

BMI Southend Private Hospital Limited

Southend Private Hospital

Inspection report

15 - 17 Fairfax Drive
Westcliff-on-sea
SS0 9AG
Tel: 01702608908
www.circlehealthgroup.co.uk/hospitals/southend-private-hospital

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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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Summary of findings

Overall summary

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. 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 patients and the community 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	Outstanding 	Our rating of this location improved. We rated it as Outstanding. See the overall summary above for details.



Summary of findings

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Summary of this inspection

Background to Southend Private Hospital

Southend Private Hospital is operated by BMI Southend Private Hospital Limited. The hospital offers day case surgery and an outpatients department. There are no overnight beds. Facilities include two operating theatres, a ward and recovery area and an outpatient department.

The hospital is an independent hospital in Southend-on-Sea, Essex. The hospital primarily serves the communities of the Southend-on-Sea and surrounding areas. It also accepts patient referrals from outside this area. The hospital sees and treat patients aged 18 years old and over.

The hospital provides minor surgical procedures under local anaesthetic. The hospital performed mainly cataract surgeries (90%) and a small number of plastic and general surgery. For example, surgeries on eye lids, carpal tunnel and lumps and bumps.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We inspected the surgery service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 21 June 2022.

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>.

Outstanding practice

We found the following outstanding practice:

- There were consistently high levels of constructive engagement with staff and people who used services. Managers and staff understood the value of engagement in supporting safety and quality improvements.
- Governance arrangements were proactively reviewed and reflected best practice. Quality governance was incorporated into every level of the organisation through a variety of process from the ward to the board and from the board to the ward. Information was filtered up from and down to staff. There were various committees with a lead responsible for the meetings and escalating issues.
- There was a deeply embedded system of leadership development and succession planning. There was a proactive approach to succession planning at all levels within the service. Managers supported staff to develop their skills and take on more senior roles.
- The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including incidents, complaints, mandatory training and audits.
- The service had an effective quality improvement strategy which was continuously reviewed. There were scheduled quality improvement initiatives throughout the year and the hospital kept a log with all the changes made and any follow-up that was required.







Summary of this inspection

- People were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff do, including awareness of any specific needs as these were recorded and communicated.
- Feedback from patients and those who are close to them was consistently positive about the way staff treated them.
- Patients felt really cared for and that they mattered. Patients thought that staff went the extra mile and their care and support exceeded their expectations.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	 Outstanding	Good	 Outstanding	 Outstanding
Overall	Good	Good	 Outstanding	Good	 Outstanding	 Outstanding

Surgery

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

Are Surgery safe?

Good 

Our rating of safe stayed the same. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of ‘face to face’ training and e-learning. We reviewed the staff training matrix and found 95% of staff had completed their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included courses covering adult immediate life support, basic life support, infection control, sepsis, safeguarding children and adults, safety, health and the environment, fire safety, manual handling and equality and diversity.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Managers monitored mandatory training and staff received alerts when training needed to be refreshed. Medics, nurses and healthcare assistants were required to complete annual refreshers and demonstrate their competency where necessary. Staff we spoke with told us they received reminders to complete mandatory training and they were also reminded at staff meetings. Staff we spoke with told us they had enough time to complete 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 organisation’s practising privileges policy.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme and staff received training which corresponded to their role. Staff told



Surgery

us they had received safeguarding training. Clinical staff received safeguarding adults training to level three (80%), safeguarding adults level two (100%) and safeguarding children level two (93%). The service had a safeguard lead trained to level four who was able to support staff in escalating their concerns and supporting referral processes to the relevant local authorities. Staff also had access to a level five trained member of the corporate team.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding vulnerable adults policy, with flow charts for the escalation of concerns was available.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff understood the importance of supporting equality and diversity and ensuring care and treatment was provided in accordance with the Act. Staff gave examples which demonstrated their understanding and showed how they had considered the needs of patients with protected characteristics.

The hospital's mandatory training included a PREVENT module to help staff identify patients and find ways to prevent people being drawn into terrorist or extremist groups and/or activity. Records showed all staff completed this training (98%).

The hospital had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check; occupational health clearance, references and qualification and professional registration checks.

The hospital had an up-to-date chaperone policy.

There were no safeguarding incidents in the previous 12 months.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were visibly clean and had suitable furnishings which were visibly clean and well-maintained. The operating theatres, ward and recovery areas we visited were visibly clean and had suitable furnishings which were visibly clean and well-maintained. Seamless easy-clean floor covering was used throughout all clinical areas, waiting rooms and toilets. Storage areas were tidy and free from clutter. We observed clinical staff cleaning couches and equipment after each patient use.

All other equipment was cleaned after patient contact. Items seen were visibly clean and dust-free and we saw completed daily cleaning check lists.

The service consistently performed well for cleanliness. There were regular infection prevention and control general principles and practice, theatre asepsis, hand hygiene and invasive devices. The service performed consistently to a high standard (100%).



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One staff member completed a 'train-the-trainer' course for the aseptic non touch technique (ANTT) and provided training to colleagues to reduce the risk of introducing infections. Staff completed training in ANTT to reduce the risk of introducing infections (75%).

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The hospital completed daily cleaning checklists for the ward and theatres. All public areas had cleaning schedules. We reviewed a sample of checklists which were up-to-date.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors. We observed all staff wore PPE where necessary. Hand-washing and sanitising facilities were available for staff and visitors.

The hospital recorded surveillance data monthly. Records showed there were no hospital associated infections such as MRSA, methicillin-susceptible Staphylococcus Aureus (MSSA), escherichia coli (E. coli) or *C.difficile* from June 2021 to May 2022. There were no reported surgical site infections (SSI).

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of patients' families. There were two operating theatres with associated clean and dirty utility areas, storage and sluice rooms, one laser room and two admission/recovery areas. The admission area/ ward, theatres and recovery area were designed to allow a smooth flow.

The service had undertaken a Legionella and a fire risk assessment. Records showed that action plans had been put in place to mitigate the risks identified. Staff demonstrated how they had access to evacuation routes in the event of a fire. Water outlets and sinks were flushed to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.

Staff carried out daily safety checks of specialist equipment. Staff carried out checks on equipment such as the resuscitation trolley. Resuscitation equipment was located on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use. Staff carried out a monthly audit of the resuscitation equipment to ensure it was present and within date. Audits of the previous six months showed 100% compliance.

The ward and theatre areas were well equipped and faulty or damaged equipment was repaired or replaced quickly. We reviewed equipment logs and saw that equipment used was serviced within appropriate time frames. Stock and equipment, including disposable instruments, were well managed and recorded.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately.

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



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The service provided ambulatory care where no general anaesthesia or sedation was used. All treatment was carried out as day surgery under local anaesthetic.

Staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. There was a comprehensive pre-operative assessment process that was used for all patients. The hospital had a robust process for assessing patients before admission. Patients had a pre-operative assessment to ensure they met the inclusion criteria for surgery and to allow any key risks, that may lead to complications during the anaesthetic, surgery, or post-operative period, to be identified.

Patients with complex co-morbidities would not routinely be admitted for treatment. Admissions were only considered on the presentation of all relevant clinical evidence, a risk assessment and the mitigation of risk and with the agreement from all parties involved in the care of the patient. If there were any risks identified, these were discussed by the treating clinicians.

Staff completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. The service used the 'five steps to safer surgery' checklist based on guidelines from the WHO Surgical Safety Checklist. From June 2021 to May 2022 an audit of the WHO Surgical Safety Checklist found 100% compliance.

Staff responded promptly to any sudden deterioration in a patient's health. The service had a deteriorating patient policy where patients would be referred to another nearby hospital if specialised care was required which the hospital did not provide. Staff were trained in adult basic life support (96%) and immediate life support (86%). The service had an unannounced quarterly resuscitation simulation exercise which was delivered by an external provider. Records showed the service responded to each scenario appropriately and demonstrated good leadership and teamwork.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used the national early warning score (NEWS2) tool to assess for patients at risk of deterioration. From April 2021 to May 2022 the NEWS2 audit found 98% compliance. There was a structured communication tool for handing over information to a clinical colleague about a deteriorating patient. Staff used the situation, background, assessment, recommendation and decision (SBARD) communication tool.

The service did not have any deteriorating patient in the previous 12 months.

The hospital had procedures for the recognition and management of sepsis and staff described how they would identify a deteriorating patient. Staff completed training on the care and communication of the deteriorating patient which included sepsis (69%).

Staff knew about and dealt with any specific risk issues. Under the hospital assurance monitoring tool staff regularly reviewed data for healthcare associated infections (HAI). Staff told us there were no HAI in the previous 12 months.

Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services or received care from different staff in this service. Clinicians wrote to the patient's general practitioner after gaining the patient's consent.

Patients were followed up by telephone within 48 hours after their surgery to check on their progress and to answer any questions they may have. Patients received follow up appointments with optometrists in the local community who reviewed the outcome of the procedure and any risks for patients such as infections.



Surgery

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe. The surgical and theatre team included a lead theatre practitioner, theatre practitioners, senior staff nurse, nurses, health care assistants and optometrists.

The staff to patient ratio requirement was calculated in line with a national safer staffing guidance. The service had five members of the team for each theatre list including three nurses, two HCAs and one anaesthetic escort, which was above the recommendation of four staff. The ward had two nurses and up to two HCAs depending on the number of patients treated. The service monitored the staffing ratio weekly.

The manager could adjust staffing levels daily according to the needs of patients. All theatre lists were pre-planned so the number of staff required for each shift, on the ward and in theatres, could be pre-determined. Staffing rotas were completed a month in advance. Staffing levels reflected demand on the service and known treatment support needs.

Managers limited their use of bank staff and requested staff familiar with the service. The service used five bank staff from a pool of personnel and did not use agency staff.

All staff had a period of induction, and supervision where required, on commencing work at the hospital. Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies.

The hospital reviewed staff absence and recruitment and retention information.

Medical staffing

The service had enough medical staff to keep patients safe. There were 13 consultant doctors working under practising privileges. The hospital performed mainly cataract surgeries (90%) and a small number of plastic and general surgery. For example, surgeries on eye lids, carpal tunnel and lumps and bumps.

Assessments of applications for practising privileges, from doctors and allied health professionals, were carried out by the Medical Advisory Committee which reviewed and approved the scope of practice submitted by an applicant. The service monitored compliance with the practising privileges policy.

The service had a good skill mix of medical staff on each shift and reviewed this regularly. All patients were admitted under the care of a named consultant.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. The hospital used paper and electronic records, to document patient information securely. Records could be accessed across the departments, allowing continuity of record keeping. Bank staff could access the records they required.

We viewed eight patient care records, which contained the patient's consent form, written theatre record including observations and discharge information. Records we reviewed were completed appropriately.



Surgery

Records were stored securely. Paper records were stored securely in a locked cabinet when not in use. Staff completed training in information governance and cyber security. We observed there was one trolley that could not be locked, and we discussed this with staff. Following our inspection, the service sent us confirmation a new lockable trolley had been immediately ordered.

A record keeping audit from June 2021 to May 2022 found 100% compliance with the service's procedures.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Staff followed best practice when prescribing, administering, recording and storing medicines. The hospital had a medicines management policy, which ensured staff practices were in line with national guidance.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in locked cupboards away from the patient areas. Medicine fridge temperatures had been checked and logged appropriately.

The service did not use or stock controlled medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff said patients were given advice about medicines before surgery as well as post-surgery and patients we spoke with confirmed this.

Staff completed medicines records accurately and kept them up-to-date. Records we checked showed allergies were recorded where necessary and entries were complete. The service completed audits to ensure staff followed best practice guidelines. From May 2021 to April 2022 the medicines management audit found 100% compliance.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The hospital had an open incident reporting culture and staff were able to tell us what incidents they would report and how they would report them. They told us 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.

Staff raised concerns and reported incidents and near misses in line with the hospital's policy. We reviewed the incidents reported in the previous 12 months and found they were reported and investigated in line with the service's procedure. Incidents were categorised into areas such as clinical, deterioration, infection control, medical records and operations cancelled. For each incident the actions taken, and lessons learned were recorded where applicable.

The service had no never events on any wards. Records provided by the hospital showed there were no never events or serious injury incidents from June 2021 to May 2022. The reported incidents were mainly low harm or no harm. There were 10 incidents reported as surgical complications.



Surgery

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff gave an example of an incident where the duty of candour requirements applied.

There was evidence that changes had been made as a result of feedback. Staff discussed learning from incidents at clinical governance meetings. For example, staff reviewed the escalation protocol following a sharps injury.

Are Surgery effective?

Good



Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Hospital policies we reviewed were up to date and had gone through the appropriate governance processes. The policies referenced, and were developed, in line with national guidance such as the National Institute for Health and Care Excellence (NICE) and the Resuscitation Council UK. Policies and procedures were reviewed by the corporate team and the quality and risk committee with the involvement of the managers such as the director of clinical services, chief nurse and infection prevention and control (IPC) lead.

Consultants provided care and treatment in line with their clinical specialty, including that issued by NICE and the royal colleges. The hospital had clear standard operating procedures (SOPs) and established pathways and staff knew how to access the documents.

The service consistently reviewed its performance and compliance with policies and procedures through a series of audits including IPC, WHO surgical checklist and the national early warning score (NEWS2). The results showed a high level of compliance against recorded measures. Staff implement an action plan when an audit identified compliance of less than 100%.

During care and treatment planning, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

The service provided treatment under local anaesthetic so there was no restriction on diet or fluids before surgery. This meant that patients were free to eat and drink as normal both pre- and post-surgery. The service provided hot and cold drinks, and snacks.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.



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Staff prescribed, administered and recorded pain relief accurately. All patients received local anaesthetic before their procedure. Patients undergoing ophthalmic surgery received anaesthetising eye drops.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service participated in relevant national clinical audits. The service did not provide data to the National Ophthalmology Database. However, in 2021 the service participated in a pilot project with the Royal College of Ophthalmologists to understand the current capacity of private sector providers to participate in national audits. The project examined barriers to participation such as information governance, technical (data collection), implementation and financial resources. The projected aim is to permit private providers to participate in the National Cataract Audit, thereby providing publicly visible quality assurance.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. They used an electronic application to submit audit information which allowed specific standards to be monitored. The service collected data on surgical site infections, unplanned returns to theatre, re-admission within 28 days and unexpected admission and did not have any of these outcomes in the previous 12 months.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Staff said post-surgery complications were rare. The hospital benchmarked themselves against other hospitals in the provider network and they performed consistently to a high standard.

Managers and staff used the results to improve patient outcomes. Staff completed regular audits of consent and record keeping. From April 2021 to May 2022 the service was 100% compliant with the hospital's procedures.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The hospital undertook regular reviews of staff competencies through a programme of self-assessment and appraisals including clinical skills.

Managers gave all new staff a full induction tailored to their role before they started work. Staff who completed the induction spoke positively about their experience and said managers and clinical leads were supportive.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal completion rates were 100%. Staff told us they used this process to establish goals for the rest of the year and that it was motivational. Senior staff were focused on staff development as part of a strategy to maintain stability and loyalty amongst the team.

Consultants with practising privileges had arrangements for external appraisal within their NHS work. Assurances were provided through the governance process as well as the overview from the medical advisory committee (MAC). There was an effective process for validating and monitoring the credentials of any consultant or health professional with practising privileges working within the hospital.



Surgery

Managers made sure staff received any specialist training for their role. Staff completed training for the laser protection supervisor role, cancer prevention in health assessments and supporting learning in practice.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Multidisciplinary working was a fundamental aspect of the service and underpinned all elements of care. Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Consultants and nurses worked with this team to plan and deliver seamless treatment pathways. The service implemented a daily patient and operational safety “communication cell” meeting which was multidisciplinary. It provided a forum for staff to communicate relevant issues and escalate any concerns for immediate action. Meetings helped to ensure the service provided a safe environment.

We heard positive feedback from staff of all grades about the excellent teamwork. We observed evidence of consultants and nurses working effectively together. Staff worked closely with colleagues from the outpatient department.

Seven-day services

Key services were available seven days a week to support timely patient care.

The hospital carried out elective operations between Monday and Saturday. Theatres operated between 8am and 8pm Monday to Friday and 8am until 2pm on a Saturday.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Staff assessed each patient’s health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff had individual conversations about diet and health promotion after procedures. Staff provided information on lifestyle choices which might relieve patients’ symptoms. We saw examples of patient information leaflets such as smoking and alcohol intake.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients’ consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider’s consent policy. Staff used consent forms and records showed signed consent forms were documented in the patient’s records.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in patient records. They provided information on the potential risks, intended benefits and alternative options before each treatment. Staff audited this process by reviewing documented evidence in care and treatment records. Staff performed highly and consistently in this measure.



Surgery

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff said this was a rare occurrence. Staff understood how and when to assess whether a patient had the mental capacity to make decisions about their care.

Are Surgery caring?

Outstanding



Our rating of caring improved. We rated it as outstanding.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

People were always treated with dignity by those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated. We saw staff treating patients with respect and dignity. Staff answered patient enquiries and interacted with patients in a friendly, caring and sensitive manner. We observed patients being prepared for surgery and spoke with patients on the ward. We spoke with four patients and observed others having their procedure. Patients were complimentary about the service. Patients said, "staff exceptional, above and beyond", "never left alone, always a nurse to hand", "couldn't be better" "more than impressed" and "can't improve on perfection."

Feedback from patients and those close to them was consistently positive about the way staff treated them. Patients said, "excellent nursing care", "excellent staff throughout", "very apprehensive about cataract surgery, excellent staff put me at my ease" and "although I was very nervous the nurses put me at ease and made me laugh." A new survey format was implemented in October 2021. From October 2021 to May 2022 patients rated overall nursing care at 100% and 99% would recommend their consultant.

Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Patients said staff treated them well and with kindness and were very helpful and reassuring. The service completed a comprehensive patient satisfaction survey. From October 2021 to May 2022 patients rated their overall experience of the service as 99%. Patients were asked about their overall experience of nursing care and if they knew who to contact after leaving the hospital. The service performed highly and consistently in these questions. Staff told us they continuously reviewed patient feedback and identified areas for improvement.

Staff gave examples of taking refreshments to relatives in the car park who accompanied patients during COVID-19 restrictions. Another example was contacting the local NHS hospital to arrange a diagnostic test for a patient who needed to repeat the test and was distressed by the process.

Patients felt really cared for and that they mattered. Patients we spoke with think that staff go the extra mile and their care and support exceeds their expectations. Patients said, "excellent care", "well looked after, staff are attentive and friendly" and "everyone is caring".



Surgery

Staff followed policy to keep patient care and treatment confidential. We noted that doors were kept closed when patients were being attended to and that all patient records were stored securely. From October 2021 to May 2022 all patients said they were treated with respect and dignity (100%) and patients said they were given privacy when discussing their condition and treatment (99%).

Records showed the service discussed patient feedback and identified any areas of improvement. For example, providing additional parking at another location close to the hospital site.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Patient's emotional and social needs were seen to be as important as their physical needs. Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs. Staff assessed patients social, psychological or religious needs at pre-operative assessment and noted on patients records so that any adjustments could be made ahead of admission. There was a strong focus on patient centred care with a holistic assessment of patient needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Patients said staff helped them to feel calm and relaxed. The hospital ensured there were staff available to speak to patients about their concerns. Staff gave one example of going over and above for a patient that was anxious about a pet that was left at home unattended. Staff assisted by arranging a taxi to take the patient home at no cost to the patient. Staff told us about instances where the ambulance was delayed after patients completed a procedure and staff arranged a taxi to take them home at no cost. Staff said the patient base was mainly patients 65 years and older. Staff told us the booking team prioritised appointments for patients over 90 years old.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the anxiety associated with the procedures and supported patients as much as possible. Patients said, "Nice staff put me at ease, treated with respect." From October 2021 to May 2022 98% of patients said they had someone at the hospital to talk to about their worries. Staff provided patients with resources on organisations that provided support within the community.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Patients who used services and those close to them were active partners in their care. Staff were fully committed to working in partnership with patients and making this a reality for each. Patient leaflets were available to provide information about various treatments and staff explained what to expect whilst in hospital and on discharge. We reviewed the pre- and post-operative leaflets for patients which included relevant information on preparing for the procedure, medication, and the 'do's and don'ts' after the procedure. Patients said, "staff kept me informed constantly," and "staff keep me informed all the times."



Surgery

Staff recognised that patients needed to have access to, and links with, their advocacy and support networks in the community and they supported people to do this. The hospital worked closely with the local NHS trust and clinical commissioning group (CCG) to review the patients need for home care post-operatively. The hospital established links with a local charity for patients who lived alone.

Staff always empowered patients who used the service to have a voice and to realise their potential. We observed staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. Staff encouraged each patient to complete a feedback form following their treatment. The service analysed patients' comments and categorised them to find themes and trends.

Staff supported patients to make informed decisions about their care. Staff discussed the cost of the procedure during treatment planning and before patients had surgery. Staff explained other relevant terms and conditions in a way patients could understand. The patient satisfaction survey from October 2021 to May 2022 showed 98% of patients received information on their treatment in a way they could understand. Patients said they had sufficient time with the consultant (98%) and they were able to ask questions.

Are Surgery responsive?

Good



Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

The service was flexible, provide informed choice and ensured continuity of care. The hospital had streamlined its service to treat local anaesthetic mainly ophthalmic; NHS patients through contracts with the local NHS trust and commissioners. Managers planned and organised services, so they met the changing needs of the people who use the service. Surgeries were performed six days a week and appointments were scheduled at a time to meet the needs of the patient group. Patients we spoke with confirmed being able to access the service in a timely manner.

Facilities and premises were appropriate for the services being delivered. The facilities were designed to ensure a seamless patient flow. There were two operating theatres, one laser room and two admission/recovery areas. There were height adjustable couches and other equipment to meet the needs of patients.

The hospital had an inclusion and exclusion criteria and a comprehensive pre-operative assessment. The pre-operative assessment ensured patients were fit for surgery. The hospital introduced a pre-operative call the day before surgery to confirm that the patient was healthy and happy to proceed with their scheduled procedure.

Managers worked to keep the number of cancelled operations to a minimum. Staff monitored the reasons for any cancelled appointments and this was reported each month. From January 2022 to May 2022 the service reported 218 surgeries were cancelled and of these only 13 were cancelled within 24 hours. Cancellations during this period were 4% of all surgeries. When patients had their admissions cancelled, staff ensured they were rearranged as soon as possible. We were advised that where procedures had been cancelled patients would be placed on the next scheduled surgical list where possible.



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Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

All providers of NHS care must meet Accessible Information Standards (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. The hospital is an independent provider and they were not required to meet AIS. However, the service recognised the importance of AIS. There was an AIS policy and records showed staff were due to attend an AIS training session on 30 June 2022.

The service was fully accessible to patients with limited mobility and wheelchair users and there were disabled parking bays.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Information on interpreting services was readily available. Staff were also booked to attend a sign language course. Staff used the electronic pathway to document information that helped them deliver tailored, individualised care. For example, staff checked where patients had needs in relation to language, hearing, sight and mobility. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patient's wearing a hearing aid.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. There were no patients on the ward with additional needs at the time of our inspection, but staff understood the adjustments that may be required to assist patients. Staff told us patients would be referred for more complex needs. All staff completed dementia awareness training (100%).

Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients were day cases who did not require overnight stays and they were provided with light refreshments such as biscuits, tea, coffee and water.

The service had an up to date equality and diversity policy that was compliant with the Equality Act (2010) and ensured staff delivered care without prejudice to protected characteristics. All staff undertook equality and diversity training and there was a clear care and treatment ethos based on individualised care. Staff completed training on transgender people and their health. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

People could access services and appointments in a way and at a time that suits them. Staff worked together to facilitate access to services. Patients were offered the first available appointment. From January 2022 to June 2022 the service completed 6070 procedures. There was a 18-week referral to treatment (RTT) pathway. The service proactively collaborated with the trust to accept patients who were on the trust's waiting list for elective care recovery plans. The long waiting list was impacted by the COVID-19 pandemic and the service worked with the trust to support the recovery, which impacted the RTT.



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The service reported 51% of patients were treated within the 18-week RTT. Patients who were referred from the trust remained on their pathway until treatment was completed. From June 2021 to June 2022 there were 973 patients who were 0-13 weeks into the treatment pathway when referred, 149 patients were 14-16 weeks, 177 patients were over 18 weeks and 5 patients were over 52 weeks. The management team met weekly to discuss the waiting list and any patient which met the 90 years of age criteria to be seen quickly. The service took action to address any specific concerns.

All patients who have waited over 52 weeks since referral for first definitive treatment require a clinical harm review to be undertaken. The trust carried out harm reviews before referring patients to the service. Managers explained that patients were assessed to determine which patients needed to have surgery immediately and the other patients had treatment within two to three weeks.

There was a weekly management meeting to discuss RTT, capacity and any waiting time concerns, and the outcome was shared with staff at the “communication cells” meeting. The service had monthly meetings and engagement calls with the clinical commission groups (CCG) to review performance.

There was a comprehensive pre-operative assessment to reduce risks and complications. This ensured the patients were fit for surgery and reduced delays to their treatment pathway.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the service. The complaint procedure explained the three stages of the complaint process including local resolution, an internal review and independent external adjudication.

Staff knew how to acknowledge complaints. Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

Managers shared feedback from complaints by emails and meetings and learning was used to improve the patient’s experience. From June 2021 to May 2022 the service received eight complaints. Records showed the complaints were reported and investigated in line with the service’s complaints procedure.

Staff could give examples of how they used patient feedback to improve the service. For example, patients wanted to have more information on the procedure while it is being performed. Staff were advised to talk patients through the procedure while it was happening.

Are Surgery well-led?



Our rating of well-led improved. We rated it as outstanding.



Surgery

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 high levels of experience, capacity and capability needed to deliver excellent and sustainable care. The hospital's senior management team included an executive director, director of clinical services, operations manager, theatre lead and clinical services manager for the ward.

Each manager had clearly defined roles and responsibilities. This was supported by an effective recruitment program ensuring that the skills and abilities of leaders matched the job profiles required within the hospital.

We found all managers had the skills, knowledge and experience to run the service. Leaders demonstrated an understanding of the challenges to quality and sustainability for the service. For example, the recruitment and retention of staff, adequate staffing levels to match the increase in activity and the impact of COVID - 19.

The leadership team demonstrated an understanding of local and national priorities and responded accordingly. An example of this was the response to the COVID-19 pandemic where the hospital set up a phlebotomy service in a short time frame and provided the service to over 2000 patients.

There was a deeply embedded system of leadership development and succession planning. There was a proactive approach to succession planning at all levels within the service. Managers supported staff to develop their skills and take on more senior roles. The service provided opportunities for staff development. For example, the theatre manager was promoted to the director of clinical services. Two health care assistants (HCA) were also trained in biometry so they could undertake measurements of the eye.

Managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The hospital had a clear vision and strategy. The universal and shared purpose was to work towards being a centre of excellence for Ophthalmology, to continue to work closely with the local clinical commissioning groups (CCGs) and NHS trust to support the community and demands, to invest in potential new services, to modernise estate and infrastructure, to continue to work with patients to enable learning and development and to work with stakeholders to develop a new and efficient cataract pathway.

The principles included believing patients came first, believing in staff, believing "good enough- never is" and being open-minded and innovative. The values were valuing people who were selfless and compassionate, collaborative and committed, agile and brave, tenacious and committed.

Plans are consistently implemented, and had a positive impact on quality and sustainability of services. The strategic objectives were regularly reviewed to ensure the sustainability of the service.



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There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. The strategy had clear goals and objectives which were used to measure its success. The hospital would achieve its objectives by working as a team, with patients and stakeholders such as GP and optometrists. Quality measures included patient experience, clinical outcomes, staff engagement, recruitment, retention and development.

Staff we spoke with understood the vision and quality measures of the service and how it had set out to achieve them. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

The service had a statement of purpose which outlined to patients the standards of care and support the service would provide.

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.

Leaders had an inspiring shared purpose, and strived to deliver and motivate staff to succeed. Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by having an open-door policy, interacting with staff daily and doing a walk around the service every day. We observed during the walk around the registered manager knew each member of the team by name and knew their roles.

There were high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. The hospital had a diverse workforce. Staff were proud of the hospital as a place to work and spoke highly of the culture. Staff said they enjoyed working at the service; they were enthusiastic about the care and services they provided for patients. They described the service as a good place to work.

Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. The hospital had a Freedom to Speak Up Guardian who was readily available for staff. If staff wished to speak with someone outside of the hospital there was a Freedom to Speak Up Guardian on the corporate team. All staff we spoke with said they felt their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong. The hospital created a learning environment so staff could learn from feedback, incidents and complaints. Staff were proficient at recording incidents and 'near miss' situations and learning from them.

There was a strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. All managers and staff worked collaboratively to improve care, treatment outcomes, quality and patients experience throughout the entire organisation.

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.

Governance arrangements were proactively reviewed and reflected best practice. Quality governance was incorporated into every level of the organisation through a variety of process from the ward to the board and from the board to the ward. Information was filtered up from and down to staff. There were various committees with a lead responsible for the meetings and escalating issues.



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The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. The hospital had monthly meetings which board committees such as the integrated governance, audit and risk and operational board provided information to. There were various sub committees that provided information to the board. Sub committees included financial governance, health and safety, infection prevention and control, medical governance, clinical governance and workforce. Staff discussed the sustainability of the service, future developments such as new services and procedures, the level of activity and quality assurance.

The elements of the hospitals governance assessment framework (GAF), and its component parts, were represented by a circle which effectively illustrated the cyclical inter-connectivity of accountability, information and continuous improvement; from department, to site, to region, to board, and then back again. All parts of the circle were dependent on each other and each segment played an integral and critical role in ensuring good governance. The GAF demonstrated how governance was enabled across the whole organisation.

There was an effective clinical governance structure which included a range of meetings that were held regularly. These included the clinical leadership, heads of department, operational teams, senior management, health and safety, infection prevention and control, clinical governance.

Staff discussed the sustainability of the service, future developments such as new services and procedures, the level of activity and quality assurance. There were various committees that provided information to the board such as the medical advisory committee (MAC), patient safety quality board and health and safety committee. The monthly service line group meetings provided data to various sub committees. The managers evaluated information and data from a variety of sources to inform decision making that would deliver high quality care to their patients. Staff had the opportunity to discuss changes they wanted to implement.

The MAC represented the professional needs and views of medical practitioners and advised the senior leaders on medical policy and standards. The MAC reviewed the clinical performance of staff who have been granted practising privileges. They provided a quarterly forum for consultation and communication between medical practitioners and the hospital's senior management team.

Staff were clear about their roles and accountabilities. Clear accounting lines and accountabilities were utilised to ensure oversight and timely information was provided on key performance indicators. The senior management team ensured qualitative and quantitative were monitored, reviewed and reported.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. There was a comprehensive audit schedule of clinical and non-clinical audits. Records showed audits were discussed at various management and staff meetings.

The manager told us learning was cascaded to staff. All staff members had a work email account. The service had a bulletin and updates were sent to staff by email.

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. They had plans to cope with unexpected events.



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There was a demonstrated commitment to best practice performance and risk management systems and processes. There was 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 that were completed on a regular basis. Staff understood the risk management strategy and actively contributed to it.

The service reviewed how it functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. The service had key performance indicators (KPI's) in relation to quality, performance, human resources and finance which were regularly reviewed. The service continuously monitored safety performance through the hospital assurance monitoring tool. These outcomes were discussed at regular management, governance and staff meetings.

Risks were identified and addressed quickly and openly. There was a risk management strategy, setting out a system for continuous risk management. The service had a risk register which showed the actions taken to mitigate risks. Examples of risks included the loss of sensitive information, loss of financial data, failure of the information technology system and insufficient staff.

Staff discussed the risks to the service at various meetings and documented the progress of any outstanding actions. Progress on each action was reviewed at subsequent meetings.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The information used in reporting, performance management and delivering quality care was consistently accurate, valid, reliable, timely and relevant. The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including incidents, complaints, mandatory training and audits.

There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. All staff had access, by secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. All staff were able to demonstrate the use of the system and retrieve information.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training and most staff completed it (93%).

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

There were consistently high levels of constructive engagement with staff and people who used services. Managers and staff understood the value of engagement in supporting safety and quality improvements. Staff actively sought patient



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feedback and patients provided this through surveys, online feedback and emails. The service engaged with patients to ensure they had a high response to the patient survey. The service performed highly and consistently in all the questions on the survey. Staff acted on patient feedback and there was a “you said, we did” poster displayed which informed patients about the changes that were made.

The hospital completed an annual staff survey. Results from the 2021 survey showed 92% of staff would recommend the service to friends and family. The service had regular meetings where staff could discuss their concerns. Records showed that staff provided feedback on staffing levels and the number of patients on the list. Managers responded by introducing weekly scheduling meetings and increasing the number of staff to support the running of the list.

Staff made contributions to the decision on how the hospital would make a contribution to the local community. The hospital supported two charities, one for cancer and the other for community support.

Staff told us during the COVID-19 pandemic the hospital stopped performing surgeries to assist the local NHS trust and clinical commissioning group (CCG). The service was asked to set up a phlebotomy service and this was achieved in a short time frame. Within two weeks the service provided phlebotomy for over 2000 patients.

The service worked with the local NHS trust, CCG and local optometrist to allow patients to be seen in the community for their post-operative review. This was facilitated by using a single information technology platform which has a range of functionality and capability. This software enabled greater collaboration between the hospital and local optometrists in a single easy-to-use platform. Internal trackers were monitored by the hospital to ensure that the patient pathway was completed.

The hospital provided training courses to clinicians in the local area on topics such as glaucoma and optical coherent tomography (OCT) and the retina.

The hospital supported various local charities such as transgender youth and children with cancer.

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. Leaders encouraged innovation and participation in research.

Improvement was seen as the way to deal with performance and for the organisation to learn. The provider had changed following the last inspection and the hospital had increased investment in technology, equipment and resources. The clinical governance structure was enhanced, and staff had access to more clinical resources including a broad range of subject matter expertise.

The hospital improved how it monitored progress and compliance and staff were involved in this process. There was a new operating system and all staff had a responsibility to contribute to its goals. The hospital empowered their staff to make the best decisions for patients in order to achieve better patient outcomes. There were open and transparent reviews of incidents and complaints and learning was consistently shared with staff to improve patients experience.

The hospital employed a new facilities supervisor to oversee the refurbishment of the premises including patient waiting areas, staff room, the exterior and car park.