

# Spire Gatwick Park Hospital

## Quality Report

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

## Overall summary

Spire Gatwick Park Hospital is operated by Spire Healthcare Limited. Spire Gatwick Park Hospital was initially a joint venture between an airline, local consultants and GPs.

The hospital opened in 1984 and has subsequently been extended several times. Facilities include:

- Two outpatient areas, plus Bupa Health Assessment centre
- Two ward areas with 29 single rooms
- Two bedded emergency recovery unit
- Sixteen bedded day care unit, plus five single rooms
- Three operating theatres, two with laminar flow
- Endoscopy suite
- On site sterile services department
- Inpatient and outpatient physiotherapy
- Radiology department, which includes 3T MRI, 64-slice CT & digital mammography
- On site pathology laboratory
- On site pharmacy

The hospital provides surgery, services for children and young people and outpatients and diagnostic imaging.

We visited this hospital in June 2015 as part of our national programme to inspect and rate all independent healthcare providers.

We rated the hospital as 'requires improvement' overall and found improvements were required to minimise risks and promote safety. We rated surgery and services for children and young people as requires improvement and although we rated outpatients as good, we found improvements were required in the retention of outpatient records.

At the previous inspection, we told the hospital it must:

- Ensure that medicines were stored at temperatures that maintain them in optimum condition.
- Review its arrangements for the retention of outpatient records at the hospital to ensure that a complete record for each patient attending the hospital as outpatients was maintained.

These were regulatory breaches.

We told the hospital it should:

- Ensure all staff had access to the electronic incident reporting system and know how to use it.
- Ensure all staff were up to date with mandatory training, including basic life support.

# Summary of findings

- Carry out an appropriate risk assessment for the cleaning of carpets, and ensure that replacement plans comply with Department of Health HTM Health Building Note 00-09: 'Infection control in the built environment'.
- Review the arrangements for maintaining records in an easily usable condition.
- Ensure consultants holding electronic patient records were registered with the Information Commissioner's Office.
- Review its arrangements for pre-operative starving of patients to meet current guidance.
- Review the arrangements for the provision of 'as needed' pain relief for day case patients.
- Ensure that all elements of the World Health Organisation Surgical Safety Checklist were consistently completed and that compliance was audited.
- Consider how it could differentiate the feedback from children and young people from that of other patients.
- Consider how it measured and monitored the outcomes of treatment for children and young people
- Identify the skills staff require to effectively care for children and young people.
- Review its policies, procedures and literature to ensure that the definition of children was consistent.

This report is solely focused on the above regulation breaches and 'should do' actions from the 2015 inspection, in order to assess whether the hospital was meeting required standards as detailed in their action plan.

We carried out the announced part of the inspection on 8 August 2017 and found the provider was meeting all standards set out in their requirement notice and were compliant with all 'must do' regulatory actions and the majority of 'should do' actions. We found a number of clinical areas had been refurbished since our previous inspection and the new areas had had carpets replaced in line with latest best practice. However, carpets were still present in areas where there was a risk of blood or body fluid spillage, which was not in line with best practice. There was an ongoing refurbishment plan in place to replace all remaining carpets by summer 2018. Remaining carpets had been risk assessed and there was evidence of robust cleaning in place.

As this was a focused inspection, we did not re-rate the provider.

We will continue to monitor the performance of this service and inspect it again, as part of our ongoing programme.

**Alan Thorne**

**Head of Hospital Inspections**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Surgery

### Rating Summary of each main service

At our 2015 inspection, surgical services required improvement because floor coverings were not appropriate for a hospital environment. Not all staff knew how to report safety incidents. The amount of time patients were starved before surgery was often too long and 'as needed' pain relief was not effectively monitored. We found some weaknesses in the way some patients were assessed before surgery, as staff were not consistently following the World Health Organisation 'five steps to safer surgery' guidance. However, we found that patients were treated in a compassionate and timely way by adequate numbers of appropriately trained staff to meet their needs. The hospital environment was clean and equipment was well maintained.

At this inspection, we found there were still areas of the hospital that were carpeted and surgical clinical areas were a priority for refurbishment with work already underway. There was effective cleaning and auditing of these areas. All staff knew their responsibilities in reporting incidents and knew how to use the online reporting system. Incidents were regularly discussed at team meetings. Patient starve times were closely monitored and within national guidelines. 'As needed' pain relief was monitored and regularly checked to ensure effectiveness.

#### Services for children and young people

At our 2015 inspection, services for children and young people was rated as requires improvement because local policies, procedures and guidelines were inconsistent in their definition of a child. There was limited data collected to measure the outcomes of care for children and young people and feedback systems were adult orientated. There was no designated, child-friendly area for treating children. Not all staff caring for children had specific training to do so. However, children were cared for by registered sick children's nurses who had access to appropriate equipment. Consultants treating children had their competency verified. The majority of staff had received training in safeguarding children.

# Summary of findings

At this inspection, we found all of these actions had been met. Policies and literature had been updated and all definitions of infants, children and young people were consistent and accurate. Management had focused on improving staff paediatric competencies. Facilities for children at the hospital had improved since the 2015 inspection.

## Outpatients and diagnostic imaging

At our 2015 inspection, outpatient and diagnostic services were rated as good overall. We saw patients received compassionate care in accordance with national guidance from a range of clinical staff and therapists. Waiting times were minimal and clinics ran at weekends and evenings to allow patients to be seen at a time convenient to them. Diagnostic equipment, including that using ionising radiation, was properly calibrated, used and maintained. However, there were inadequate arrangements to ensure that consultant outpatient notes were retained to ensure a comprehensive patient record was available to all staff that needed to access it. There was inappropriate floor coverings for this environment, which presented potential infection risks.

At this inspection, we found the hospital had developed an on-site records department that ensured a comprehensive patient record was available for three months. After this period, records were sent to an archiving facility where they could be retrieved within 24 hours when required. This meant the service was no longer in breach of regulation with regard to records. The outpatients department was included in the first stage of hospital refurbishment; therefore, at the time of this inspection, flooring within outpatients was appropriate.

# Summary of findings

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# Spire Gatwick Park Hospital

## **Services we looked at**

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

# Summary of this inspection

## Background to Spire Gatwick Park Hospital

Spire Gatwick Park Hospital is a private hospital in Horley, Surrey. The hospital primarily serves the communities of the South East of England; however, it also accepts patient referrals from outside this area.

At the time of this inspection, the hospital employed 311 contract and bank staff and had 211 self-employed consultants, doctors and support specialists. In 2016, the hospital had 70,000 outpatient visits and 7,200 surgical admissions.

The most common surgical procedures in the 12 months prior to inspection were; 28% orthopaedics, 22% general surgery and 10% gastroenterology.

Hospital services provided to children and young people included; outpatients providing non-invasive consultations to children aged 18 years and under, and day care admissions for children aged between three and 18 years. In 2016, there were 3,640 paediatric outpatient consultations and 221 paediatric admissions.

In the two years since our 2015 inspection, there was on-going refurbishment at the hospital including patient bedrooms and carpet/flooring replacement.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, and two specialist advisors with expertise in paediatrics and theatres. Alan Thorne, Head of Hospital Inspection, oversaw the inspection team.

## Why we carried out this inspection

We carried out this inspection as a focused follow up inspection intended to follow up the requirement actions of our 2015 inspection.

## Information about Spire Gatwick Park Hospital

The hospital is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Services in slimming clinics
- Management of supply of blood and blood related products
- Family planning
- Diagnostic and screening procedures

The hospital's safety record for the last 12 months included:

- No Never Events
- No incidences of healthcare associated Meticillin-resistant Staphylococcus aureus (MRSA)
- No incidences of healthcare associated Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidences of healthcare associated Clostridium difficile (c.diff)
- No incidences of healthcare associated E-Coli

# Summary of this inspection

During the inspection, we visited theatres, surgical wards, outpatients, and medical wards. We spoke with 18 staff including; registered nurses, health care assistants, reception staff, medical staff and senior managers. During our inspection, we reviewed 12 sets of patient records and spoke with two patients.

The last CQC inspection took place in June 2015, which found that the hospital was not meeting all standards of quality and safety it was inspected against.

Findings from our previous inspections included:

In surgery:

- Staff had access to an incident reporting system, but not all staff had been trained to use it
- Clinical areas were carpeted and although this was risk assessed there was no evidence of effective cleaning
- Medicine storage temperatures were recorded but often exceeded 25°C
- There were loose supplementary notes in patient files that could easily be lost and it was not obvious where they belonged

- As needed pain medicines were not regularly prescribed, staff did not consistently check as needed pain medicines had been effective and nil by mouth times were too long.

In children and young people's services:

- There was not enough adequately trained staff available when the paediatric nursing service was not present
- There were no systems to formally obtain data and monitor paediatric outcomes
- There were very few child specific facilities
- There were inconsistencies in hospital literature and policies regarding the definition of a child
- Adult and child feedback was not separated and there was no evidence of improvements made due to feedback from children.

In outpatients and diagnostic imaging:

- Records were being taken off site by consultants and there was no assurance records were safe and secure whilst off site.



# Surgery

Safe

Effective

Caring

Responsive

Well-led

## Are surgery services safe?

We did not rate surgical services, as this was a focused inspection intended to follow up the requirement actions of our 2015 inspection.

### Incidents

- At our previous inspection in 2015, we noted not all staff had been trained in using the online incident reporting system. At this inspection, we saw although incident reporting was not part of the providers core mandatory training subjects, all contracted staff had received face-to-face incident reporting training as well as online training. Staff records showed 100% of bank staff had received online training. All staff we spoke with knew their responsibilities in reporting incidents and how to do this. We asked staff to demonstrate the system for us, which they were able to do.
- Incident reporting training was part of the induction process and was signed off as completed before staff started on the wards. We saw staff records that showed this.
- Incidents on wards were reviewed at team meetings, near misses were also included in order that staff could prevent a similar incident occurring in the future. We saw a summary of two recent incidents that had been discussed at team meetings, displayed on staff noticeboards. They included a brief description, findings, root cause analysis as well as recommendations and learning. All staff we spoke with advised us there was an open, no blame incident culture.

### Cleanliness, infection control and hygiene

- At the 2015 inspection, we noted carpeting was used throughout clinical areas of the hospital (see

Environment subheading), which was not compliant with The Department of Health 'Building Note 00-09: Infection control in the built environment'. Although at this inspection there was carpeting in clinical areas, we noted an improvement in the effective cleaning of these areas, which had been an issue at the previous inspection. At this inspection, we saw records to show carpets were deep cleaned every 6 months and that this was planned with the infection prevention control lead. In all areas of the hospital we saw clear procedures for effective cleaning of blood and bodily fluid spillages, infected rooms and occupied rooms, which were in line with current Department of Health 'Health Building Note 00-09: Infection control in the built environment' guidelines. Risk assessments were in place for all areas of the hospital that were still carpeted and the cleanliness of these areas was audited monthly to ensure standards were maintained. Audit results for the last 6 months showed the hospital was compliant with the National Specifications for Cleanliness.

### Environment

- Since the inspection in 2015, the hospital was in the process of undergoing a major refurbishment to replace all carpeting with wipe able flooring and improve patient bedrooms. At the time of this inspection, phase 1 had been completed which included; reception, waiting areas, outpatient department and the staff restaurant. Phase 2 was due to commence on 14 August 2017 and included 15 inpatient rooms. Phase 3 was proposed to in 2018 and planned to update the day-care department and the remaining inpatient rooms. The inspection team found that non clinical areas of the hospital such as the reception, waiting areas and the staff restaurant had had been refurbished and the carpets had been replaced. However, the clinical areas would not have carpet replacements until next year. The new flooring which had been installed

# Surgery

was seamless, sealed, smooth and was made out of non-slip material, in line with Department of Health 'Health Building Note 00-09: Infection control in the built environment' requirements.

## Medicines

- A 'must do' regulatory breach from the 2015 inspection was that surgical services must ensure medicines were kept within the required temperatures in accordance with manufacturer's instructions. Previously we found ambient temperatures, although recorded, often exceeded 25°C and fridge temperatures were not always recorded correctly. At this inspection, we checked all areas within surgery where medicines were stored. We found ambient and fridge temperatures were recorded daily, correctly, and action was taken when temperatures were too high or too low. Therefore, the hospital was now compliant and no longer in breach.
- We saw that since the 2015 inspection, auditing of medicines had been prioritised within the management team. We checked the last two audits of medication and found 100% compliance. The management team had noted during an audit that the medicine checking charts did not have a column to state fridge temperatures had been reset. However, as the checking charts were standardised for all Spire hospitals, the clinical governance team had forwarded this to the board for review.

## Records

- At our previous inspection, we found patients' notes had loose pages; these were mainly supplementary notes that had been added when there was not enough space on forms. As the pages were loose, it was difficult to determine in what section of the patient notes they belonged. At this inspection, we checked six sets of surgical patients' notes. None had any loose pages. We also saw record audits included checking for loose sheets. Two areas of the hospital had been audited in August 2017, both showed 100% compliance.

## Mandatory training

- The provider organised and conducted mandatory training units which included; fire, health and safety, infection prevention and control, safeguarding children and adults, manual handling, Mental Capacity Act and Deprivation of Liberty Safeguards and equality and

diversity. The training year went from January to December. At the time of this inspection, the unit with the lowest compliance was safeguarding children at 92% and the unit with the highest compliance was equality and diversity at 98%, with a target of 100%.

- Other training courses available to staff via an external agency included; management of violence and aggression, controlled drugs, incident reporting, displaced screen equipment, level 1 food hygiene, blood transfusions and basic life support. One of the 'should do' actions from the 2015 inspection was that the hospital should ensure all staff were up to date with mandatory training including basic life support. At the time of inspection, compliance for basic life support training was 65%. However, we saw a training schedule, which showed planned training dates in order to ensure full compliance with all the above courses by the end of December 2017. Therefore, the reason given why the hospital had not reached the target was due to the timing of inspection in relation to the calendar training year.
- All staff had a designated week during their induction in order to complete training. Training compliance was also reviewed as part of 1:1's and staff on wards were allocated time to complete training units during the working day.

## Assessing and responding to patient risk

- A 'should do' from the 2015 inspection found that not all elements of the World Health Organisation (WHO) Surgical Safety Checklist were consistently completed or that compliance was audited. Since then the management team conducted regular audits of the WHO checklist, we saw the last three audits that showed a compliance rate of between 98% and 100%. Since the last inspection, morning and afternoon safety huddles had been implemented, which included all staff and was an opportunity for information to be cascaded. Every list had a pre briefing and briefing/debrief form, which was attached to the theatre list, and the theatre manager audited these daily. One of our team observed a WHO checklist being completed as well as an afternoon safety huddle and noted that staff were very thorough in ensuring all safety checks were completed and correctly signed off.

# Surgery

- On discharge, patients received a pack containing information on how to look after surgical wounds, pain relief advice, returning to normal activity and hospital contact details. The pack also included a detailed booklet on preventing venous thromboembolism (blood clot).

## Are surgery services effective?

We did not rate surgical services, as this was a focused inspection intended to follow up the requirement actions of our 2015 inspection.

### Pain relief

- One of the 'should do' actions from the 2015 inspection was the arrangements for the provision of 'as needed' pain relief should be reviewed and staff must consistently check 'as needed' pain relief had been effective. On the day of inspection three patients required 'as needed' pain relief. We saw their medication charts, which showed 'as needed' pain relief had been written up by an anaesthetist. The charts showed staff were checking the patient's pain score post operatively every 30 minutes, which was also documented in their early warning, score and care plan. Pain scores and checking the effectiveness of pain relief was regularly audited. We saw the last two audits had 100% compliance. Therefore the requirements of this 'should do' were now being met.

### Nutrition and hydration

- At our previous inspection, we noted that pre operation starving times at the hospital were long and did not conform to National Institute for Health and Care Excellence guidelines. At this inspection, we observed two patients who on the day of their operation required starving. We saw evidence in their notes starving had been discussed at the pre-operative assessment and staff had given a leaflet on the subject to the patient. Both patients were within starving times and we saw clear documentation of patient requirements and starving limit times on the nurses' handover board.
- Since the 2015 inspection there had been a focus on starving time training for consultants and anaesthetists, regular auditing of starving times occurred every month and showed 100% compliance. We also saw minutes

that showed starving times were discussed at the medical advisory committee governance group to ensure compliance with standards. Therefore the hospital was meeting this 'should do'.

### Competent Staff

- Since our last inspection, the provider had introduced , which was a safer surgery week and included topics such as patient safety. This was a learning opportunity for consultants.
- Managers had organised for all surgical staff to go on level one human factors training to review verbal and non-verbal communication, behaviours and tools for communication. The study of human factors is about understanding human behavior and performance. When applied to health care, human factors knowledge is used to improve working between people and the systems in which they work in order to improve safety and performance

### Are surgery services caring?

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

We did not rate surgical services, as this was a focused inspection intended to follow up the requirement actions of our 2015 inspection.

- Although this was not an area that to be covered by the focused inspection, during our inspection we saw staff had a good rapport with patients, staff knocked on doors before entering, spoke to patients using everyday language rather than medical terminology and were polite and kind.

### Are surgery services well-led?

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

We did not rate surgical services, as this was a focused inspection intended to follow up the requirement actions of our 2015 inspection.

Although well led was not an area of concern during our 2015 inspection, we were advised of the following information.

# Surgery

## Vision and strategy

- The hospitals values were; Caring is our passion, Succeeding together, Driving excellence, Doing the right thing, Delivering on our promises and Keeping it simple. These were discussed at daily communication meetings. All staff we spoke with knew the values and their responsibility in promoting and “Living them”.
- The clinical strategy was up to date and divided into the five areas of CQC inspection; safe, effective, caring, responsive and well led. All staff we spoke with either knew the contents of the strategy or knew where to find a copy of it.

## Governance, risk management and quality measurement

- Audits were discussed at quarterly clinical audit and effectiveness meetings. We saw minutes from these meetings and noted any significant findings were fed into quarterly clinical governance meetings. These had representatives from every department in attendance in order that each team knew about audit activity across the hospital.

## Staff engagement

- We saw copies of the ‘Gatwick Grapevine’, a quarterly newsletter that was distributed across the hospital in order to keep all staff informed of updates and changes including details regarding the ongoing refurbishment. The newsletter also advertised dates for the next staff forum, which occurred at staggered times in order for all staff to be able to attend.
- Staff forums were monthly and included topics such as clinical and financial performance and patient feedback.
- The leadership team organised an employee of the month award, which all staff were eligible for. There was also a monthly inspiring people award. On the day of inspection, we saw that 12 members of staff had recently been awarded this and that they were from all areas of the hospital and staff grades.

## Public engagement

- Every month the hospital arranged different patient information evenings. At the time of inspection, we saw a varicose vein evening advertised for September 2017 and a weight loss surgery evening due in October 2017.

## Are surgery services caring?

We did not rate surgical services, as this was a focused inspection intended to follow up the requirement actions of our 2015 inspection.

- Although this was not an area that to be covered by the focused inspection, during our inspection we saw staff had a good rapport with patients, staff knocked on doors before entering, spoke to patients using everyday language rather than medical terminology and were polite and kind.

## Are surgery services responsive?

We did not inspect against this key question.

## Are surgery services well-led?

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# Services for children and young people

Safe

Effective

Caring

Responsive

Well-led

## Are services for children and young people safe?

We did not rate services for children and young people, as this was a focused inspection intended to follow up the requirement actions of our 2015 inspection.

### Access to information

- At the 2015 inspection, we noted that paediatric literature and policies had inconsistent definitions of children and young people. During this inspection we checked 10 paediatric policies and five corporate information leaflets and noted that the definition of children was consistent throughout. For example, infants were defined as zero to three years of age, children were defined as three to 16 years of age and young people were 16 to 18 years of age. Therefore, this should do action was now being met.

### Competent staff

- One of the 'should do' actions from our inspection in 2015 was that the provider should review the amount of paediatric trained staff available when the paediatric nursing service was not present. Since then a children and young person's lead had been appointed who had responsibility for ensuring staff competency. The lead had introduced a professional competency for all clinical staff that required staff to prove clinical application, evidence the achievement and ensure sign off before they were able to work in paediatrics. We saw staff files that demonstrated the competencies had been achieved. Therefore, the hospital was meeting this 'should do'.
- Another 'should do' from the 2015 inspection was that the provider should ensure consultants were registered with the information commissioner's office. The rationale for CQC's concern was due to consultants

taking medical notes off site, therefore the hospital had no oversight of the safety and security of patients' medical notes when they were not stored at the hospital. Since then a dedicated records area had been built within the hospital, mitigating the need for consultants to take notes off site, as there were now appropriate storage facilities.

## Are services for children and young people effective?

We did not rate services for children and young people, as this was a focused inspection intended to follow up the requirement actions of our 2015 inspection.

- Although this was not an area that was to be covered by the focused inspection, during our inspection we saw staff interacting with children and young people in a positive manner. For example, we saw a member of staff helping a child and their parent settle into their room. The child was holding a soft toy and the staff member was describing their upcoming procedure by demonstrating it on the toy using age appropriate language.

## Are services for children and young people caring?

We did not inspect against this key question.

## Are services for children and young people responsive?

We did not rate services for children and young people, as this was a focused inspection intended to follow up the requirement actions of our 2015 inspection.

# Services for children and young people

## Meeting people's individual needs

- At our previous inspection, we told the provider they should differentiate feedback from children and young people from that of adult patients. Since then the hospital had produced two surveys that were given to children and their parents during admission and returned on discharge. The children's survey was aimed at children aged between three and 12 years old and contained age appropriate language and images. The survey included questions regarding food and whether staff helpfully explained what to expect. The young person's survey was aimed at 12 to 16 year olds. Although the questions were similar to those in the children's survey, the young person's survey used older, more age appropriate language.
- During our 2015 inspection, we noted there were few child specific facilities. Since then the hospital had introduced a number of initiatives since then including;
- A 'picture of the month' competition. This was where any child or young person staying at the hospital could enter a picture into a competition. The winner received a gift voucher and their picture was displayed on the ward for the following month.
- On admission, all children aged between 3 and 12 years admitted to the hospital were provided with 'A child's guide to Gatwick Park Hospital'. The guide contained details regarding what to expect during your stay, how to find children's TV channels, the children's menu and a guide to hand washing using cartoons and a colouring in section.
- Prior to admission, all children and young people had to complete an assessment form that detailed the child's medical history, daily living requirements including using the toilet, sleeping and communication. There was also a section where parents and children could write down fears and anxieties. These were not necessarily medical concerns and the form gave an example of a fear of wasps. This was to ensure staff fully understood the child's background and fears and could prepare appropriately. For example, staff demonstrated upcoming procedures using soft toys; therefore, if a child had a fear of wasps then staff would ensure that a toy wasp was not used.
- Children were able to go to theatre in a small ride along car rather than on a trolley.

- The day care unit had five single rooms that were separate from the rest of the ward; therefore, children were not treated in the same environment as adults. These were used for children and young people and were decorated appropriately, for example, using children's bed linen, when children were due on the unit.
- All clinical areas where children were seen had separate waiting areas with toys. Where hot drink machines were available, there were signs advising parents not to allow hot drinks into the children's waiting area.

## Learning from complaints and concerns

- Because of a paediatric survey response, the child's guide to the hospital had been amended to show how to find children's TV channels after a child had complained that they could not find a specific children's channel.
- Another change because of feedback was that the hospital had purchased a projector that showed an underwater scene in theatres, which transformed the clinical environment into a soothing area for children and young people whilst they were in the theatre.

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

We did not rate services for children and young people as this was a focused inspection intended to follow up the requirement actions of our 2015 inspection.

Although well led was not an area of concern during our 2015 inspection, we were advised of the following information.

## Vision and strategy

- We were provided with a copy of the children and young people's strategy, which had been developed since our inspection in 2015. This detailed future development, investment and plans for children and young people's services and provided a staffing hierarchy in order that staff knew who had responsibility for each area of children's services. All staff we spoke with either knew the contents of the strategy or knew where to find it.
- Since our last inspection, the provider had created a children and young people's steering group. A steering

# Services for children and young people

group decides on the priorities or order of business of an organization and manages the general course of its operations. Therefore, the strategy of the service had more robust oversight since our last inspection.

- Since our inspection in 2015, a children & young people lead had been introduced. Therefore, an accountable individual with oversight of the service could take issues and concerns to governance meetings and the board.

## **Leadership / culture of service**



# Outpatients and diagnostic imaging

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are outpatients and diagnostic imaging services safe?

We did not rate outpatients and diagnostic imaging as this was a focused inspection intended to follow up the requirement actions of our 2015 inspection.

### Records

- A 'must do' regulatory breach from the 2015 inspection was that the arrangements for records at the hospital must be reviewed to ensure that a complete record for each patient attending the hospital was maintained. Since then management had reallocated four consultant rooms to combine them into a records facility area. Two of the rooms had been knocked through to create the storage area and the other two were made into an office for the records team, which had doubled since 2015. The records room held rolling racking in order to make maximum use of the space and ensured patient notes could be kept onsite for 3 months after discharge. After this time, the records were sent to a central archiving centre but could be retrieved within 24 hours. We checked six sets of outpatient records and

found that notes were fully comprehensive, signed, dated and clearly written. Therefore, the hospital was meeting the requirements of this 'must do' action and was no longer in breach of regulation 17 (2) (c).

## Are outpatients and diagnostic imaging services effective?

We did not inspect against this key question.

## Are outpatients and diagnostic imaging services caring?

We did not inspect against this key question.

## Are outpatients and diagnostic imaging services responsive?

We did not inspect against this key question.

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

We did not inspect against this key question.

# Outstanding practice and areas for improvement

## Areas for improvement

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

The hospital should expedite the removal of carpeting throughout clinical areas of the hospital.