic appointments and day care admissions. The host hospital's staff and the provider told us that records were sent from the NHS trust and they could not any recall recent example of any missing notes.
- Patients' records were detailed and included information such as pre admission assessments, investigations and test results, and records of care provided. Records followed the same formats which allowed for ease of access to relevant information.

Surgery

- The provider used the surgical register at the host hospital. We reviewed the register in the operating theatre which was fully completed. This recorded procedures which were undertaken, names of surgeon and scrub nurse, the time each patient entered and left theatre, the patient's name and identifier.

Safeguarding

- In the reporting period of June 2015- July 2016, there were no safeguarding concerns relating to Standard Health reported to CQC.
- Standard Health followed the host hospital's safeguarding policies and procedures and any concerns would be dealt by the host's hospital with involvement of Standard Health as appropriate.
- The provider was clear about their responsibilities in raising any concerns to protect patients from the risk of poor practice and abuse.
- Staff at the host hospital were clear about their responsibility in raising any safeguarding concerns and the process they would follow to protect patients.
- Staff training in safeguarding was undertaken by the host hospital which was part of the service level agreement.

Mandatory training

- Staff who provided support to Standard Health provider were employed by the trust at the host hospital and undertook their training with the trust. This was agreed under contract with the host hospital.
- Standard Health accepted the training as provided by the host hospital. They had regular meetings with the trust as part of their contract and any concerns about staff's training would be discussed.

Assessing and responding to patient risk

- Standard Health used the host hospital staff to undertake pre admission assessments. All surgical patients were screened which included MRSA and risks of venous thromboembolism (blood clots) as appropriate. Patients undergoing surgical procedures would be prescribed treatment according to risks identified.

- During the pre-assessment, patients had a number of tests such as blood and electrocardiogram (heart rhythm reading), and any abnormal readings were communicated to the provider and anaesthetist to ensure patients met the criteria for surgery.
- Five Steps to Safer Surgery (based on the World Health Organization (WHO) surgical checklist) is guidance to increase safety for patients undergoing surgical procedures. The guidance sets out what should be undertaken during every procedure to help prevent errors. We observed in the operating theatre, Standard Health followed the five steps to safer surgery process which included team brief, sign in, time out, sign out and debrief. A check of five records also showed these were fully completed.
- At the end of the theatre list the provider also undertook a team brief with the involvement of all staff. This was an opportunity to review what went well and also if anything which did not go well. We observed all staff were fully engaged with this process. The provider and the host hospital staff said this was a positive way of learning and improving practices.

Nursing and support staffing

- Standard Health did not employ their own nursing and support staff. They used the host hospital's staff to provide care and treatment under a service level agreement (SLA). The provider, host's hospital staff and patients told us that there was adequate numbers of skilled staff to provide safe care.
- Feedback from the staff and patients were that there was adequate number of skilled nursing and support staff to assist Standard Health staff to deliver safe care and treatment to patients.

Medical staffing

- Standard Health had a consultant surgeon and anaesthetist who had overall responsibility for the patients under their care. The consultant and anaesthetist were available to provide consultant led care. Standard Health did not have any other medical staff.
- Both consultants were also employed by the local trust and their competencies were assessed and validated as part of their fitness to practice.

Surgery

Emergency awareness and training

- Standard Health followed the fire safety process and evacuation procedures for the host hospital and the provider was aware of the procedures.

Are surgery services effective?

Good 

- Standard Health followed national guidance and recommendations when providing care.
- Consent was consistently sought either verbal or written prior to providing care.
- Patients were undergoing minor surgery and told us they had no pain and pain control was available as needed.
- There was effective multi-disciplinary working to meet the needs of patients.

However,

- People were not offered choices to meet their dietary needs at the host hospital.

Evidence-based care and treatment

- Staff provided care and treatment to patients based on national guidance such as the National Institute for Health and Care Excellence (NICE) and the Royal College of Surgeons Emergency Surgery Guidance.
- The pre-assessment nursing staff followed guidelines and local policies to ensure patients had a thorough assessment to minimise the risk of complications during or after surgery.
- The provider followed the host hospital's policies and protocols which were under their contact.

Pain relief

- Patients were positive about their pain relief and information was provided. Pain management was also discussed at the pre admission assessment clinic.
- Patients we spoke with said they had not needed any pain control but were confident it would be available if they required it.

- The provider told us that pain control was discussed as all patients were seen on the day prior to their surgery.

Nutrition and hydration

- Staff used the pre-operative fasting guidelines for adults. These were aligned with the recommendations of the Royal College of Anaesthetists (RCOA). Patients told us they were given clear verbal and written information about fasting. This included fasting prior to their operation and the timings when they could and should not eat and drink.
- As part of the pre assessment, patients were identified such as those with diabetes so they could receive information and support with diets and fluids.
- The host hospital offered limited choices to patients in order to meet their dietary needs. Patients were only offered tea and biscuits post- surgery. We spoke with four patients who all said they would have appreciated something more substantial such as sandwiches following their surgery. Hot and cold drinks were readily available to patients.
- A senior member of staff told us that sandwiches would be available for diabetic patients on request and food choices were not routinely offered to patients.

Patient outcomes

- The provider did not take part in national clinical audit as it did not meet the criteria for the small number and type of treatment they provided.
- They carried out internal audit which showed there were no cases of unplanned return to the operating theatre in the reporting period of June 2015 to July 2016.
- There had been no unplanned admissions during the same reporting period and day care patients were all discharged as planned.

Competent staff

- Standard health did not have any nursing or operating theatre staff and they had a service level agreement with the host's hospital who provided these staff. They sought assurances from the host's hospital about the competency of staff through regular meetings. The provider told us they were fully satisfied with the level of service they received.

Surgery

- The provider is a consultant orthopaedic surgeon and the anaesthetist are both employed at a local NHS trust. They carried out the same type of surgery which was within their scope of practice.

Multidisciplinary working

- We observed effective multi- disciplinary working between Standard Health's and the host's hospital staff. The theatre staff interacted in a positive and professional manner with the consultant.
- All theatre lists were consultant led and the consultant used the host's hospital staff as they did not employ any staff.
- The provider worked closely with the medical secretary at the host hospital who provided support with discharge letters and sharing information with patients' GPs.
- The provider made referral to specialist nurses and other allied health professionals in the community as required and this was accessed via the patients' GPs.
- Standard Health had a service level agreement with the local NHS trust for transfer of patients whose conditions may deteriorate and requiring extra care.

Seven-day services

- Standard Health did not provide seven day service at this location. The consultant provided consultation and minor day case surgery only. Patients were admitted in the day care ward and discharged on the same day under their care.

Access to information

- Standard Health used the host hospital system and had access to patients' records which included blood, scans and X-ray results. We observed that relevant patients' information and records were available when patients attended the service.
- All patients treated at the service were NHS funded patients. They all had NHS identification numbers which facilitated information sharing between the provider and patients' GPs.
- The provider had access to the host hospital system where X-rays, blood and scan results could be easily viewed.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider took into account patients' diverse needs. The order of the theatre list was changed to accommodate a patient with a learning difficulty who was anxious which had a positive outcome for them.
- We reviewed eight sets of notes and followed two patients' journey through to surgery. The records showed that consent was discussed and recorded appropriately, which included on the day of surgery.
- Standard Health followed the host hospital's policy and procedures for obtaining consent for treatment care and examination. The policy had been reviewed, also the guidance for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- The host hospital staff worked closely with the provider and said they would raise any issues about capacity with them.
- Patients told us the consultant had discussed the benefits and risks of their surgery and answered their questions prior to them giving consent. Patients were seen on the day of the surgery and consent obtained. We also observed verbal consent was consistently sought prior to care being provided.

Are surgery services caring?

Good 

- The provider and the host hospital's staff treated patients with utmost respect, kindness and ensured their privacy and dignity was protected.
- Patients were provided with information about their care and involved in decision making for treatment and care needs.

Compassionate care

- Patients told us that they were "always treated with dignity and respect" by all staff members. Patients were very positive about their treatment and care which they received. Standard Health patients were encouraged to provide feedback and this was analysed to improve the care provided.

Surgery

- The provider took part in the Friends and Family Test (FFT). This is a survey which asks NHS patients whether they would recommend the service they have received to friends and family. From January 2016 to June 2016 the provider achieved a score of 100% for NHS funded patients. Patients we spoke with described the care as “excellent”.
- Standard Health offered chaperones to all patients when they attended the service for outpatient’s appointments. A chaperone is a person who serves as a witness for both a patient and a medical practitioner as a safeguard for both parties during a medical examination or procedure.

Understanding and involvement of patients and those close to them

- We observed Standard Health staff were professional and friendly. Patients told us that they were involved in planning and making decisions about their care and treatment. A patient told us the provider was “excellent” and others said they were highly satisfied with their care and treatment.
- Patients confirmed that the nursing and medical staff explained their care and treatment and kept them up to date with any required information.
- Standard Health had access to a translation service provided by the host hospital. This provided assistance for patients whose first language was not English.
- Records were reviewed and patients confirmed that the provider followed due processes in terms of assessing and consulting the patients about their suitability for proposed surgery. This included pre-operative meeting and information being shared as needed.
- We observed during clinics patients were fully involved and treatment plans and options were discussed and full detailed explanations given. Patients were encouraged to ask questions and the provider responded to them in a calm and unrushed manner

Emotional support

- Patients told us they had been reassured by the consultant and they felt prepared for their surgery.
- The provider could refer patients to other specialists as needed and also via patients’ GPs and could include counselling services.

Are surgery services responsive?

Good 

- Patients were offered treatment in a timely manner and there were no cancellations of surgery for non- clinical reasons.
- The outcome for people was good as the referral to treatment time was consistently met.
- The provider took into account the diverse needs of people when delivering care.
- Information about how to raise a concern or complaint was available to people using the service.

Service planning and delivery to meet the needs of local people

- Standard Health ran the service which was within the terms of their contract with the local commissioning group who referred the patients.
- The service had a process which staff followed and this outlined the clinical risk assessment criteria for patients. As part of the pre-operative assessment process, patients with high risk medical conditions or special requirements would be identified via the Pre-Admission Medical Questionnaire (PAMQ). This assisted the service to plan care and treatment or identify those who were high risks or would be declined surgery.

Access and flow

- Standard Health saw 443 outpatients for the period of July 2015 to June 2016. These were all NHS patients and were part of the provider’s contract with the clinical commission group (CCG).
- The service did not provide care to children and young adults less than 18 years.
- The service monitored their referral to treatment time through their quality scorecard. This showed 100% of patients were seen within 4 weeks of referral. The data showed 100% of patients were seen at 18 weeks of referral to treatment time.
- The cancellation rate was good as no patients’ surgery was cancelled on the day of admission for non- clinical reasons, according to data provided by the service.

Surgery

- Patients told us they were seen on time and did not have to wait long when they attended the outpatient's department.

Meeting people's individual needs

- Services were planned and delivered to take account of the needs of different people such as those living with dementia. Individual needs were considered at pre-operative assessment clinics to ensure patients' needs could be met prior to surgery.
- Appointment times were staggered which allowed patients adequate time to discuss their care and treatment. Patients were offered flexibility with appointments and managed in a timely way to meet people's needs.
- A translation service was available for people whose first language was not English and the provider was able to access this via the host hospital.
- There were dedicated car parking spaces for people with limited mobility and there was level access to the entrance to the service.

Learning from complaints and concerns

- At the last inspection in 2013, the provider was assessed as non-compliant with this standard. The provider provided us with an action plan which included development of their policy. Patients' information leaflets were also developed to provide information about raising concerns and complaints. The provider told us this could be made available in other language or formats if needed. Information from the provider showed they had not received any complaints or concerns. Patients were given leaflets explaining the process on how to raise a complaint. Complaints were logged as part of the quality scorecard.
- Patients were complimentary about their care and treatment and said they would be happy to raise any concerns with the provider
- Patients were asked for the comments and their views sought following outpatient's appointments and on discharge. We reviewed seven comment cards and these were all positive and patients comments included "excellent care" and said they would highly recommend this service.

- The provider told us the comments were used to improve patients care and shared with the local commissioners as part of their contract. Any negative comments or concerns would be fully investigated and shared with the host hospital as part of lessons learned.

Are surgery services well-led?

Requires improvement 

- There was limited evidence of internal quality assurance processes and governance arrangements to assess, monitor and improve the quality of the service provision.
- The provider did not have a local risk register and minutes of meetings were not always recorded.
- The governance framework was not robust. Whilst some processes were in place such as governance meetings, these were not documented and intended outcomes could not be monitored.

However,

- The provider's vision was to develop the service and treat more people.
- There was a robust system to seek the views of people using the service in order to improve care.
- The culture of the service was one of openness and support..

Vision and strategy for this core service

- The provider told us the service treated a small number of patients at this hospital and their vision and strategy was to develop the service. They told us that they considered quality of service and safety of patients as their top priority and reviewed their strategy at regular intervals.

Governance, risk management and quality measurement.

- Standard Health worked closely with and followed the host hospital governance process. The provider did not have its own local risk register. The provider told us this

Surgery

was due to the small number of patients they treated. Any risk identified relating to the service would be on the host hospital risk register. The provider confirmed there was no risk currently identified for them.

- There was no process for Standard Health to monitor, assess and improve the quality of the service and to review the mitigation of any risks.
- The provider told us they received verbal assurances about the service and risks. The provider said they held regular meetings with the clinical commissioning group (CCG) and minutes of these were available which looked at performance and activities. These were reviewed and action plan developed as needed.
- Standard Health also held regular meetings with senior team members at the host hospital. There were no minutes available and the provider was aware these should be developed. This meant there was no record of any agenda items discussion or of any agreed actions.
- The provider did not attend the medical advisory committee meetings. They did not sit in the governance meeting for learning and minutes of these meetings were not shared with them. The provider was aware that this was an area they were looking at developing with the host hospital.

Leadership / culture of service related to this core service

- Host hospital staff told us they had “excellent” working relationship with the Standard Health provider. Staff told us they felt “very confident” in raising any issues with the provider and felt they would be listened to.

- The provider told us they found the host hospital staff very supportive which had a positive impact on patients and they worked well together. Feedback from staff was that they were supportive of one another and they worked cohesively.
- The provider and the host hospital staff told us the culture was open and honest and felt any concerns would be acted upon and would receive feedback.

Public and staff engagement

- The provider sought the views of people using the service. The friend and family test result showed 98% were satisfied with the care and treatment they had received.
- Feedback from patients was consistently sought and a sample of feedback seen at the time of the inspection showed a high degree of satisfaction with the service they received.
- Standard Health did not employ any staff and they used the host hospital’s staff who carried out their own staff survey.

Innovation, improvement and sustainability

- Standard Health was committed to improve and sustain the service they provided to the local community. They were exploring ways of increasing the number of patients in discussion with local commissioners.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that effective governance arrangements and quality assurance processes are in place. Systems must be developed to monitor, assess and mitigate any risks within the service.

Action the provider **SHOULD** take to improve

- The provider should ensure that meetings held to review the quality of the service with the host hospital are formalised with minutes taken.
- The provider should ensure they have assurance from the host hospital managers that patients are offered a range of choices to meet their dietary requirements.
- The provider should ensure that they have assurance from the host hospital managers that medicines in the anaesthetic room are stored safely and securely.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (1).Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>2.Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to-</p> <p>(b) assess, monitor and mitigate risks relating to health, safety and welfare of service users who may be at risk which arise from carrying out the regulated activity;</p> <p>How the regulation was not being met:</p> <p>Governance processes to assess, monitor and improve the quality of the service were not robust. Risks were not routinely assessed, monitored or reviewed within the service.</p>