

# The Hospital Group-Abbey Pines

## Quality Report

192 Altrincham Road  
Manchester  
M22 4RZ

Tel: 0161 495 2400

Website: [www.thehospitalgroup.org](http://www.thehospitalgroup.org)

Date of inspection visit: 26 September 2018

Date of publication: 01/02/2019

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?

Are services responsive?

Good 

Are services well-led?

Good 

## Overall summary

Combine OpCo Limited, trading as The Hospital Group-Abbey Pines, operated three independent hospitals and approximately 20 clinics across the country, including The Hospital Group-Abbey Pines. Pines Hospital is a dedicated cosmetic surgery hospital providing facilities for The Hospital Group and another cosmetic surgery provider which owns the building and most of the equipment. The two providers have different clinical

pathways and are different legal entities registered separately with CQC. We inspected and rated the services provided only by The Hospital Group-Abbey Pines, based at Pines Hospital.

Pines Hospital is a three storey hospital based in South Manchester. It had 22 inpatient beds across two wards (one ward was an overflow ward), two operating theatres, and recovery unit with four beds – these were based on

# Summary of findings

the second floor. Some administrative functions were based on the first floor. The pre-operative consultation and pre-assessment outpatient clinics are based on the ground floors, as were the head office functions. The Hospital Group-Abbey Pines provided various cosmetic procedures, including breast augmentation, facial surgery, fat removal, abdominoplasty and other breast procedures, to patients aged 18 and over. In the Pines, The Hospital Group-Abbey Pines outpatient clinic provided pre-operative surgeon consultation, postoperative wound care, gastric band adjustments and dietician consultations.

The Hospital Group-Abbey Pines has service level and contractual agreements in place to secure provision of services, equipment, facilities and staff from the other cosmetic surgery provider co-located at Pines Hospital. This included a service level agreement to facilitate care of The Hospital Group-Abbey Pines patients by the responsible medical officer service.

We only regulate surgical procedures carried out by a healthcare professional for cosmetic purposes, where the procedure involves the use of instruments or equipment which are inserted into the body. We do not regulate, and therefore do not inspect, cosmetic procedures that do not involve cutting or inserting instruments or equipment into the body.

We inspected all aspects of The Hospital Group-Abbey Pines services that were within our remit using our comprehensive methodology. We carried out an unannounced inspection on 26 September 2018.

The main service provided by this The Hospital Group-Abbey Pines at Pines Hospital was surgery. Where our findings on surgery, for example management arrangements, also apply to other services, we do not repeat the information but cross refer to the surgery service level.

## Services we rate

This is the first time that we have rated The Hospital Group-Abbey Pines. We rated it as good overall.

We rated The Hospital Group-Abbey Pines was good because:

- All staff had completed mandatory training and knew how to protect patients from harm or abuse.
- Staff understood their roles and responsibilities in relation to consent and the mental health act.
- Staff treated patients with care and compassion.
- There were high patient satisfaction scores.
- Staff supported and met the needs of individuals.
- Waiting times were managed effectively.
- There was a positive culture and staff engagement was good.
- There was a clear governance structure.
- We saw evidence of a comprehensive audit programme that was used to drive improvements and provide assurance.

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

- The Hospital Group-Abbey Pines did not monitor or report clinical outcomes effectively, nor was it taking sufficient steps to ensure it could submit data to the Breast and Cosmetic Implant Registry.
- There was a lack of a clear vision or set of values for the organisation.
- Due to the manual processes involved in monitoring and analysing incidents and complaints, there was a risk that trends could be missed.
- The Hospital Group-Abbey Pines had several policies that were beyond their review date.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

**Ellen Armistead**

**Deputy Chief Inspector of Hospitals (North Region)**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Surgery

### Rating Summary of each main service

Good



Incidents were reviewed regularly and we saw evidence of learning from these. There were sufficient staff who were appropriately trained (including safeguarding) and supervised. The clinical equipment was visibly clean and clinical equipment had been serviced.

We were told of good multi disciplinary team working. Staff also provided evidence-based care and treatment, and there was a comprehensive audit programme to ensure compliance with relevant policies and guidelines.

Patients we spoke with were happy with the care provided and this was supported by positive patient satisfaction scores. The Hospital Group-Abbey Pines also met patients' needs in a timely manner.

Staff told us about the positive culture within the organisation, and we saw evidence of staff development. There was a clear governance structure within the organisation.

Due to manual systems for reporting and monitoring incidents, there was a risk that issues and trends would not be easily identifiable. There were also deficiencies in the reporting of patient outcomes, and a clear strategy or set of values for the service had not yet been developed. However, The Hospital Group-Abbey Pines told us of plans that they were developing plans to improve these areas.

#### Outpatients

Good



There were sufficient staff to provide safe care and treatment to patients. They had completed mandatory training and responded well to patient risk.

Care and treatment was evidenced based, and staff understood their responsibilities around consent and capacity.

Staff were caring and compassionate, and responded well to the individual needs of patients.

Staff felt supported and enjoyed working for the organisation.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to The Hospital Group-Abbey Pines	6
Our inspection team	6
Information about The Hospital Group-Abbey Pines	6
The five questions we ask about services and what we found	8

### Detailed findings from this inspection

Overview of ratings	10
Outstanding practice	26
Areas for improvement	26

Good



# The Hospital Group-Abbey Pines

**Services we looked at**

Surgery; Outpatients;

# Summary of this inspection

## Background to The Hospital Group-Abbey Pines

The Hospital Group-Abbey Pines was one of three hospitals in England operated by Combine OpCo Limited, trading as The Hospital Group. Pines Hospital was a private facility in south Manchester, England. The other two hospitals were in London and Birmingham.

In early 2017 The Hospital Group commenced providing outpatient weight management clinics for patients pre and post operative weight loss surgery in at Pines Hospital. Weight loss surgery is not undertaken by The Hospital Group-Abbey Pines, but at their other facilities. The Hospital Group-Abbey Pines offer 12 months aftercare for weight loss as standard and for gastric bands there is an option to purchase extended aftercare up to 60 months.

In early 2018, The Hospital Group-Abbey Pines commenced offering cosmetic surgery procedures at Pines hospital. Pre and post operative care is not undertaken by The Hospital Group-Abbey Pines outpatient clinics, but at their other facilities. There was a service level agreement in place between The Hospital Group-Abbey Pines and the co-located cosmetic surgery provider to patients of both services in the same way.

The hospital has had a registered manager in post since it opened January 2018. We inspected The Hospital Group-Abbey Pines on 26 September, 2018. We have not inspected this service before.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Nicholas Smith, Head of Hospital Inspection.

## Information about The Hospital Group-Abbey Pines

The Hospital Group-Abbey Pines has access to two wards and is registered to provide the following regulated activities:

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

Staff providing care and treatment on the inpatient wards and in theatre areas are employed by the co-located cosmetic surgery provider, with the exception of two cosmetic surgeons with practising privileges.

In the outpatient department, patients received pre-operative consultations, pre-operative assessments, dietician consultations, post-operative wound care and

gastric band adjustment. Bariatric surgeons were available in clinic three Saturdays per month. There were two surgeons providing this service to The Hospital Group-Abbey Pines outpatient clinic.

There were four part-time dieticians and one clinic nurse comprising 1.2 whole time equivalent staff member employed by The Hospital Group.

We spoke with the two of these staff who were available on the day of inspection.

During our inspection, we reviewed seven sets of patient records and seven prescription charts.

We reviewed one complaint file and 28 incident records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has not been inspected previously.

# Summary of this inspection

There were no patients in the hospital from The Hospital Group-Abbey Pines during our inspection. However, following the inspection we were provided with the contact details of patients who had used the service and were happy to speak to us. We spoke to nine patients in this way.

## Activity

- Between 1 January 2018 (when surgery provision commenced) and 31 May 2018 there were 203 visits to theatre recorded at The Hospital Group-Abbey Pines; of these 62% (126) were inpatient and 38% (77) were day case episodes of care. None were NHS funded.
- Between June 2017 to May 2018 there were 2853 outpatient attendances in the same period; none of these were NHS funded.

At the time of inspection there were two surgeons who worked at the hospital under practising privileges.

Track record on safety during the period 1 January 2018 to 1 May 2018:

- zero never events
- < > Clinical incidents: zero no harm, 28 low harm, zero moderate harm, zero severe harm, zero deaths< > zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

- zero incidences of hospital acquired Clostridium difficile (c.diff)
- zero incidences of hospital acquired E-Coli
- five complaints

## Services accredited by a national body:

- SGS Accreditation for Sterile Services Department
- Joint Advisory Group on GI endoscopy (JAGS) accreditation

## Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Medicines management services.
- Cytotoxic drugs service
- Interpreting services
- Grounds Maintenance
- Laser protection service
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- RMO provision

# 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:

- Most staff had completed mandatory training.
- Staff had the skills and experience to protect patients from harm or abuse.
- Staff followed infection control policies and the areas we visited were visibly clean and tidy.
- There were systems in place to identify and respond to patient risk.

Good



### Are services effective?

We rated effective as good because:

- Staff provided evidenced-based care and treatment.
- Staff had had their annual appraisals.
- The Hospital Group-Abbey Pines provided a seven-day service where necessary.
- Staff understood their roles and responsibilities around consent and mental capacity.
- We saw evidence of multi-disciplinary team working.

Good



However:

The service did not monitor clinical outcomes well and was not submitting sufficient data to the Private Healthcare Information Network or Breast and Cosmetic Implant Registry.

### Are services caring?

We inspected but did not rate it:

- Staff treated patients with care and compassion.
- Staff were proud of the work they did and committed to providing a quality service.

Patients felt supported by staff and there were high patient satisfaction scores.

### Are services responsive?

We rated responsive as good because:

- The Hospital Group-Abbey Pines met the needs of individuals, supporting patients to make decisions about their care and treatment.
- The service produced information leaflets in different languages and had access to an interpreter service if required.
- Waiting times were managed effectively.

Good





# Summary of this inspection

- We saw evidence of learning from complaints and incidents.

## Are services well-led?

We rated well-led as good because:

- There was positive staff engagement and culture within the service. The service sought a full and diverse range of people's views and used these to shape the service.
- There were ongoing plans to develop a clear vision and set of values.
- The leadership was visible and accessible.
- There was a clear governance structure with distinct reporting lines.
- Staff felt supported and there was evidence of staff development.
- The Hospital Group-Abbey Pines had systems in place to ensure that clinical staff had the right skills, experience and qualifications to provide a safe service.
- The service had developed a robust and comprehensive audit programme to help provide assurance to the leadership team.
- However:
- At the time of the inspection, there was no clear strategy, vision or set of values.
- The service was not compliant with the Private Healthcare Information Network data submission requirements.
- The service did not ensure that staff took appropriate action to enable it to submit sufficient data to the Breast and Cosmetic Implant Registry.
- The Hospital Group-Abbey Pines had several policies beyond their review date.
- There was no staff recognition programme.

**Good**







# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	N/A	Good	Good	Good
Outpatients	Good	Good	N/A	Good	Good	Good
Overall	Good	Good	N/A	Good	Good	Good

# Surgery

Safe	Good 
Effective	Good 
Caring	
Responsive	Good 
Well-led	Good 

## Are surgery services safe?

Good 

We rated safe as **good** because:

### Mandatory training

- Data supplied by the hospital showed that 99% of surgical staff employed by the hospital had completed their mandatory training. Also, during our inspection we checked the mandatory training records of the 1.2 whole time equivalent staff employed solely by The Hospital Group–Abbey Pines such as a dieticians and bariatric practitioners and found all of their mandatory training compliance to be up to date.
- Mandatory training was delivered either face to face or via e-learning. Subjects covered included Deprivation of Liberty safeguards, assessing mental capacity, equality and diversity and basic life support.

### Safeguarding

- There was a current safeguarding adults policy in place.
- All the staff that we spoke with told us that they had received training on how to recognise and report any adult or children safeguarding concerns and they knew how to apply it.
- There were designated safeguarding leads for the whole organisation should staff require support.

### Cleanliness, infection control and hygiene

- All clinical areas were visibly clean and tidy and we observed cleaning schedules in all areas.

- There were hand washing facilities in relevant places in all clinical areas.
- There were wall mounted hand gels strategically placed at the entrances to clinical areas and we observed staff and visitors using these in all relevant clinical areas.
- During our inspection we observed all staff washing their hands correctly at appropriate times and in the correct way.
- All staff were required to complete infection control training as part of their yearly mandatory training compliance.
- We observed that all staff during our inspection were bare below the elbows in clinical areas and wore appropriate attire in the clinical areas.
- All sharps bins we saw were being used appropriately.
- The privacy curtains in clinical areas appeared clean and all were dated when to review and change.
- All patients were screened for certain bacterium including clostridium difficile and methicillin-resistant Staphylococcus aureus. Data from May 2017 until April 2018 inclusive highlighted that there were no cases identified.

### Environment and equipment

- Access to the whole hospital building was via a controlled access system to monitor staff, patients and visitors entering and leaving the building.
- There was controlled access to the theatres, offices, store rooms, anaesthetic room and post-operative recovery room to prevent unauthorised entry.

# Surgery

- We observed a storage room in the theatre area containing flammable liquids which the manufacturer stated should not be stored above 25 degrees centigrade. There was air conditioning in the store room and a system of monitoring the room temperature.
- There was equipment on each level of the stairwell to assist in evacuation of immobile patients in the event of an emergency.
- On this corridor there were staff changing rooms, a staff room, notice boards highlighting to staff of different updates, recent audits and such information as female genital mutilation guidelines. This area was only accessible via a key coded door lock.
- There was a room to triage any patients that went back to the hospital due to post-operative concerns or complications. For this purpose, there was a hospital bed and a privacy curtain to maintain the patients' dignity.
- There were two emergency trolleys in this room which were to be used by staff specifically in the event of a diabetic or haemorrhagic (heavy bleeding) emergency. There was appropriate emergency equipment to deal with other emergencies in this room and other relevant areas.
- All emergency equipment in all areas of the surgical unit appeared clean and, where appropriate, had been checked daily as per guidelines.
- The instrument storage room adjacent to theatres appeared clean and tidy. Used and dirty instruments were auto-claved (a process by which medical instruments are cleaned by sterilisation) at a local hospital.

## Assessing and responding to patient risk.

- The department assessed risks to all patients and responded appropriately.
- There was a 99% compliance with all theatre staff for their yearly mandatory training which included basic life support and immediate life support.
- The department had an Early Warning Score System Work Practice to aid the early recognition of a deteriorating patient. Early Warning Score System graded patients on a scale of zero to greater than eight based on their observations. Any patient scoring three

or more would be reviewed by the resident medical officer. Any patient scoring five or more was classed as a clinical emergency and required immediate review by the medical team. The work practice was based on guidance issued by the National Patient Safety Agency, and The National Institute for Health and Care Excellence's guidance: Acutely Ill patients in Hospital; Recognition of and response to acute illness in adults in hospital (2017).

- The department had an up to date Medical Emergency and Resuscitation Procedure which was a clear flowchart describing what actions to take if a patient deteriorated. This included when to call the in-house resuscitation team (this consisted of the resident medical officer and two designated registered nurses that carried emergency bleeps), and when to call 999.
- The hospital, in which the surgical procedures took place, had an up to date Resuscitation Policy which stated that there would be "staff trained in Advance Life Support" on duty at all times. The policy took account of joint statements from the British Medical Association, Royal College of Nursing and the Resuscitation Council (UK). The contract with the third party to supply the resident medical officers stated that they would have appropriate advanced life support certification and ongoing training. The hospital had three resident medical officers were contracted to work at the hospital on a one week on and one week off rota.
- Staff monitored patients' wellbeing during their stay and if there were any concerns there was a protocol to follow that included calling the resident medical officer who was always on site and, if necessary, he would arrange transfer via ambulance to the nearby NHS hospital.
- We viewed documented evidence that risk assessments for venous thromboembolism was carried out for all patients at several points in the patient journey which included prior to admission, on admission and 24 hours following discharge if applicable.
- Patient records contained correctly completed safer surgery checklists.
- We observed that prior to surgery, women were asked if they could be pregnant. We were assured that the procedure would not proceed if there was any doubt regarding this.

# Surgery

- Patients who needed to be reviewed following their respective procedures were triaged in a designated room near the ward by the resident medical officers and treated and readmitted if required.

## Nursing and support staffing

- The staffing levels in theatres and wards was sufficient. The hospital management confirmed that staffing levels took account of the Association of Perioperative Practice's staffing guidelines, and those of the Royal College of Nursing.
- Where there were no patients resident on the wards there would be no staff working, other than the registered medical officer. However, there were two registered nurses on call should they be needed for any readmissions.

## Medical staffing

- There were two doctors who performed cosmetic procedures at the hospital who had practising privileges, which meant that they were qualified to practice in his role.
- The surgical team for each procedure was led by the cosmetic surgeon that met the patient prior to surgery. The rest of the team consisted of other health professionals such as anaesthetists, operating department practitioners and theatre nurses.
- There was a theatre team who were on call from home should there be issues out of hours.
- The hospital had a service level agreement with an agency to supply three resident medical officers who worked rotating periods to cover the service 24 hours per day, seven days per week. The agency provided appropriate training for the resident medical officers.
- There was always a resident medical officer on the premises at all times who carried out routine work during daytime hours and who was on call out of hours.

## Records

- We inspected seven sets of records for patients whom had undergone their respective procedures. This enabled us to review the complete process of documentation for each patient from their initial

consultations through to their respective discharges. We found that staff kept appropriate records of patients care and treatment. Records were mostly clear, up to date and available to all staff providing care.

- A recent audit of patient records from all patients who had undergone a surgical procedure at this hospital, from April 2018 highlighted that there was a 95.6% compliance with their good record keeping practice.
- Confidential records were kept in a locked cabinet behind the nurses' station on the ward, that only staff had access to.
- Staff were not regularly completing whether patients had consented for their data to be included on the Breast and Cosmetic Implant Registry.

## Medicines

- Medicines were prescribed, stored, administered and recorded well. Patients received the correct medication at the right dose at the right time.
- The service was reviewing their processes for purchasing, storing, prescribing and dispensing medication. We were shown the draft standard operating procedure for this new way of working. We were told of plans to train all staff in this new way of medicines management working once the document was ratified.
- The medicines that patients were given to take home were prescribed and dispensed appropriately, as per guidance. All take home medicines were checked by the resident medical officer prior to being dispensed to the patients.
- We observed that intravenous medications that were used to treat patients during procedures in theatre were only prepared when needed, and not in advance.
- We observed that all medications were stored in locked cabinets and fridges, dependant on manufacturers specifications. All the fridges had been checked daily for temperature control to ensure that the products within were safe to use.
- The rooms in which these fridges were stored benefitted from air conditioning and there was a daily check in place to monitor the room temperature.

## Incidents

# Surgery

- Staff were informed that they should report all incidents via the paper recording system that was sent in the first instance to the manager of the specific area and then to the governance lead who kept a record and ensured that they were investigated appropriately.
- The handover sheet highlighted any new incidents and immediate lessons learned. Other issues documented on this patient safety huddle form included staffing and complaints and confirmation that the emergency bleep and keys have been handed to the next shift leader.
- There was a folder in each area that highlighted to staff all incidents reported, the lessons learnt and any subsequent action plans.
- We were assured that all incidents were reported and investigated appropriately and observed the feedback folders in the staff areas. Staff were required to sign their name in the file when they had read the incident reports.

## Safety Thermometer (or equivalent)

- There has been no patient falls or pressure ulcers. There was one surgical site infection.
- In this period there were no medication related incidents.

Two patients had to return to theatre to have excess fluid removed from the surgical sites and two had to return to theatre due to ruptured implants.

## Are surgery services effective?

Good 

We rated effective as **good** because:

## Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service carried out audits to ensure both compliance and effectiveness of care provided. This included record keeping audits to ensure that the correct processes had been adhered to from the initial contact with the company by the patient to discharge following care.

- We saw evidence that the hospital was benchmarking the work that the department was involved in with another cosmetic surgery provider to benchmark and standardise care provision. Their findings were that their care provision and patient outcomes were comparable to those of a similar hospital.

## Nutrition and hydration

- Staff assured us that they gave patients enough food and drink to meet their needs and improve their health. They used hydration techniques where necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The hospital had its own in-house kitchen and chefs who prepared food tailored to the patients' wishes and needs.
- Tea and coffee making facilities were easily accessible 24 hours per day, seven days per week for patients and their immediate families.
- At the time of our unannounced inspection there were no patients from The Hospital Group – Abbey Pines that were present for us to speak to. However, we spoke to nine patients whom had used the service following our inspection and all told us that they had been offered and were given sufficient food and drink to meet their needs and wishes.

## Pain relief

- Staff managed pain well. Patients had access to a variety of analgesia during their respective procedure and in the immediate post-operative period.
- Patients were prescribed adequate pain relief medication for their respective procedures to be given at regular intervals whilst an inpatient and to take home with them when required.
- Records we reviewed during our inspection highlighted that patients appeared to get their medication in a timely manner and we saw documentation that they were offered pain relief regularly.
- All of the patients that we spoke to following our inspection told us that they had been offered and, if needed given, sufficient pain relief.

## Patient outcomes

# Surgery

- The service monitored the effectiveness of care and treatment and used findings to improve them.
- The service did not submit comprehensive data to the Private Healthcare Information Network which is a network that aims to inform prospective patients about private healthcare providers.
- During the period the hospital performed 203 surgical procedures. Of these, one surgical site infection was reported and the patient was returned to theatre for appropriate treatment..
- The service benchmarked their relevant data with that of a comparable service to learn from, when applicable.

## Competent staff

- Systems were in place to ensure staff were competent to carry out their respective roles.
- There was a practising privileges policy in place that was monitored to ensure that the surgeon working at the hospital was competent to carry out his role.
- The registered medical officers whom worked for the hospital were supplied via a private company who ensure that they were trained and competent to perform their role. There was a system in place to check copies of these respective competencies.
- Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- All the staff that we spoke to told us that they had had their appraisal within the last 12 months and that they felt that it was beneficial to them.
- At the time of our inspection we were assured that all staff were up to date with their appraisals.

## Multidisciplinary working

- Staff of all grades worked together as a team to benefit patients. Nurses, doctors, other healthcare professionals and other staff supported each other to provide good care.
- We were told during our inspection that there was good multidisciplinary team work between all staff.
- There was effective external team working with cosmetic surgery providers, an NHS trust and ambulance services.

## Seven-day services

- Services are available seven days per week.
- The hospital had service level agreements in place for such services as pathology and microbiology with a nearby hospital which could be accessed at any time.
- Arrangement would be made for those patients that needed further investigations that could not be performed on site to be transferred to a local private hospital.
- The procedures performed at this hospital were elective so were booked in advance. The surgical staff were booked to meet the needs of the patients undergoing the procedures and their recovery periods. However, there was always a registered medical officer on the premises who could be contacted by mobile telephone should a patient need to be admitted.

## Health promotion

- The Hospital Group–Abbey Pines did not carry out certain cosmetic procedures if, for example, a patient smoked. Patients were offered advice on smoking cessation.

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

- All the records that we reviewed during our inspection highlighted that all patients had received the required 14 day cooling off period as recommended in the Royal College of Surgeons publication 'Professional Standards for Cosmetic Practice' from agreeing to the procedure to having it carried out.
- Appropriate consent was obtained, documented and, where applicable, signed.
- We were told that a translation service would be used to counsel and consent prospective patients to ensure they understood what they were consenting for. If they wished to go ahead, then this translation service would be arranged for the complete inpatient stay also.

## Are surgery services caring?

We inspected but did not rate caring.

## Compassionate care



# Surgery

- The Hospital Group–Abbey Pines provided compassionate care, good emotional support where necessary and they understood and involved patients and those close to them in their care plans.
- Staff cared for patients and families with compassion. Feedback from patients confirmed that staff treated them well, with kindness and compassion.
- The patients that we spoke with following our inspection described the care they received as “good”, “very good”, “brilliant”, “excellent”, “absolutely fabulous” and “fantastic”.
- Patients confirmed all staff introduced themselves and communicated well with patients to ensure that they understood what was being said to them.
- The hospital actively sought feedback regarding the care they received from all patients that have used the hospital. However, the hospital were not able to distinguish between the comments from the patients whom had been The Hospital Group–Abbey Pines patients and those of the other provider. However, over 95% of all responders stated with that they were happy with the time that they had waited for their procedure.

## Emotional support

- Staff provided emotional support to patients when appropriate.
- Patients told us that staff provided them with reassurance and comfort when required.
- One patient told us that when she had been having doubts about going ahead with the procedure immediately prior to being taken to theatre staff were very supportive and patient with her and allowed her as much time as she needed to decide whether to proceed with the operation.

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

- Staff involved patients and those close to them in all aspects of their care and treatment.
- Patients told us that staff spoke to them sensitively and appropriately.
- Patients told us that they were given enough relevant information throughout their care in a manner which they understood.

## Are surgery services responsive?

Good 

We rated responsive as **good** because:

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

- The service planned and provided services to meet the needs and wishes of people both locally and nationally. Patients contacted the company by telephone to enquire about a specific surgical procedure and, if they chose to proceed with this, they were offered dates and times to attend for their respective procedure. All procedures were privately funded.

### Meeting people's individual needs

- The service took account of peoples' individual needs and wishes.
- Staff that we spoke to were able to explain how to support and refer to outside agencies for a patient that disclosed a safeguarding issue.
- There was a system in place to contact an interpreting service for patients whose first language was not English and staff we spoke to were aware of how to access this service.
- We were informed that if a translator was needed for a patient for whom English was not the first language then it could be arranged for a translator to be present in the anaesthetic and recovery room and ward areas.
- We were informed that surgical procedures were not performed on bariatric patients at this hospital, that they were referred to another hospital.

### Access and flow

- The surgical procedures performed at this hospital were all planned and booked in advance and staffing was arranged around these admissions and discharges. However, we were assured that there was always a resident medical officer onsite. Part of their role was to triage any unanticipated readmissions of patients with post operative complications. In such cases, the necessary staff on call from home were called into the hospital to work.



# Surgery

- During our inspection we noted that there were occasional days when no procedures were scheduled and subsequently no patients admitted. In these cases, there were limited staff on the premises which included the resident medical officer.
- There was a second ward area that could be opened and staffed appropriately when patient throughput required this.
- We were informed that in the last six months there have been no cancelled procedures due to staffing shortages.

## Learning from complaints and concerns

- On discharge from the hospital all patients are given a patient discharge questionnaire to complete. All of this feedback was analysed and used to shape future service provision.
- We were given information regarding five complaints specific all regarding The Hospital Group-Abbey Pines. The time of being opened to being closed ranged between 47 and 171 days. The organisation's Work Practice Compliments and Complaints policy highlights that complex complaints may take longer than 20 working days. Therefore, a letter will be sent out explaining the reason for the delay to the complainant, at a minimum, every 20 working days. We were not assured that these letters had been sent and as such that they were not following their own policy.

## Are surgery services well-led?

Good 

We rated well led as **good** because:

- There was positive staff engagement and culture within the service. The service sought a full and diverse range of people's views and used these to shape the service.
- There was ongoing plans to develop a clear vision and set of values.
- The leadership was accessible and visible.
- There was a clear governance structure with distinct reporting lines.
- Staff felt supported and there was evidence of staff development.

- The Hospital Group-Abbey Pines had systems in place to ensure that staff had the right skills, experience and qualifications to provide a safe and effective service.
- The service had developed a robust and comprehensive audit programme to help provide assurance to the leadership team.

However:

- There was no defined set of vision or values.
- The service was not compliant with the Private Healthcare Information Network data submission requirements.
- The service did not ensure that staff took appropriate action to enable it to submit sufficient data to the Breast and Cosmetic Implant Registry.
- The Hospital Group-Abbey Pines manual systems made it difficult to conduct trend analysis on incidents.
- The Hospital Group-Abbey Pines had several policies beyond their review date.

## Leadership

- The Hospital Group-Abbey Pines had managers at all levels with the right skills and abilities to run a service providing high quality care.
- The surgical department had clearly defined management structure and managers were visible in the wards and theatre areas; there were named managers for both areas.
- There were nursing sisters on the ward to manage the day to day management and leadership of the respective areas. These staff told us that they had one office day per week to facilitate them carrying out this aspect of their role.
- There were three medical advisory committees, one per hospital including Pines Hospital, that provided expert advice to the senior management team.
- Staff told us that managers were approachable.
- The Hospital Group-Abbey Pines had National Safety Standards for Invasive Procedures and Local Safety Standards for Invasive Procedures.

## Vision and strategy

# Surgery

- The management team was in the process of developing its vision and values. However, they told us it focused on providing a safe environment that was accessible to patients, and supporting the development and retention of staff through induction, mentorship and ongoing training. It also aimed to become the market leader in its field.
- In March 2018, the organisation published its 12 month clinical governance strategy. There was a single governance committee in place. There were planned milestone reviews including a six month review in September 2018.

Whilst there was no clearly communicated set of values within The Hospital Group-Abbey Pines, the human resources department had recently held three 'values workshops' across its three hospitals. These workshops aimed to build "meaningful and visible core values". The values would form part of staffs' key performance indicators.

## Culture

- The Hospital Group-Abbey Pines promoted a positive culture that supported staff, and was engaging with them to develop a set of shared values.
- Staff we spoke with told us that there had been a cultural split between staff working for The Hospital Group and those working for the other cosmetic surgery provider. There had also been uncertainty due to planned merger of two governance structures and the associated redundancies.
- Staff had had their annual appraisals.
- Staff felt comfortable approaching their line manager or human resources if they had concerns.

## Governance

- The Hospital Group-Abbey Pines had begun to use a systemic approach to continually improve the quality of its services. Senior management team met weekly and produced a monthly board pack once a month. The board pack contained updates from areas across the group including the medical advisory committee, infection prevention and control committee, legal team, adverse incidents, and the financial position.
- Heads of Departments report directly to the medical advisory committee. The medical advisory committee

had been restructured and had met for the first time in late July 2018 and then every six weeks. It consisted of a range of surgical specialities, anaesthetics, departmental managers and governance leads. The committee reviewed management information, surgeon performance, patient outcomes, incidents, complaints, audits, patient satisfaction levels. It also reviewed infection control, health and safety issues, the risk register, regulatory matters and practising privileges.

- The medical advisory committee's terms of reference, and that of the governance committee, were stored in a central drive and was up to date. They set out how often the committees met, membership requirements, role, duties and responsibilities. The medical advisory committee reported to the governance committee.
- The new governance committee aims to meet bi-monthly. It reported to the senior management team. Part of its responsibilities included reviewing the organisation's risk register.
- The responsible officer was responsible for any surgeons employed by The Hospital Group-Abbey Pines and monitors and reviews appraisals. They also had oversight, including appraisal outcome, of those consultants employed by the NHS but providing services to The Hospital Group-Abbey Pines.
- The granting of practising privileges involved a three month application process. Surgeons and anaesthetists would have to complete an application form and provide various forms of evidence. Following an interview with the Head of Operations, a decision would be made in conjunction with the responsible officer. We reviewed one practising privileges file and this contained relevant information, including indemnity insurance, to enable The Hospital Group-Abbey Pines to make an informed decision about whether to grant practising privileges.
- Practising privileges were monitored each month to ascertain which surgeons needed to renew their insurance or disclosure and barring service checks, for example. Other information monitored included revalidation dates and appraisals, and insurance provider and policy limit.

# Surgery

- Service Level Agreements for external contractors were managed by the hospital manager. We saw evidence that service level agreements were managed appropriately.
- The Hospital Group had a comprehensive audit programme running from May 2018 to April 2019. It included monthly hand hygiene audits, and audits of peri-operative care audits and surgical safety checklist. The surgical safety checklist audit consists of observational audits as well as retrospective document review, and so provided assurance to the governance committee following the never event.
- We reviewed five complaints. They were dealt with effectively and in a timely manner.

## Managing risks, issues and performance

- The Hospital Group was still developing systems to allow easy identification of risks and to enable planning to reduce these.
- A consultant microbiologist was recruited in 2010. They chaired the Infection Prevention and Control Committee, and was responsible for infection control across organisation. The microbiologist was also the sepsis lead and had ensured staff had received sepsis training (in June 2018).
- The microbiologist had developed an Infection Prevention and Control annual plan for 2018. This included antimicrobial stewardship, emphasised the early recognition of sepsis in line with National Institute for Health and Care Excellence and UK Sepsis Trust guidance, and regular infection control audits.
- We found no evidence that financial considerations had compromised care. The Hospital Group had invested in clinical equipment, new flooring throughout the wards and clinic area, and installed sinks in each patient room. It had also upgraded its information technology infrastructure.
- The incident form contained 57 categories of incidents that should be reported. These included anaphylaxis, complete loss of services, drug errors, and wound infection.
- However, as incident reporting was a manual process, the compliance team had to manually input each incident on to a spreadsheet. There are currently two

spreadsheets; one for surgical incidents and another for non-surgical incidents. The Hospital Group-Abbey Pines has begun to grade the severity of clinical incidents, but did not do the same for non-surgical incidents. The Hospital Group-Abbey Pines told us that it had drafted a revised incident reporting policy which would mean that all types of incidents were logged on to one spreadsheet and graded.

- The Hospital Group-Abbey Pines accepted that the quality of information sent to the Private Healthcare Information Network, an independent organisation that collects data about private healthcare providers, was not ideal as its current systems did not allow detailed data collection relating to coding, patient outcomes or patient satisfaction. The Hospital Group-Abbey Pines had set up a Private Healthcare Information Network working group to look at how it could improve data collection. It had recently appointed a governance information facilitator and was in working with its Private Healthcare Information Network relationship manager to improve compliance.
- The Hospital Group-Abbey Pines was not sending sufficient detail to the Breast and Cosmetic Implant Registry. It explained that the primary issue related to staff not asking patients whether they consented to their data being shared (it was a voluntary registry). The Hospital Group-Abbey Pines told us that it had reiterated the consent requirement to staff and would monitor compliance via its audit programme (although it did not say when this would happen).

## Managing information

- The Hospital Group-Abbey Pines had some systems in place to collect, analyse and use information to support its activities, but it acknowledged that there was still work to do in this area.
- The Hospital Group-Abbey Pines gained assurance about its performance by reviewing the number of returns to theatre, reasons for readmission, and incidents raised. It also benchmarked its patient satisfaction scores against the other hospitals in The Hospital Group-Abbey Pines (it currently achieves over 93% patient satisfaction levels).
- The Hospital Group-Abbey Pines had developed lessons learned posters to highlight learning from incidents.

# Surgery

These posters were simple one page summaries that described the background, impact and cause of incident, along with any learning or actions taken. We saw examples of the posters, including the never event.

- The Hospital Group-Abbey Pines kept a Root Cause Analysis 'Tracker' spreadsheet. We saw that this contained timely and up to date actions to help prevent recurrence of the issues identified.
- The Hospital Group-Abbey Pines used a newly introduced newsletter to help inform staff about any issues affecting the organisation. For example, in September 2017 there was an informative article regarding safeguarding. The June 2018 edition set out staff responsibilities relating to General Data Protection Regulation.
- There was a link on each computer to the organisation's policies and procedures. These include National Safety Standards for Invasive Procedures and Local Safety Standards for Invasive Procedures (these policies were reviewed by the medical advisory committee).
- A new customer relationship management system allowed for greater automation of theatre lists, and improved consistency of information provided.
- We saw several policies that were out of date, including children's safeguarding and whistleblowing policies. The Hospital Group-Abbey Pines was aware of this issue which was a consequence of the restructuring of the committees that would usually ratify updated policies. The Hospital Group-Abbey Pines aimed to update all applicable policies within two months.
- Despite out of date policies, staff were up to date in mandatory training including adult and children safeguarding.

## Engagement





- The Hospital Group-Abbey Pines had begun to engage well with patients and staff to plan and manage its services. The chief executive officer acknowledged that there had previously been a lack of engagement with staff. However, he now held regular "town hall" meetings. A group wide newsletter was started in September 2017 (with a total of six editions), which focused on organisational developments and contained staff and patient interviews.

- The human resources department had recently held a number of 'values workshops' across the three hospitals to get feedback on what values should shape organisation. We saw the initial output from these sessions, but work was ongoing.
- Surgeons had had the opportunity to contribute to new governance structure.
- However, there was no formal hospital wide staff recognition programme.

## Learning, continuous improvement and innovation

- We saw evidence that The Hospital Group-Abbey Pines was committed to improving services by learning from when things go well and when they go wrong.
- We saw evidence of efforts to continuously improve the experience of patients. For example, patient feedback had identified poor menu choice as a concern. This resulted in a wider variety of menu options, although we did not see patient feedback scores since the change.
- We also saw learning from incidents, including identification that poor compliance with surgical safety checklist had contributed to a never event. Following the incident, the checklist was included on the audit programme. In addition, letters reminding staff of their responsibilities to the checklist were sent to all surgeons, and the governance manager visited every hospital to discuss the case. A lessons learned poster was also shared throughout the organisation. Recent audits showed that most staff were complying with the checklist.
- Clinic staff told us that there was good team work. For example, the marketing department talked to clinic staff before and after marketing campaigns to establish their effectiveness.
- The Hospital Group-Abbey Pines acknowledged that the data it submitted to the Private Healthcare Information Network was not as detailed as it should be. We saw evidence of the work it had (and was) undertaking to improve compliance.

# Outpatients

Safe	Good 
Effective	Good 
Caring	
Responsive	Good 
Well-led	Good 

## Are outpatients services safe?

Good 

We rated outpatients services as **good**.

### Mandatory training

- For our detailed findings, please refer to the surgery section of the report.
- Data provided showed all staff had completed their mandatory training. Staff told us it was easy to access training.

### Safeguarding

- For our detailed findings, please refer to the surgery section of the report.

### Cleanliness, infection control and hygiene

- All patient areas that we visited were visibly clean and clutter-free. All equipment was observed to be visibly clean.
- Cleaning of the department was provided by an external provider as part of a service level agreement.

### Environment and equipment

- All equipment in the outpatient department was owned by the co-located provider with the exception of the bariatric furniture and gastric band adjustment equipment.
- There were systems and processes in place for equipment servicing, testing and maintenance. During our unannounced in section we observed that all machinery had been serviced.

- All staff were familiar with the emergency equipment and its location and articulated what they would do in an emergency situation.
- The hospital had appropriate arrangements for the safe handling and disposal of clinical waste and sharps. The sharps bins that we observed during our inspection were dated and signed upon assembly and the lids were closed appropriately when not in use.
- We saw copies of audits which highlighted 100% compliance in all areas including cleanliness of environment and equipment.

### Assessing and responding to patient risk

- There was a current joint admission criteria policy in place for all patients of The Hospital Group-Abbey Pines and the co-located provider. This policy detailed a number of factors to be considered when a decision was made whether to accept or decline a patient referral. For example, acceptable body mass index scores for gastric band and gastric bypass surgery.
- Where patients had an existing medical condition or were taking medication, the policy set out what information needed to be gathered at pre-operative appointments.
- Policies and procedures were in place for gastric band surgery and gastric bypass surgery. These provided all staff with direction and guidance for each stage of the patient pathway.
- Patients were advised of the 24 hour emergency number and informed of the types of circumstances or symptoms when it should be used. These were detailed in the policies and procedures for gastric surgery.

# Outpatients

- There were pathways in place which set out timescales and frequencies for dietitian appointments and band adjustments at regular intervals post-surgery. These were detailed in the policies and procedures for gastric band surgery and gastric bypass surgery.
- Gastric band patients had a minimum of three appointments with the dietitian in the first six months post-surgery, in addition to appointments with the nurse every three to four weeks. After six months, appointments with the dietitian were booked based on clinical need and/or patient request. Patients were routinely discharged after two years.
- Gastric bypass patients had a minimum of six appointments with the dietitian in the first six months, with regular appointments until two years post-surgery. Patients were sent an appointment with their operating surgeon three months post-surgery.
- The policies set out detailed information regarding potential complications post-surgery and what action should be taken by clinic staff to address these. For example, indications for a clinical band aspiration (removal of fluid from the gastric band).
- All clinic rooms where patients were seen were fitted with an emergency alarm which alerted the ward staff that staff within the outpatient department required immediate assistance. Alarm systems were checked monthly.
- If a patient's records were unavailable at the time of pre-operative consultation, the patient would be invited back for a further consultation to enable records to be located and available.
- If patient records were unavailable at post operative consultation, the surgeon's operation notes were available for review electronically and this enabled follow up wound care to take place.
- In the event that patients were seen in an emergency in the clinic (for example six months after surgery) electronic notes could be retrieved from the data storage provider on the same day.
- Patient records were stored securely when not in use.
- Weight loss surgery patients were offered the option to participate in a service operated by a partner organisation that enabled access to an online member portal providing health information, motivational messaging and access to specialist support. Access to this service was governed by principles of General Data Protection Regulation.

## Nurse staffing

- There were 1.2 whole time equivalent staff employed by The Hospital Group-Abbey Pines. These hours were made up by four part-time dietitians and one part-time nurse.
- All other nursing staff were employed by the co-located cosmetic surgery provider.

## Medical staffing

- There were two bariatric surgeons who were available for outpatient weight management consultations three Saturdays per month.

## Records

- Patient notes were kept on paper records and then scanned onto an electronic system.

## Medicines

- There were no medicines stored in the outpatient department.

## Incidents

- Incidents had been recorded in separate places; patient related incidents were logged on the patient records system and non-patient incidents were documented on a spreadsheet. A third system had been introduced where all incidents were recorded.
- We reviewed 28 incident forms while on inspection. The forms included a list of incident reporting categories to select from, details of the incident, reporter details, management action and outcome of the incident. Twelve of the incidents that we reviewed were outpatients. One was when a swab had not been taken prior to admission for surgery and 11 were due to the wrong or inadequate information being documented. These led to delays of the surgical procedures being carried out.
- There had been no serious incidents recorded for The Hospital Group-Abbey Pines.

## Safety Thermometer (or equivalent)



# Outpatients

- The service did not collate information relating to the safety thermometer.

## Are outpatients services effective?

Good 

We inspected but do not rate outpatient services.

### Evidence-based care and treatment

- For our detailed findings, please refer to the surgery section of the report.
- Staff provided care and treatment in line with evidence-based practice. The service used The Hospital Group-Abbey Pines corporate policies and procedures that had been developed based on National Institute for Health and Care Excellence (NICE) guidelines and professional bodies guidance, for example NICE guidance for bariatric surgery.
- Staff had easy access to the hospital policies and procedures using the department computers.

### Nutrition and hydration

- Patients had access to free hot and cold drinks in the main waiting area.
- Dietary advice was provided by the dietitians in relation to weight management as well as pre and post-surgery considerations.

### Pain relief

- There was no pain tool used to assess pain levels. However, we observed in the patient's records that post-operative patients were asked about their pain.

### Patient outcomes

- The service monitored the effectiveness of care and treatment and used findings to improve them.
- The service did not submit comprehensive data to the Private Healthcare Information Network which is a network that aims to inform prospective patients about private healthcare providers.
- The service benchmarked their relevant data with that of a comparable service to learn from, when applicable.

### Competent staff

- Managers ensured that staff were competent to carry out their respective roles.
- There was a practising privileges policy in place that was monitored to ensure that the surgeons working at the hospital were competent to carry out their role.
- The registered medical officers who worked for the hospital were supplied via a private company who ensured that they were trained and competent to perform their role. The hospital had seen copies of these respective competencies.
- Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- All the staff that we spoke to told us that they had had their appraisal within the last 12 months and that they felt that it was beneficial to them.
- At the time of our inspection we were assured that all staff were up to date with their appraisals.

### Multidisciplinary working

- Non-clinical and clinical staff from different disciplines, for example nurses and dietitians, worked as a team in the outpatient's department. We saw evidence of this on inspection.
- Managers told us there were team meetings and they met with specific groups of staff for example nurses or administration staff if the opportunity arose. We were told minutes from the meetings were emailed out to all staff.

### Seven-day services

- The Hospital Group-Abbey Pines outpatient clinic offered appointments seven days per week. Appointments with clinic nurses, dietitians or surgeons were available for patients to be seen either pre-operatively or post-operatively on any day.
- Appointments with surgeons were subject to the surgeon's availability however there was no need to operate a waiting list. The clinic was open in the evening.

### Health promotion

# Outpatients

- Information and advice was given to patients regarding stopping smoking, alcohol and recreational drugs in the days prior to and following admission for surgery.
- Dieticians provided dietary advice as part of the weight management service.

## Consent and Mental Capacity Act

- All the records that we reviewed during our inspection highlighted that all patients had received the required 14 day cooling off period as recommended in the Royal College of Surgeons publication 'Professional Standards for Cosmetic Practice' from agreeing to the procedure to having it carried out.
- Appropriate consent was obtained, documented and, where appropriate, signed.
- We were told that a translation service would be used to counsel and consent prospective patients to ensure they understood what they were consenting for. If they wished to go ahead, then this translation service would be arranged for the complete inpatient stay also.

## Are outpatients services caring?

We inspected but did not rate caring.

## Compassionate care

- Patients told us that they had been treated with dignity and respect whilst in the outpatients clinic.
- Staff that we spoke with during our inspection were passionate and committed about providing a good quality service. They were proud of the work that they did and the service they provided.
- Patients told us that they felt fully informed about their options for treatment and that they were given sufficient time to think about their options and decide.

## Emotional support

- We observed that there was a wide selection of leaflets and booklets with information regarding differing cosmetic surgery procedures in the clinics

and staff told us that they gave these to patients and discussed them with them to assist them in making their choice. Patients that we spoke to following the inspection confirmed that this occurred.

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

We spoke to nine patients who received care at the hospital. One patient had an ongoing complaint about her surgeon but other than this stated that all staff were very good. All of the other eight patients that we spoke to were positive about the care they received at the hospital. They felt they had been fully informed throughout and one patient described the experience of being an inpatient as like staying in a hotel.

## Are outpatients services responsive?

Good 

We rated outpatient services as **good**.

## Service delivery to meet the needs of local people

- The location was usually open seven days a week however there were days when no surgery was scheduled and/or the wards were closed so less staff were available to support the clinic should an emergency arise. On these occasions there were theatre and ward teams on call, in addition to a 24 hour emergency telephone line available 365 days per year should a patient have a clinical question or concern.
- The outpatient clinic offered pre-operative and post operative appointments seven days a week and on a number of evenings.
- An aftercare package was available to patients which provided access to the clinical team at no extra cost for a minimum of two years. There was the opportunity to extend this aftercare through an insurance backed policy if required. All of the aftercare packages included further surgery free of charge where necessary.

## Meeting people's individual needs



# Outpatients

- In line with the organisation's interpreter policy, patients had access to an interpreter if required at any part of the patient journey.
- Patients were asked about any psychological anxieties, worries or concerns as part of their pre-operative assessment. Patients were also asked to complete a hospital anxiety and depression scale which was sent out prior to their appointment.
- If the assessment of the hospital anxiety and depression scale suggested that the patient required a referral to a psychologist, the outpatient nurse discussed options with them, including arranging a suitable appointment through the patient's GP.

## Access and flow

- Once the initial outpatient appointment had been arranged, patients were advised to complete the relevant documentation, which was sent with the confirmation of their appointment, and bring it with them to the consultation.
- This included The Hospital Group-Abbey Pines pre-operative medical notes for weight loss, containing patient information, health and medication questionnaires, a weight questionnaire and the hospital anxiety and depression scale.
- Weight management patients attended the outpatients clinic for assessment appointments prior to surgery being agreed. The patients met with a surgeon prior to surgery, however this may not be the surgeon who carried out the surgery.
- Weight loss surgery was not carried out at Pines Hospital. A patient care coordinator was responsible for ensuring all relevant documentation had been completed and the patient had received adequate information to be able to make an informed decision.

- There was no waiting list for weight management appointments.

## Learning from complaints and concerns

- We reviewed one complaint on inspection and saw that the complainant had received an acknowledgment from the service on the same day. This was in line with the organisation's Work Practice Compliments and Complaints policy.
- A full response was not sent out for over eight weeks. This was not in line with the above policy which stated that although complex complaints may take longer than 20 working days, a letter would be sent out explaining the reason for the delay to the complainant, at a minimum, every 20 working days.
- When the response was sent out it did include an apology for the delay, and an apology for the issues raised in the complaint.
- There was a draft Being Open and Duty of Candour Policy in place. We were told this was being followed even though it was only in draft, and that a previous policy had been in place.

## Are outpatients services well-led?

Good 

We rated it as **good** because:

- For our detailed findings, please refer to the well led section of the report.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- Continue to work with staff to develop a clear vision and set of values.
- Review the system in place to review all policies and assure itself that they contain relevant, up to date information and that these are regularly reviewed.
- Consider steps to improve the reporting of data to external agencies where appropriate.
- Continue to work on improvements to the monitoring and trend analysis of incidents and complaints.
- Consider including managers as part of the review process for all incidents in the outpatient department.
- Consider introducing induction programme for all staff joining or transferring to the service.
- Consider introducing processes to ensure all key governance issues and lessons learned are disseminated to all staff across the outpatient department.
- The service should ensure that it complies fully with its Work Practice Compliments and Complaints policy.