Nuffield Health Bournemouth 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

Summary of findings

Letter from the Chief Inspector of Hospitals

The Nuffield Health Bournemouth Hospital is one of 31 hospitals and treatment centres provided by Nuffield Health. The hospital provides a range of medical, surgical and diagnostic services. The onsite facilities include an endoscopy suite, three operating theatres and two with laminar flow, a cardiac catheter laboratory, 41 inpatient beds, two minor operations rooms, one treatment room and 13 consulting rooms.

Prior to this inspection, we had carried out a comprehensive announced inspection between 24 and 25 May 2016, followed by a routine unannounced visit on 9 June 2016. At this inspection, we judged safe as inadequate, effective, caring, responsive as good and well led as requires improvement. Following this, we served a Warning Notice to the provider on 24 June 2016 requiring them to take urgent action by 22 July 2016. This was because safe working practices in the operating theatres were not followed. There was inadequate governance processes to monitor risks and infection control staff did not adhere to policies and procedures to control and prevent infection control risks. The operating theatre environment was in poor state of repair with peeling paints, broken tiles and loose skirting. The laminar flow system, which is essential in the operating theatre as it assists in circulating air, was faulty. Clinical waste bin was placed in an area where patients received post -operative care, putting them at risk of cross infection. Equipment was not managed safely, as some were out of date, broken and in poor state of repair. Medicines including controlled drugs were not routinely stored or managed safely in the operating theatres.

The registered manager sent us a plan telling us what action the provider was taking to make the necessary improvements.

We undertook a focussed unannounced inspection on 30 November 2016 and looked at surgical services. This was to follow up on the Warning Notice served and find out if the provider had made the necessary improvements. On this inspection, we found evidence that the provider had taken the necessary steps to meet the requirements of the Warning Notice.

We have made the provider aware that this report will not impact on the overall ratings of the surgical service or the overall location. The current ratings for this hospital can be found on the CQC website, report published 1 December 2016.

The registered manager and provider had taken the following action in response to the Warning Notices:

- There was appropriate segregation of clean and dirty linen. Soiled linen was safely secured and placed in designated linen skips in colour-coded bags depending on level of potential infection risk.
- The clinical waste bin in Coral theatre had been moved to an adjacent locked single purpose room. Waste was stored away from clinical areas until an external waste removal company removed it.
- Whilst there was no sluice in Coral theatre, staff followed the hospital's standard operating procedure on the disposal of body fluids to ensure these were disposed of in a safe and timely way.
- The three theatre environments had been significantly improved to promote infection prevention and control. Theatre and recovery area walls had been resurfaced and flooring replaced in most areas to create a sealed area that could be cleaned effectively to limit the spread of infection.
- All equipment within the patient transfer bags were in date, checked monthly and replaced where required.
- The airflow systems had been fully serviced in August 2016 with works to improve where its functionality was 'poor' completed by October 2016.The airflow systems were not unduly noisy as they had been during the previous inspection in May 2016.

Summary of findings

- There was a sufficient supply of personal protective equipment (PPE) and theatre staff did not move between theatres without discarding and refreshing PPE. Staff were consistently bare below the elbows in line with national guidance. Theatre staff had access to a supply of over-jackets used when moving around different areas of the hospital. The provider introduced colour-coded theatre wear had been introduced to promote improved infection prevention and control.
- Medicines storage and administration we observed during this inspection in theatres were managed safely.
- With the exception a very small number of items, all equipment items we observed were clean, intact and fit for their intended purpose.
- The theatre manager had been afforded increased capacity to focus on driving improvements within the surgical service. They were well supported by the interim matron, the deputy theatre manager and the corporate level surgical lead.
- The risks identified through our previous inspection were accurately detailed on the hospital's risk register and planned actions to mitigate the risks were well considered and appropriate.
- Internal quality assurance reviews supported quality monitoring and early identification of risks within the service.

There were still some areas of poor practice where the provider needs to make improvements.

The provider should ensure:

- In the operating theatres, staff should routinely record and sign all controlled drugs at the time of administration.
- Internal audits showed that there was an over-reliance on gloves and staff did not routinely wash their hands after removing gloves. Surgical staff should only use gloves when it is necessary to do so in line with best practice guidance.
- Surgical staff should wash their hands before and after every care activity and after any activity which could result in them being contaminated, regardless of whether gloves are used.
- The display of posters in the operating theatres should be reviewed to ensure they meet with current guidelines for infection prevention and control.

Professor Sir Mike Richards
Chief Inspector of Hospitals

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The Nuffield Health Bournemouth Hospital is one of 31 hospitals and treatment centres provided by Nuffield Health. The hospital provides a range of medical, surgical and diagnostic services. The onsite facilities include an endoscopy suite, three operating theatres and two with laminar flow, a cardiac catheter laboratory, 41 inpatient beds, two minor operations rooms, one treatment room and 13 consulting rooms.

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Our inspection team

Our inspection team was led by :

Inspection manager: Emma Bekefi.

The inspection team included a CQC inspector.

Why we carried out this inspection

Prior to this inspection, we had carried out a comprehensive announced inspection between 24 and 25 May 2016, followed by a routine unannounced visit on 9 June 2016. At this inspection, we judged safe as inadequate, effective, caring, responsive as good and well led as requires improvement. Following this, we served a Warning Notice to the provider on 24 June 2016 requiring them to take urgent action by 22 July 2016. This was because safe working practices in the operating theatres were not followed. There was inadequate governance processes to monitor risks and infection control staff did not adhere to policies and procedures to control and prevent infection control risks. The operating theatre environment was in poor state of repair with peeling paints, broken tiles and loose skirting. The laminar flow system, which is essential in the operating theatre as it assists in circulating air, was faulty. Clinical waste bin was placed in an area where patients received post -operative care, putting them at risk of cross infection. Equipment was not managed safely, as some were out of date, broken and in poor state of repair. Medicines including controlled drugs were not routinely stored or managed safely in the operating theatres. The registered manager sent us a plan telling us what action the provider was taking to make the necessary improvements. The registered manager sent us a plan telling us what action the provider was taking to make the necessary improvements.

How we carried out this inspection

We returned for an unannounced inspection on the 30 November 2016 to monitor compliance with the warning notice. We inspected only surgical services in relation to actions they had taken to improve the areas detailed in the Warning Notice. We have inspected and not rated the surgical service.

We inspected the premises, reviewed policies and other relevant documents. We spoke with seven members of staff including the interim matron, the deputy theatre manager, nurses and doctors. We spoke with two post-operative patients and one relative.

We have made the provider aware this report will not affect the overall ratings of the surgical service or the overall location. The current ratings for this hospital can be found on the CQC website, report published 01 December 2016.

Summary of this inspection

Information about Nuffield Health Bournemouth Hospital

The Nuffield Health Bournemouth Hospital is one of 31 hospitals and treatment centres provided by Nuffield Health, which is a charitable trust. The hospital provides a range of medical, surgical and diagnostic services. The onsite facilities include an endoscopy suite, three operating theatres with laminar flow, a cardiac catheter laboratory, 41 inpatient beds, two minor operations rooms, one treatment room and 13 consulting rooms.

Surgical specialities offered include orthopaedics, ophthalmology, general surgery, gynaecology and cosmetic surgery. The five most common surgical procedures performed were injections into a joint; refractive eye surgery; diagnostic endoscopic examination of the bladder; diagnostic gastroscopy; and multiple arthroscopic operations on the knee.

There are three main theatres, which have laminar flow (a system of circulating filtered air to reduce the risk of airborne contamination). 'Coral' theatre is located on the ground floor, and 'Russet' and 'Amber' theatres on the first floor. The theatres are all accessible via a lift, and each has an adjacent recovery area.

What people who use the service say

People we spoke with were complimentary about the care and treatment they were receiving. They told us they were treated with care and respect and the staff were kind and helpful. They told us that they were provided with information regarding their care and the doctors had sought their consents prior to surgery.

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 have inspected and not rated this section. We found the provider had taken sufficient action to meet the warning notice in the area of safety.

Are services well-led?

We have inspected and not rated this section. We found the provider had taken sufficient action to meet the warning notice in the area of safety.

Surgery

Safe	
Well-led	

Information about the service

Surgical specialities offered at Nuffield Health Bournemouth included orthopaedics, ophthalmology, general surgery, gynaecology and cosmetic surgery. The five most common surgical procedures performed were injections into a joint; refractive eye surgery; diagnostic endoscopic examination of the bladder; diagnostic gastroscopy; and multiple arthroscopic operations on the knee.

There are three main theatres, which have laminar flow (a system of circulating filtered air to reduce the risk of airborne contamination). 'Coral' theatre is located on the ground floor, and 'Russet' and 'Amber' theatres on the first floor. The theatres are all accessible via a lift, and each has an adjacent recovery area.

Summary of findings

We carried out an unannounced inspection of the hospital on 30 November to follow up on the warning notice issued to the provider on 24 June 2016. The CQC issued these warning notices after a comprehensive inspection in May and June 2016, conducted by a team of inspectors and specialist advisers (a consultant surgeon and theatres nurses).

At our inspection in June 2016, we rated safe for surgical services as inadequate. This was because staff did not follow safe working practices in the operating theatres. There was inadequate governance processes to monitor risks and infection control. Staff did not adhere to policies and procedures to control and prevent infection control risks. The operating theatre environment was in poor state of repair with peeling paints, broken tiles and loose skirting. The laminar flow system, which is essential in the operating theatre as it assists in circulating air, was faulty. A clinical waste bin was placed in an area where patients received post -operative care, putting them at risk of cross infection. Equipment was not managed safely, as some were out of date, broken and in poor state of repair. Medicines including controlled drugs were not routinely managed safely in the operating theatres.

During this inspection:

We found the operating theatres and recovery areas had all been made safe which included resurfacing and painting of walls. Cleaning schedules and checklists were used in accordance with local or national policy, such as the Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance. The provider had introduced a revised daily checklist showing that the equipment checks were completed before the start of the operating list. All excess and out of date equipment had been replaced. Staff adhered to bare below the elbow policy in clinical areas. There was a new procedure for the disposal of body fluids in the recovery area.

Surgery

We have not rated the service as we were following on warning notices.

Are surgery services safe?

We found the provider had taken sufficient action in relation to the warning notice in the following areas of safety –

- There was appropriate segregation of clean and dirty linen. Staff managed soiled and infected linen safely and placed them in designated linen skips; in colour-coded bags depending on level of potential infection risk. The clinical waste bin in Coral recovery area had been moved to an adjacent locked single purpose room. Waste was stored away from clinical areas until an external waste removal company removed it.
- There was no sluice in Coral theatre; staff followed the hospital's standard operating procedure on the disposal of body fluids. The provider had developed a new procedure to ensure body fluids were disposed of in a safe and timely way.
- The three theatres' environment was significantly improved to promote infection prevention and control. The walls in the operating theatres and recovery areas had been resurfaced and flooring replaced in most areas to create a sealed area that could be cleaned effectively to limit the spread of infection.
- The laminar airflow systems had been fully serviced in August 2016 with works to improve where its functionality was 'poor' completed in October 2016. The airflow systems were not unduly noisy as they had been during the previous inspection in May 2016.
- All equipment within the patient transfer bags were in date, staff checked these monthly and replaced where required.
- There was a sufficient supply of personal protective equipment (PPE) and theatre staff did not move between theatres without discarding and refreshing PPE. Staff were consistently bare below the elbows in clinical areas and in line with national guidance. Theatre staff had access to a supply of over-jackets used when moving around different areas of the hospital. Colour coded theatre wear had been introduced to promote improved infection prevention and control.
- Medicines storage and administration we observed during this inspection in theatres were managed safely.

- With the exception a very small number of items, all equipment items we observed were clean, intact and fit for their intended purpose.

However,

- Records showed that theatre staff did not consistently follow procedures for the recording of controlled drugs on administration.
- Internal audits showed that there was an over-reliance on use of gloves and staff did not routinely wash their hands after removing gloves.
- The provider should re the display of posters in the operating theatres to ensure they meet with current guidelines for infection prevention and control.

Cleanliness, infection control and hygiene

- Overall, the registered manager and theatre staff, with corporate approved funding, had made significant improvements to all three theatre environments to promote improved infection prevention and control. Senior managers had organised for all three theatres to have walls resurfaced which we observed had been completed. Coral, Amber and Russett theatre walls were newly resurfaced, clean and intact with no signs of loose or broken plaster, as we had seen at the previous inspection.
- The majority of flooring in theatres had also been replaced since our inspection in May 2016 and we saw that skirting boards had been replaced and the joins between skirting, walls and flooring had been sealed so they could be cleaned effectively to control the spread of infection. We saw no areas of skirting boards coming away from the walls as we had observed at our previous inspection in May 2016. Similarly, in Russett and Amber theatres the door frames had been sufficiently repaired and there were no loose rubber seals as we had seen previously. This meant the theatre doors could be cleaned effectively to control the spread of infection.
- During our inspection in May 2016, we raised serious concerns about equipment at the hospital. Staff told us at least 122 individual items of equipment were condemned and some replaced. Items condemned included drip stands, gel pads, trolleys and splints as they were either worn, torn, broken or rusty and consequently could not be cleaned effectively. Prior to our inspection, these items had been in general use and theatre staff had consistently signed checklists to record they had checked the items of equipment were clean and fit for purpose. During this inspection, we were told by several senior theatre staff that the surgical team now felt supported to raise concerns about the cleanliness and integrity of equipment. Staff we spoke with said they could see real changes in the theatre environment and that torn, worn, broken or rusty equipment was no longer accepted as 'the norm' within theatres. With the exception of a few items, we saw that equipment was intact, clean and fit for use.
- We informed the senior leaders on shift on the day of this inspection that the keyboard in Coral theatre was not covered and, as such, would be very difficult to clean effectively. As this was used within the operating room, effective cleaning was imperative to support controlling the potential spread of infection. Similarly, there was a stool within Coral operating room which had areas of flaking paint and rust at the bottom of the legs which could not be sufficiently decontaminated through cleaning.
- Daily cleaning checklists showed that cleaning had taken place daily throughout November 2016 in theatres on the days when the theatre had been in use. Theatre staff signed and recorded their name when they had completed the cleaning checklist.
- The registered provider must have regard to amended Code of Practice on the prevention and control of infections and related guidance to meet the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the last inspection the registered provider was not following the code of practice for infection control. Ceilings and walls had been repaired in theatres since our last inspection in May 2016 , the surfaces were sound and this allowed for effective cleaning.
- We noted that the airflow system was not excessively noisy as we had found on our previous inspection. All specialised ventilation systems are required to have a validation and annual verification which is a principle requirement of Health Technical Memorandum (HTM) 03-01 and HTM 2025. The hospital's airflow system had been tested and validated in April 2016 and Russett and Amber theatre had been identified as requiring extensive refurbishment or programme replacement. We found during our inspection in May 2016 this had not been given sufficient priority and we saw no evidence that action had been taken or was planned. During this inspection, senior staff told us, and airflow verification records showed that the air flow system had been fully

serviced in August and September of 2016. In relation to their general condition, compliance with minimum standard and maintenance quality across the three theatres there were five areas deemed to be poor and in need of repair. Russett theatre was deemed to be poor in all three areas and Amber and Coral were 'average' overall with specific areas requiring attention. Quality and Safety meeting minutes from September 2016 had recorded senior manager's commitment to undertaking the necessary works which we were told by senior staff were mostly actioned by October 2016 with the most complex works scheduled beyond 2016.

- We observed a sufficient and well-organised supply of personal protective equipment (PPE). Staff we saw were wearing appropriate PPE such as gloves, surgical masks and gowns. Staff we spoke with were clear that they did not move between theatre environments without discarding and/or refreshing PPE.
- Senior theatre staff had ensured that staff had access to a supply of over-jackets that could be worn when moving around the hospital in theatre attire to reduce the spread of infection. During our inspection, we observed three doctors returning to theatre and placing their over-jackets in the designated areas. At the end of each surgical list the over-jackets were placed in the appropriate linen skip for washing. We saw posters on walls in all three theatres reminding staff of the requirement to wear over-jackets when moving around the hospital environment. Quality and Safety meeting minutes from July 2016 showed that Standard Operating Procedures (SOP) for the use of theatre wear within the hospital had been agreed and circulated to staff.
- The theatre manager had implemented colour-coded theatre wear whereby the colour of scrubs denoted access to the theatre environment. For example, pink scrubs were worn by recovery staff and could be worn outside of the theatre environments and only theatre staff wearing blue scrubs were allowed to enter theatres and were required to wear over-jackets in other areas of the hospital. Staff we spoke with were clear about these rules and told us they would challenge staff wearing blue scrubs outside of theatres without an over-jacket.
- Senior theatre staff had introduced 'I am clean' stickers to identify when individual items had been cleaned ready for use. Cleanliness of equipment is essential in controlling the spread of infection in hospitals. We saw most equipment had stickers which showed when they were last cleaned. However, there was some inconsistency in use. For example, we saw in Coral theatre that surgical monitors did not have 'I am clean' stickers on. Whilst they appeared to have been cleaned, this meant staff could not be assured they were clean and ready for use. We also saw that stickers were not used on individual gel pads used to support limbs in surgery. However, senior theatre staff explained they had found the stickers very difficult to remove from gel pads which made effective cleaning more difficult so they had opted not to continue their use in this way. Nursing staff we spoke with were clear that gel pads would be cleaned thoroughly after each and every patient use and when cleaned they were stored separately from other equipment.
- Disposable paper curtains were used in theatre recovery areas. We saw that these were changed regularly. For example, in Coral theatre the curtain had been changed in September 2016. We spoke with three nurses who were clear that the hospital porters and recovery staff changed the curtains every six months unless they were visibly dirty or soiled when they would be changed immediately.
- There had been an internal quality assurance review of infection prevention and control at the hospital the week before we undertook this inspection. The internal reviewer from Nuffield had identified areas of good infection prevention and control such as the policy being accessible to staff and standard precaution guidance available and routinely practised. In addition, the reviewer had identified a number of areas that needed to improve which included staff not washing their hands after removing gloves and gloves being over used.
- The World Health Organisation (WHO) Guidelines on Hand Hygiene in Healthcare advises that surgical staff should wash their hands before and after every care activity and after any activity that could result in them being contaminated, regardless of whether gloves are used.
- However, overall the findings were positive with a total of nine red scores, 22 amber scores and 125 green scores. Senior staff had just received the internal quality review report at the time of our inspection but told us they planned to focus on use of gloves in infection control discussions with staff.
- Theatre staff had improved the handling of linen since our last inspection in May 2016. Appropriate segregation

of clean and dirty linen is essential in controlling the spread of infection in theatres. Soiled or infected linen was secured and placed in designated linen skips in colour coded bags depending on level of potential infection risk. We saw designated linen skips and a sufficient supply of colour-coded bags in each of the theatres. We did not see any soiled linen on floors as we had seen at our inspection in May 2016. The internal quality assurance review had identified linen management as an area of good practice.

- In Coral theatre in May 2016 there had been a large yellow clinical waste bin in an area less than three metres from where patients were receiving direct clinical care. During this inspection, we saw that building works had occurred to provide a separate clinical waste bin store, which was adjacent to, but not directly sited within Coral theatre. Staff told us they used mobile clinical waste bins within the theatres and recovery areas which they would then secure using tags and place in the separate clinical waste bin store. We saw appropriately secured waste contained within the clinical waste bin. This meant waste was stored away from clinical areas until an external waste removal company removed it.
- The deputy theatre manager and other senior leaders for theatres did an infection prevention and control walk around audit at regular intervals. Records seen on the day of this inspection showed that these occurred at agreed intervals depending on the findings of each walk around. We saw that in the three months prior to our inspection they had taken place monthly as there no actions to be followed up. Prior to this, these checks had taken place between weekly to monthly as the results had been inconsistent. The findings showed issues highlighted included not using 'I am clean' stickers, areas of visible dirt and gaps in cleaning schedules. The provider had taken action which included verbal reminders to individual staff members, team discussions at staff meetings. There was also immediate cleaning or replacing unclean or unsuitable items of equipment. Following each walk around, the date for the next walk around was identified.
- The theatre manager had identified an infection prevention and control (IPC) lead within theatres. The newly appointed theatre nurse had shown an interest in IPC and received management support in developing this role. This would include attendance of IPC lead training course run by the Nuffield group but had not done so at the time of our inspection.
- Clinical handwashing facilities including soap and surgical hand gels were available to staff in all areas of all three theatres. During the quality assurance review in November 2016, the internal reviewer had observed that surgical antisepsis (scrubbing) had been carried out in accordance with national guidance using a systematic method. However, they observed that in one of the four cases they watched 'scrubbing', one member of the scrub team had splashed water from the scrub sink onto the opened gown and gloves packs, which potentially increases the spread of infection. We were unable to observe staff scrubbing on the day of our inspection. However, all staff we observed in all three theatre areas were bare below the elbows in line with national guidance.
- Staff we spoke with understood their own responsibilities in relation to IPC. They knew to raise concerns if the environment or items of equipment did not appear to have been cleaned, or were not intact and therefore could not be thoroughly cleaned. They told us their managers encouraged them to challenge others if they were not following IPC guidance. There were posters within theatres which highlighted IPC as 'everyone's responsibility'. However, whilst these posters were laminated and could be cleaned, they were displayed using sticking substance which could not be effectively cleaned and may contribute to the spread of infection.

Environment and equipment

- Overall, significant improvements had been made to all three theatre environments. We spoke with doctors and nurses who all reported that the environment was much more pleasing to patients and better promoted safe care and treatment. However, senior staff reported that there was little more that could be done within the existing build to further improve the environment. The hospital is not purpose built and the theatres span over two floors with Coral theatre standing separately from Russett and Amber. Coral theatre does not have a segregated recovery area meaning the recovery area and the entrance to the anaesthetic room occupies the same space.

- The registered manager explained there was a meeting scheduled for the 01 December to progress plans for a complete theatre rebuild at the hospital which had received initial corporate backing. Since this inspection, the registered manager has reported that plans had been drawn up for a purpose built theatre suite and building works are expected to start during late 2017.
- Coral theatre did not have a separate sluice area. As an interim measure, we were told the hospital had stopped any use of the staff's toilet for disposing of bodily fluids. At the previous inspection, staff told us the staff toilet was occasionally used to dispose of bodily fluids in Coral theatre. However, hospital managers reported this had happened once in eight years prior to our inspection in May 2016. Staff we spoke with during this inspection were clear that the staff toilet was never to be used for the disposal of any patient bodily fluids. Hospital managers issued a standard operating procedure for the disposal of clinical waste from the theatre environment (NHBH10) in September 2016. The SOP detailed that staff would use gels to solidify waste, place the waste immediately in a yellow clinical waste bag and immediately place the bag in the new adjoining waste disposal area. Staff we spoke with confirmed this was how they disposed of, or were expected to dispose of, body fluids in Coral theatre.
- On the 9 June 2016 during our unannounced inspection, we found that the patient transfer bag in Coral theatre contained out of date life-saving equipment including a bag and mask dated November 2001. During this inspection, we found that all equipment within the patient transfer bags were in date, checked monthly and replaced where required. Staff we spoke with said they had never known the transfer bag to be used but they knew it was there 'just in case' it was needed.
- Senior nurses completed a weekly environmental checklist to ensure the environment and equipment was fit for purpose. We saw that senior nurses had recorded their weekly checks from September to November 2016. On the day of this inspection, a senior nurse had identified through completion of the checklist that the room temperature was too low at 16 degrees and had appropriately requested support from maintenance.
- Senior staff member carried out a swab and instrument count audit every three months by reviewing records of surgical procedures. The overriding principle for swabs and instruments used in surgical procedures is that they must be accounted for to reduce the risk of them being retained causing potential injury to the patient. From the last audit completed in September 2016, there had been no areas for action identified and the agreed period to re-audit was to stay at three monthly.
- We saw there had been a significant rationalisation in equipment within the theatres. During our inspection in May 2016 we had found it difficult to identify which equipment was in use, which equipment could be found where and how equipment was replaced when needed. During this inspection, we found equipment was stored safely and organised in a way that supported safe and efficient clinical care. For example, in Russett and Amber theatres all the gel pads that had been cleaned and were ready for use were stored in one identified area. Similarly, in Coral theatre there was a varied and in date supply of surgical blades. We sampled five boxes of blades and found they were all in date. They were well ordered so surgical teams could easily access the required blade type and size.
- Electrical equipment we inspected within the three theatres had been safety tested. For example, we saw a battery charger due for safety testing in October 2017 and several monitors due throughout 2017.
- However, we also found two computer screens within Coral theatre due for safety testing on the day of this inspection. We raised this with the matron on the same day who reported they would organise the safety testing to be completed that day or the screens removed from use until testing had taken place.
- In each theatre, staff had access to an emergency trolley containing resuscitation equipment for use in case of a cardiac arrest. We checked the trolley in Coral theatre and found that it had been checked each day for the month prior to our inspection when the theatre had been in use. However, whilst the trolley had a tamper proof tag evident, we were still able to open all drawers except the lowest one. Staff were surprised when this was raised as they expected the tag to keep all drawers locked. The unlocked drawers of the trolley contained resuscitation equipment such as airways and masks as well as some medicines that could have been required in the case of a cardiac arrest. Any staff accessing the theatre environment from any area of the hospital could access the equipment and medicines on the trolley. When we raised this with staff on the day of this inspection, they immediately contacted their

maintenance department so they could ensure the trolley was made safe. We were unable to check the trolleys used in Russett and Amber theatres as surgery was taking place on the day of this inspection. However, theatre staff assured us on the day they had checked at our request and found the trolleys to be locked appropriately using the tamper proof tagging system.

Medicines

- During our inspection in May-June 2016, we found that medicines were not being managed safely. This included the storage and administration of controlled drugs (CDs). This was not in line with the Misuse of Drugs (Safe Custody) Regulations, 1973 and did not meet the requirements of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008.
- During this inspection we found that the leadership team had taken some action to ensure that CDs were stored and administered safely. Minutes of the quality and safety committee meetings showed that the hospital manager had written to all anaesthetists by 13 July 2016 reminding them that the CD register must be signed by two healthcare professionals at the time of administration. This was also discussed at the Medical Advisory Committee on 04 July 2016 and at the theatre team meeting on 07 July 2016. The CD accountable officer and the pharmacy manager were also to monitor practice and report back to individual anaesthetists where errors were found. We were told by senior staff that since the actions had been taken to remind theatre staff of expected practice, there had been no further incidents.
- We sampled the storage and management of CDs in Coral and Russett theatres and found that CD register was signed by two healthcare professionals at the time of administration in relation to the entries we checked. The register included details of the patient's NHS number, serial numbers from the medicine packet from which medicine used and any receipts of medicines ordered and entered into CD cupboard and corresponding register. We were told by a theatre nurse that a member of pharmacy staff attended all three theatres daily and routinely checked the CDs and the register.
- The hospital completed a quarterly controlled drugs audit. We saw the record of the quarter three audit undertaken in September 2016 which was completed in the endoscopy department. Whilst this audit was completed in endoscopy, some parts had been checked across the general theatres as well as in endoscopy.
- The department had scored 100% in all areas of the audit with the exception of three areas relating to the storage and administration of CDs. There was one area of 'major concern' which was the detection of a missing witness signature in the controlled drug register when they had received CDs. There were two 'minor concerns' found. The first was regarding the recording of supplied, destroyed and administered doses which identified that consultants were using 'bracketed' signatures to sign off more than one entry at one time and that there had been some missing witness signatures. The second minor concern found was the incorrect recording by consultants of CD products where the dose administered is a fraction of the product presentation. This required recording the amount administered and the amount destroyed which not been recorded in all cases. The audit had recorded actions against these findings, which involved reminding consultants and re-auditing across the general theatres as well as the endoscopy department. These actions were due for completion by December 2016. Whilst these concerns arising from the hospital's internal audit related mostly to endoscopy theatre. It showed consultants across the hospital were not recording the administration of CDs in line with hospital policy or the Misuse of Drugs (Safe Custody) Regulations, 1973, even after this had been highlighted through our inspection findings in May 2016, as detailed in the warning notice issued in June 2016.
- During our inspection on 25 May 2016, we found that the dedicated fridge for the storage of medicines in Coral was not always locked. We raised this to the clinical lead on the same day but no action had been taken when we returned on 09 June 2016. However, during this inspection we found the hospital had received funding to replace all fridge thermometers with electronic continually recording fridge thermometers. We were told that when fridge temperature readings went above or below the optimum temperature an alarm was sounded which would be responded to by the pharmacy team or the senior person on call.

Surgery

Are surgery services well-led?

We found the provider had taken sufficient action in relation to the warning notice in the following areas of safety –

The theatre manager was supported to focus on driving improvements within the surgical service. They were well supported by the interim matron, the deputy theatre manager and the corporate level surgical lead.

The risks identified through our previous inspection were accurately detailed on the hospital's risk register and planned actions to mitigate the risks were well considered and appropriate.

Internal quality assurance reviews supported quality monitoring and early identification of risks within the service. The registered manager had taken responsibility for assessing risk in all theatre areas and had a quality assurance process in place.

Governance, risk management and quality measurement for this core service

- During our inspection in May 2016 we found that there was insufficient leadership of theatres. The theatre manager was not afforded the support or capacity required to lead the surgical team. During this inspection we found that significant improvements had been made to the governance and overall risk management of theatres.
- The previous matron had since left the post and a new matron was due to start in January 2017. The Nuffield group had appointed an interim matron for three days per week and agreed that the two matrons would work simultaneously for a short period for continuity. The interim matron had been providing significant support and mentoring to the theatre manager.
- The hospital had appointed a dedicated endoscopy lead, which meant the theatre manager was able to focus on driving improvement within the surgical service. A deputy theatre manager had also been appointed to support the theatre manager in their role.
- Senior staff identified surgical services as a priority risk for this hospital. Similarly, staff working within the service could describe the risks within the service. The environmental risks that could not be mitigated, such as the lack of sluice in Coral recovery area, were recorded on the hospital's risk register. There were updates and related actions recorded in minutes of the monthly quality and safety committee meetings.
- Senior leaders were involved in the overall governance of the surgical service. The interim matron and hospital manager were involved in the regular 'walk arounds' of theatres which meant they maintained current oversight of any concerns or issues arising within the theatre environment.
- At corporate level, the Nuffield group had appointed a surgical lead nurse who was providing support and guidance to all Nuffield hospital. The hospital manager had engaged with the surgical lead nurse to ensure that this hospital was taking account of best practice guidance. The hospital manager had organised a range of quality assurance reviews of the surgical service, the most recent was held the week before this inspection. These had been recently developed and not embedded in practice.
- The hospital risk register accurately detailed the risks within the surgical service. The action plan provided to CQC in relation to actions required following the warning notice demonstrated carefully considered and appropriate actions to mitigate the risks identified in the previous inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve
We were satisfied that the provider had taken sufficient action in relation to the warning notice issued on 24 June 2016.

Action the service should take to improve

The provider should ensure:

- Controlled drug administration should routinely be recorded correctly by consultants and all staff.
- Internal audits showed that there was an over-reliance on gloves and staff did not routinely wash their hands after removing gloves. Surgical staff should only use gloves when it is necessary to do so in line with best practice guidance.
- Surgical staff should wash their hands before and after every care activity and after any activity which could result in them being contaminated, regardless of whether gloves are used.
- The provider should review the display of posters in the operating theatres to ensure they meet with current guidelines for infection prevention and control.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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