Trent Cliffs Private Healthcare Limited

Meridian House

Inspection report

Meridian House
Normanby Road
Scunthorpe
DN15 8QZ
Tel: 01724500870
www.trentcliffs.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated it as good because:

- The patient environments were safe, clean and well maintained. Consideration had been given to ensure the environment was accessible for those who may require reasonable adjustments.
- The service always had enough staff. Managers ensured that these staff received training, and appraisal. The staff worked well together as a multidisciplinary team.
- Patient records were complete, contemporaneous and included information in relation to discharge planning.
- Staff planned patient discharge well and liaised with services that would provide aftercare. Patients lengths of stay were short.
- Staff engaged in both clinical and non-clinical audit to evaluate the quality of care they provided.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They involved patients and families and carers in care decisions.
- The service was well led, and the governance processes ensured that procedures ran smoothly.

However:

- There were gaps within staff training records in relation to safeguarding adults and children.
- Actions identified as a result of audits of the resuscitation trolley within theatres had not been completed, resulting in out of date medication remaining in situ.
- The service had not established access to translation and singing services.

The main service provided by this 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in most key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about

Summary of findings

their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Endoscopy is a small proportion of hospital activity. The main service was Surgery. Where arrangements were the same, we have reported findings in the Surgery section.
We rated this service as good because it was safe, effective, caring and responsive, although leadership requires improvement.

Endoscopy

Inspected but not rated

We inspected but did not rate this service.

- The patient's environments were safe, clean and well maintained. Consideration had been given to ensure the environment was accessible for those who may require reasonable adjustments.
- The service always had enough staff. Managers ensured that these staff received training, and appraisal. The staff worked well together as a multidisciplinary team.
- Patient records were complete, contemporaneous and included information in relation to discharge planning.
- Staff planned patient discharge well and liaised with services that would provide aftercare. Patients lengths of stay were short.
- Staff engaged in both clinical and non-clinical audit to evaluate the quality of care they provided.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They involved patients and families and carers in care decisions.
- The service was well led, and the governance processes ensured that procedures ran smoothly.

However:

- There were gaps within staff training records in relation to safeguarding adults and children.

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The main service provided by this 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.

Summary of findings

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Summary of this inspection

Background to Meridian House

Meridian House is a private outpatient doctors' consultation and treatment centre, seeing patients via referral or self-referral on a private basis and via health insurance. The provider is currently registered to provide the following regulated activity;

- Treatment of Disease, Disorder or Injury
- Surgical Procedures
- Diagnostic and Imaging

The hospital provided a range of elective surgery treatments for NHS and other funded (insured and self-pay) adults in a range surgery specialties. At the time of the inspection, the provider was assisting local NHS organisations with recovery activity as a result of the COVID-19 pandemic.

At the time of the inspection, the service had a registered manager in post.

The service comprised of 5 clinic rooms, a patient waiting area, two dedicated endoscopy rooms, an endoscopy preparation rooms and wait area. In addition, there was a surgical pre-assessment clinic, two operating theatres, two consent rooms, a 6 bedded dedicated recovery area and 10 individual en-suite room for overnight stays.

Our inspection was unannounced (staff did not know we were coming). This was the first time we had inspected this service

The main service provided by this 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.

How we carried out this inspection

During the inspection visit, the inspection team:

• Inspected and rated all five key questions.

• Visited the ward, operating theatres, recovery area, clinic rooms, and endoscopy area.

• Looked at the quality of the environment and observed how staff were caring for patients.

• Spoke with the registered manager and senior management team for the service.

• Spoke with other members of staff including all grades of medical, allied health professionals, nursing and administrative personnel.

• Spoke with 3 patients who were using the service.

• Reviewed 15 patient records.

Summary of this inspection

• Observed one theatre procedure.

• Looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- The service had created video walkthroughs that outlined the patient journey through the service. These had been displayed via the provider's website and could be accessed by patients in advance of their visit to the service.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that all staff employed by the service receive training in relation to safeguarding adults and children as per intercollegiate guidance.
- The service should ensure policies relating to patient transfer make explicit reference to the criteria upon which a patient will be transferred from the service to another provider.
- The service should ensure that actions highlighted from resuscitation trolley audits are completed upon identification.
- The service should consider the development of a formalised vision and strategy for the service, and that this is developed in consultation with staff and wider stakeholders.
- The service should consider the development of a formalised pathway staff progression and leadership development.
- The service should ensure that employees are bare-below the elbows in clinical areas.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Endoscopy	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

Are Surgery safe?

Good

We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. We reviewed mandatory training records for all staff members, which demonstrated an overall compliance figure of 96%, which exceeded the provider's agreed compliance figure.

The mandatory training was comprehensive and met the needs of patients and staff. Staff accessed training through both online e-learning modules and face to face practical skills sessions.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers maintained a training oversight spreadsheet that outlined the required mandatory training modules that would need to be completed by staff. Managers made staff aware when training was due to expire. Managers we spoke with explained consultant staff attended mandatory training at their employing NHS trust, and this was monitored through the appraisal process and as part of regular board and governance meetings.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
Staff did not always have training on how to recognise and report abuse.

Staff did not always received training specific for their role on how to recognise and report abuse. We reviewed the providers training matrix through which we identified specific staff groups who had not completed training in relation to safeguarding. Compliance for children and adult safeguarding level one training across the hospital, was 56%.
Where applicable to their role, staff had undertaken additional safeguarding training levels, however not all staff had received required safeguarding training. This was not in line with the

Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018 Intercollegiate Document, which stipulates that all staff working within a healthcare setting require minimum Level 1 training.

However, consultants completed safeguarding training at their employing NHS trust and a record of this was kept on their practising privileges file. We reviewed a sample of three consultant files, all of which had evidence that required safeguarding training had been completed.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. We observed this through discussions with staff regarding how they would take action in relation to any concerns.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The hospital had safeguarding adults and children policies in place, which contained references to some (but not all) appropriate legislation and best practice guidance. The provider's policy did not stipulate specific training requirements for staff in relation to safeguarding training and did not identify which levels of training staff within the service would require as part of their role. Whilst the service did not see patients under the age of 18, some staff received training in safeguarding children.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of the named safeguarding lead for the service and felt able to seek support.

Cleanliness, infection control and hygiene

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

Areas were clean and had suitable furnishings which were clean and well-maintained. Patient seating was impermeable and could be wiped clean. We saw disposable curtains labelled with the date they were last changed. We observed that cleaning records had been completed and were up to date for all areas throughout the service. The service undertook regular audits to ensure that the cleanliness of the environment throughout the service was maintained. We reviewed the past three-monthly audits that had been completed, which showed good compliance with infection prevention and control measures. Audits also identified areas for action and ensured these were revisited to ensure actions were completed.

The service generally performed well for cleanliness.

Staff used records to identify how well the service prevented infections.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were compliant with arms 'bare arms below the elbows' policy, in accordance with National Institute for Health and Care Excellence (NICE) guidance and undertook regular audits to ensure compliance. Audit results we reviewed showed sustained high levels of compliance with hand hygiene measures. We observed staff washed their hands, used hand sanitising gel between patient interactions and changed their personal protective equipment (PPE) where required. This was also confirmed by patients we spoke with.

All operating theatres had laminar airflow. Laminar airflow is used to separate volumes of air or prevent airborne contaminants from entering an area.

Staff cleaned equipment after patient contact. Sterile services equipment, such as surgical instruments, was decontaminated offsite though a service level agreement with a designated provider. Staff reported that turnaround times for equipment to be returned from decontamination was within a 24-hour period. The provider had appropriate contingency plans for decontamination of equipment in place with another provider.

Staff worked effectively to prevent, identify and treat surgical site infections. Surgical patients were screened for healthcare acquired infections and risk assessments were incorporated into the patient's health record. The hospital had a very low rate of hospital acquired infections. Surgical site infections were also monitored by the service and rates were low.

Environment and equipment

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

The design of the environment followed national guidance. We saw documented environmental risk assessments. Majority of fire extinguisher appliances inspected had been serviced within an appropriate timescale, we observed that one extinguisher had elapsed the timescales to be serviced. We raised this with the provider at the time of the inspection. Exits and corridors were clear of obstructions. Clinic rooms were located on the ground floor and the lay out of the rooms and equipment was consistent with good access principles. Theatres, recovery area and individual rooms were also located on the ground floor. Access to theatre areas was secure and controlled by a fob key.

Patients could reach call bells and patients we spoke with told us staff responded quickly when called.

Staff carried out daily safety checks of specialist equipment. We reviewed peripheral vascular device audits that the service had undertaken over the past 12 months, in which no concerns had been identified.

We reviewed the emergency resuscitation equipment trolley located within theatres. This were sealed with tamperproof tags in place. We reviewed checklists that demonstrated that key items such as resuscitation trolleys, fridges, anaesthetic equipment, oxygen cylinders had been checked daily when theatres were in use. We observed that sodium bicarbonate that was present within the trolley had expired, and that this had not been identified as part of the checking and auditing process. We reviewed copies of the provider's electronic audit of the resuscitation trolley, which highlighted that this issue had been reported but action had not been taken to remove the expired medication. We raised this at the time of the inspection, and the service took immediate action to rectify this.

We reviewed anaesthetic equipment logs that demonstrated daily checks were undertaken of anaesthetic machines and accompanying trolleys.

The service had enough suitable equipment to help them to safely care for patients.The service had an ongoing contract's in place with manufacturers to ensure that planned preventative maintenance of equipment was scheduled. We reviewed the equipment service log which detailed the dates, reference numbers and next scheduled dates of servicing for equipment, this was completed and all equipment had been serviced accordingly.

Staff disposed of clinical waste safely.

Good

Surgery

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

The service implemented an admission criterion in agreement with local NHS providers, against which patients were assessed for suitability to be treated within the service.

Staff used a nationally recognised tool called the national early warning score (NEWS2) to identify deteriorating patients and escalated them appropriately. Senior leaders within the service highlighted that there was an escalation process in place with the local NHS trust for emergency transfer of patients who may become critically unwell. We reviewed the providers transfer policy and deteriorating policy, both of which outlined clear processes for staff as to when patients would require consideration for transfer – and the required steps to be taken to facilitate this. Both policies outlined clear roles and responsibilities for individual staff members in emergency situations.

Consultants allocated to provide out of hours medical cover had received training in advanced life support (ALS). Senior leaders and all staff we spoke with told us they participated in periodic emergency resuscitation scenarios, including major haemorrhage, to test skills.

Pre-assessment was conducted either virtually or face to face at the request of patients. Discharge planning was considered at this stage; especially requirements for home care packages or involvement of other agencies.

Staff completed risk assessments for each patient in consideration of the hospital's admissions policy, using a recognised tool. They reviewed this regularly, including after any incidents. The service utilised a Thromboembolism (VTE) Risk Assessment against which patients were assessed. The service undertook regular audit of the completion of VTE risk assessments, which demonstrated high compliance. Any specific risk issues that had been identified were regularly discussed as part of the governance meetings within the service.

Staff knew about and dealt with any specific risk issues. The service had an identification and management of sepsis policy, which made reference to the sepsis six pathway. There was a recognition and management of the deteriorating patient policy and staff we spoke with were clear about signs and symptoms of deteriorating patients and gave examples of when and how they would escalate a concern. The service had an active agreement with a local NHS provider for the provision and management of blood products.

Shift changes and handovers included all necessary key information to keep patients safe. Theatre staff undertook a specific huddle prior to the commencing of theatre lists, to review all key patient safety information and any specific risk issues. We observed one theatre procedure, within which we saw good compliance and embedding of world health organisation (WHO) safer surgery checks. The service undertook regular audits of their compliance with the WHO checklists. We reviewed compliance figures from January 2022 – May 2022, which demonstrated an increased compliance rate from 75% in January 2022, to a figure of 94% in May 2022. Managers within theatres told us that the audit tool had assisted in identifying areas for improvement, and that actions had been taken and embedded as a result of this.

Nurse staffing

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

Good

Surgery

The service had enough nursing and support staff to keep patients safe.Patients we spoke with told us staff were always available to assist them.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The service utilised a Perioperative Staffing Policy which outlined minimum requirements for pre- scheduled elective lists. We reviewed staffing rotas for the period January 2022 – May 2022. The service was subcontracted to provide elective services to patients. There were pre-planned theatres lists that had been scheduled eight weeks in advance. This pre-planning of activity allowed for effective planning of staffing, to meet clinical needs.

The theatre manager could adjust staffing levels daily according to the needs of patients.
When calculating required staffing levels, managers told us that an additional staff member was added to the numbers to ensure any unplanned sickness could be accounted for. In addition, theatre managers and general managers who were both ODPs were able to cover any unplanned changes in staffing levels. Theatre managers ensured staffing levels were in accordance with the Association for Perioperative Practice (AFPP) minimum staffing guidelines.

The number of nurses and healthcare assistants matched the planned numbers. We reviewed the staffing rotas for the planned activity scheduled to take place on the day of inspection and noted these corresponded with staff present within the service. Where changes had been made, we saw these had been captured within previous rotas.

The service had a reducing vacancy rate; the hospital had a total of 6.25 full wholetime equivalent vacancies across the service at the time of the inspection, three of which were specific posts for operating department practitioners (ODP). Staff told us that there was an ongoing recruitment drive to increase the numbers of substantive staff members employed directly by the service.

The service had low sickness rates. We reviewed the monthly staff sickness report for the May 2021 – May 2022 period, which demonstrated low levels of staff absence due to sickness. Senior leaders outlined that the service had not seen an increase in sickness due to the COVID-19 pandemic.

The service regularly utilised bank nurses. Where bank staff were used, these were staff members who regularly worked within the service. We reviewed the usage of bank staff for the period of January 2022 – May 2022 and observed that the usage of bank staff had decreased over this period as the provider had successfully recruited additional permanent staff.

Managers made sure all bank staff had a full induction and understood the service. We reviewed the induction pack provider to all staff members, and staff outlined that staff new to the service were provided with a thorough tour of the service to outline key areas such as the location of emergency equipment.

Medical staffing

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

The service had enough medical staff to keep patients safe.The surgery service was consultant-led. All patients were admitted under a named, validated consultant with practising privileges. The term ‘practising privileges’ means medical practitioners not employed directly by the hospital but approved to practise there.

Consultants conducted daily ward rounds. This was confirmed by patients we spoke with. Consultants were always

contactable by telephone for advice. There was always appropriate anaesthesiologist cover.

The service always had a consultant on call during evenings and weekends. Senior leaders within the service outlined that out-of-hours consultant cover was provided by consultants from a local NHS organisation. Cover was planned in accordance with activity scheduled within the service, and consultants were allocated cover as part of a rota system. In addition, an Operating Department Practitioner was scheduled in advance to provide on-call provisions from 8pm-8am and was required to be able to attend the service within 30 minutes.

Surgical and anaesthetic consultants remained responsible for their patients throughout their stay in hospital and were required to be available within 30 minutes or to arrange cross cover with another consultant if they were unable to provide the required level of availability. For example, during annual leave.

The medical staff matched the planned number. We reviewed the staffing rotas for the planned activity scheduled to take place on the day of inspection and noted these corresponded with staff present within the service. Where changes had been made, we saw these had been captured within previous rotas.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Records were electronic.

We reviewed 14 sets of electronic patient records. They were detailed, with appropriate nursing risk assessments and individualised care plans. For example, in relation to falls risk and pressure area care. Records contained a nationally approved sepsis-6 screening pathway, completed where applicable. The service undertook regular audits of medical records to ensure compliance. We reviewed audit data that showed the service had an average total score of 100% compliance for theatre records, and 58% compliance for recovery records. We raised this with the provider who outlined that the audit had identified that four of the 12 recovery records sampled had been completed in paper formats and had not been uploaded to the electronic platform. The service had cascaded this learning with staff and would complete another random record sample to ensure learning had been embedded.

Records were stored securely. Staff access patient records electronically through an individual log in.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The service had a dedicated on-site pharmacy, where medicines were stored, prepared and dispensed from. Consultants prescribed medicines to patients electronically. We reviewed the policies and procedures in place in relation to the prescription and administration of medication, which outlined a clear process for all staff to follow.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff outlined that patients were provided with verbal, and upon request, written advice as part of the discharge process in relation to medication. Medicines management audits were completed on a monthly basis. We reviewed audit results from January 2022- May 2022 and noted high compliance scores.

Staff completed patient's medicines prescription records accurately and kept them up to date.

Good

Surgery

Staff stored and managed all medicines and prescribing documents safely. We saw diligent recording of medicine fridge temperatures and ambient room temperatures where medicines were stored.

Staff learned from safety alerts and incidents to improve practice. Safety alerts were discussed with all staff regularly at the governance meeting within the service.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff we spoke with knew what incidents to report and how to report them on the electronic incident reporting system. Staff were aware of the services incident reporting policy and a serious incident investigation policy and reported incidents accordingly. They gave specific examples of learning from incidents and changes in practice, which improved patient safety.

The service had no never events that had occurred within the past 12 months.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The service completed regular audits of their compliance in relation to duty of candour and kept a contemporaneous log of incidents where this applied.

Staff met to discuss and received feedback from investigation of incidents, both internal and external to the service. Discussions relating to incidents were included as an agenda item at all meetings throughout the service, such as monthly governance meetings, management meetings, departmental meetings and staff safety huddles.

Are Surgery effective?

Good

We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service monitored compliance against the hospital's policies throughout the year by following an annual audit schedule. We reviewed the results of audits that had been completed for the quarter 1 2022 reporting period, which showed high rates of compliance across all audits undertaken. These had been completed using an electronic platform, which enabled the provider to easily identify areas for improvement. Action plans were able to be generated from audits completed.

Staff we spoke with explained that best practice guidance was regularly reviewed by the medical director and members of the hospital board. Any changes to guidance were then cascaded down to staff through regular team meetings. Senior leaders within the service met regularly to discuss and changes in guidance.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Staff discussed meal options with patients by reviewing an electronic menu and were able to discuss directly with patients any modifications that they may require. All patients we spoke with told us that there was a variety of choices and that the quality of food was good. Mealtimes were specified but flexible according to patient needs.

Staff fully and accurately completed patients' fluid and nutrition charts where needed.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. We saw evidence of Malnutrition Universal Screening Tool (MUST) scoring within all the patient records reviewed.

Patients waiting to have surgery were not left nil by mouth for long periods. Patients were informed of fasting requirements verbally and in writing at pre-assessment. We reviewed the standard letter template shared with patients as part of their booking process, which outlined fasting requirements. Staff we spoke with confirmed they followed national guidance which stated patients should receive clear fluids up to two hours and food up to six hours prior to surgery. Post-operative patients and those experiencing nausea and vomiting were routinely prescribed antiemetic (anti-sickness) medicine. We reviewed copies of the providers Analgesia and Anti-emetic Audit, for the 2022 reporting year, which demonstrated a compliance rate of above 90% for the reporting period.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. For example, we saw within patient records that pain scores were monitored as part of the NEWS2 records. Patients we spoke with told us their pain was managed well and they received pain relief soon after requesting it. The service undertook regular audits to ensure oversight of the administration of pain relief in a timely manner. We reviewed the data from January 2022 – May 2022, with the most recent audit result demonstrating 100% compliance.

Staff prescribed, administered and recorded pain relief accurately. Staff we spoke with confirmed that if there were concerns regarding the management of pain, these could be escalated to an anaesthetist for review.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The

service followed an annual audit programme, through which staff members of all grades throughout the service were engaged in the completion of audit activity.

Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. Audit results were regularly discussed at hospital board meetings and the service wide governance meeting, as well as at operational meetings and huddles where relevant.

Improvement is checked and monitored. Managers outlined that previous actions relating to audit activity would be re-visited at the following months service wide governance meeting, to ensure actions had been completed and embedded.

Managers shared and made sure staff understood information from the audits. Information was made available to staff through meeting minutes– but had not been displayed in any public areas.

At the time of the inspection, the service did not participate in any relevant national clinical audits. Senior leaders within the organisation outlined that this was due to the involvement in supporting local NHS organisations with recovery activity, and that as the service looked to expand their activity – the service would develop mechanisms to capture patient outcomes.

The service had a lower than expected risk of readmission for elective care than the England average. The service had no instances of unplanned returns to theatre or unplanned surgical readmissions within the past 12 months.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service ensured that where applicable, consultants were listed on the relevant speciality register. Managers gave all new staff a full induction tailored to their role before they started work. All staff (including bank staff) are provided with an induction pack, which includes details of all required mandatory training, competencies and policies to be reviewed and completed. In addition, new starters are provided with a named 'buddy' for additional support.

Managers supported staff to develop through yearly, constructive appraisals of their work. Senior leaders within the organisation outlined the proposed process for appraisals, as all staff working within the organisation had joined within the previous 12 months and were not yet due for their appraisal. Staff we spoke with told us that these had been scheduled, and that they could seek support from their line managers if needed at any given opportunity. All consultants had an annual whole practice appraisal and were required to provide evidence of medical indemnity insurance, a disclosure and barring service (DBS) check, occupational health status and relevant specialist training.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, managers outlined that numerous staff had been provided with opportunities for professional development and had subsequently been recruited to more senior roles within the service. Senior leaders within the service outlined plans for staff to access formalised leadership qualifications to develop their managerial skills.

The service had a designated clinical educator in post, whose role is to support the learning and development needs of staff. The service utilised a mandatory training needs analysis plan. We reviewed the 2021/2022 document, which outlined mandatory training requirements for all staff plus additional mandatory training required for key staff groups/job roles.

Good

Surgery

Managers made sure staff attended team meetings or had access to full notes when they could not attend. All meeting minutes within the services were captured electronically and stored in a central location that could be accessed by staff.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve. Managers outlined that in additional to informal mechanisms to address poor performance there were formalised human resources processes in place that could be enacted if required.

Multidisciplinary working

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

Staff held regular and effective meetings to discuss patients and improve their care. The multi-disciplinary team consisted of nursing staff, consultant surgeons, anaesthetists, pharmacy, clinical pathway co-ordinators and administrative staff. Consultants were available to attend the service for emergency needs.

Staff worked across health care disciplines and with other agencies when required to care for patients. Doctors and nurses supported each other to provide good care. Senior leaders within the service were able to articulate well established processes that ensured communication remained open with the local NHS providers that had engaged the service to assist in recovery activity.

Seven-day services

Key services were available to support timely patient care.

At the time of the inspection, the service did not operate on a seven-day service basis. Activity within the service was planned eight weeks in advance, with staffing arrangements planned in accordance with the activity scheduled. Activity levels within the service varied on a week by week basis.

Consultants led on ward rounds, including weekends. Patients are reviewed by consultants depending on the care pathway. Consultants undertook daily patient reviews and ensured patients remained informed regarding their care and treatment.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week via an arrangement with their local NHS trust. Where required, staff were able to access diagnostic services such as x-ray, microbiology and pathology seven days a week. The service had access to on-site anaesthetists and pharmacists who were scheduled in accordance with planned activity, as well as through a dedicated on-call rota.

Health promotion

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

Staff assessed each patient's health as part of their pre-operative assessment and provided support for any individual needs to live a healthier lifestyle. Staff provided procedure-specific information leaflets. This facilitated informed consent and enhanced patient recovery by providing better understanding of what to expect and their role in their own recovery. Patients we spoke with confirmed they received useful verbal and written information prior to admission.

Good

Surgery

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a consent policy, within which it described consent as a two-stage process. The service undertook regular audits of the completion of consent documentation within patient records, with the results demonstrating 100% compliance with the provider's policy. At the time of the inspection, the service did not have access to translation or sign language services. The provider outlined that patients would not be admitted to the service if their needs could not be met appropriately.

Staff clearly recorded consent in the patients' records. Patients we spoke with told us they were provided with enough verbal and written information, to enable them to give informed consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff we spoke with described the training they received. Training on capacity had been incorporated into the adult safeguarding modules. Staff we spoke with explained patients were individually risk assessed against specified admission criteria.

Are Surgery caring?

Good

We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. For example, we observed staff preserved patient privacy and dignity by ensuring bedroom doors were closed whilst staff undertook discussions with patients and helped them to settle in to their environment.

All patients we spoke with stated that they felt staff took as much time as required when interacting with them, and that they did not feel rushed during interactions. Patients said staff treated them well and with kindness. All patients we spoke with praised staff for their caring approach. Patients felt comfortable asking staff for assistance when required. Patients told us that staff treated them with compassion and care. We observed that within staff areas, letters and cards that had been written to staff thanking them for their kindness had been displayed.

Staff followed policy to keep patient care and treatment confidential. The service had two dedicated consenting rooms, as well as 10 individual en-suite patient rooms, which allows staff to maintain privacy when undertaking conversations with patients. During our inspection, we observed staff guiding patients to their individual rooms and assisting them with questions they had regarding their procedures.

Good

Surgery

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. The majority of patients seen within the service were in attendance for day-case procedures. Where patients were required to stay overnight – any caring or support needs would be identified as part of the pre-assessment process and arrangements could be put in place on a case-by-case basis.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The service had developed a series of walkthrough videos that outlined the patient pathway and journey throughout the service. These had been displayed on the providers website so that patients could reviewed these prior to their visit.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.
There were restrictions in place for relatives accompanying patients due to the Covid-19 pandemic. However, staff we spoke with explained the pre-assessment process allowed for the identification of any patients who needed to be accompanied to the service. Staff told us that this would be reviewed on a case-by-case basis, with appropriate measures and risk assessment implemented where required.

In light of visiting restrictions, the service had compiled a number of video tours of the service and uploaded these to their website, so patients may view these in advance.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff told us the service obtained feedback from patients through measures such as the and family test (FFT), social media and web search reviews, and electronic patient experience surveys. Patient feedback was discussed regularly as part of the hospital wide governance meeting, medical advisory committee and hospital board meetings.

Staff supported patients to make informed decisions about their care. Patients were provided with relevant literature regarding their procedures and aftercare, as well as opportunities to discuss any questions as part of their pre-assessment appointment. Staff explained they were able to produce this in easy read formats where required.

Patients gave positive feedback about the service. The service collected patient feedback through the use of an online survey. This covered metrics such as (but not limited to) cleanliness, courteousness of staff, smoothness of admission and discharge and consultant involvement. We reviewed the results collected up to May 2022 which showed positive feedback in the majority of metrics from patients regarding the service provided. Patient feedback had highlighted mixed feedback in relation to food provided within the service. Senior leaders told us that the service had taken action to review catering arrangements and were in the process of engaging local catering companies as a potential alternative.

Are Surgery responsive?

Good

Surgery

Good

We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the needs of the local population. At the time of the inspection, the provider was involved in the sub-contracting of patients from local NHS organisations to add extra capacity and assist with waiting times and backlogs of patients. This was in response to the wider system recovery from the COVID-19 pandemic. We requested data from the provider in relation to their current theatre utilisation, however this was not provided.

Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach. The service had 10 individual rooms, all of which had dedicated en-suite facilities.

Facilities and premises were appropriate for the services being delivered. The service had sufficient parking available for visitors attending. Leaders within the service outlined how patient experience had been considered during the construction of the environment. The service had installed heated ceiling tiles within their consent rooms and corridors, to ensure that patients wearing theatre gowns and waiting within this area were kept comfortable.

Managers monitored and took action to minimise missed appointments. The service operated a booking process, through which patients were contacted in advance with details of their appointments. Where patients did not attend, staff ensured patients were contacted via telephone to establish reasons as to why appointments were missed.

Managers ensured that patients who did not attend appointments were contacted. The service completed monthly audits in relation to patients who did not attend. We reviewed the content of this audit which captures as to if a telephone review had been completed and if a plan had been established with the patient, for example re-booking for an alternative date and time.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had installed a hearing loop to be accessed by patients, as well as ensuring the colour scheme of the service was suitable for patients who may be colour-blind. This was consistent also on the provider's website, were virtual tours of the service had been completed by staff and could be viewed by patients in advance who may feel uncertain.

Good

Surgery

The service had information leaflets available in languages spoken by the patients and local community. The service ensured that as part of both the booking and pre-assessment process, any communication needs of patients were established and clearly documented.

Managers did not always make sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. At the time of the inspection, staff and senior leaders within the organisation told us that interpreters and signers were not currently available within the service – but plans were in place to gain access in the future.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Activity within the service was scheduled eight weeks in advance. Wait times for patients were monitored by the NHS organisation through which the service had received patients through a sub-contracting arrangement. Patients were added to a tracker that was then shared directly with the service, within which patients were listed chronologically in order of weeks waited and operated on in accordance with this.

Managers and staff worked to make sure patients did not stay longer than they needed to. There had been no instances of returns to theatre since the service commenced delivering regulated activity. Staff and patients we spoke with highlighted that the thorough pre-assessment process helped to facilitate a smooth discharge from the service and was key in establishing and actioning any potential barriers to discharge.

Managers worked to keep the number of cancelled operations to a minimum. The service completed a monthly audit of theatre activity, within which numbers of cancellations were recorded. We reviewed the data for the January 2022-May 2022 period and noted that numbers of cancellations were low.

When patients had their operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Patients were contacted via telephone to establish a plan after their operation being cancelled, e.g. new date provided, or a referral back to their originating trust for further testing.

Managers and staff worked to make sure that they started discharge planning as early as possible. Areas such as social care involvement and family support were discussed as part of the pre-assessment process. This enabled staff to identify any barriers or any additional requirements that may impact on discharge and allow staff to pro-actively address these prior to discharge from the service.

Managers monitored the number of delayed discharges and took action to prevent them. The service undertook a monthly audit to review the quality of their discharges and to maintain oversight of any instances where this had been delayed. We reviewed the data from July 2021-May 2022 which outlined all patients had been discharged in an appropriate and timely fashion from the service.

Good

Surgery

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. All patients we spoke with commented they felt able to speak with staff to raise concerns and that they were aware of the process as to how to do this.

Staff understood the policy on complaints and knew how to handle them in accordance with the complaints policy. The service displayed a copy of their complaints policy and process on their website, which could be accessed by members of the public.

Managers investigated complaints and identified themes. We reviewed the most recent version of the complaints log maintained by the service. Senior leaders told us that they had not identified any continued themes or trends in complaints, and numbers of complaints received about the service were low. The provider outlined within their performance reports that two complaints had been received between January 2022 – May 2022.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning was shared across the hospital in the daily team huddle, head of departments meeting, medical advisory committee, governance meeting and hospital board meetings.

Are Surgery well-led?

Good

We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The hospital met the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors are fit and proper to carry out this important role. The hospital was led by a chief executive officer, who was also the registered manager. They were supported by a medical director and responsible officer who both demonstrated strong leadership experience, and a broader senior leadership team who provided further support.

All staff we spoke with considered the leadership team to be visible and present within the service. For example, they attended departmental meetings, regularly walked round the hospital and spoke with patients and staff. Senior leaders had based their offices within the centre of the service to ensure greater accessibility by staff.

Good

Surgery

Staff at all levels were engaged in the running of the service and were encouraged to work in collaboration with senior leaders. Staff were encouraged and empowered within their roles to contribute their thoughts regarding the leadership of the hospital. For example, all governance meetings within the service were conducted as an all staff meeting – with measures put in place to enable staff time away from clinical duties to attend and contribute.

The Medical Advisory Committee (MAC) was proactive and engaged with the work across the hospital. The MAC chair met with the hospital director regularly to discuss any emerging risks and issues.

There were regular staff huddles and briefings across the service to ensure that frontline staff received all relevant information and improvement initiatives.

Vision and Strategy

The service was still in the process of being established, and did not yet have a formalised vision for what it wanted to achieve and a strategy to turn it into action.

We requested a copy of the provider's vision and strategy for the service, however this was not provided. The service had worked throughout the course of the pandemic to build strong relationships with surrounding NHS organisations. However, whilst senior leaders were able to articulate tentative plans for the development of the service, we were not assured that the provider had a formalised strategy against which progression could be assessed. There was a lack of tangible evidence to demonstrate how staff and other stakeholders had been engaged in discussions in relation to the vision and strategy for the service.

The service had developed and embedded core values within their staff group and displayed these publicly for patients to see. All staff we spoke to understood the organisational values. Staff told us that they had been encouraged to submit ideas and to work collaboratively as to how the service could continue to deliver these values and develop more broadly, and that their contributions had been welcomed by the senior leadership team.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff we spoke with were proud of the organisation as a place to work and spoke highly of the culture. We saw there were suitable rest areas for staff, and areas where positive feedback that had been received by patients and their families had been displayed.

Staff at all levels were actively encouraged to speak up and raise concerns. Staff we spoke with described an 'open' culture. Staff told us that senior leaders within the service had worked to achieve and maintain the positive culture within the service.

The service ensured staff undertook mandatory training in relation to equality and diversity and had a supporting policy which outlined how the service maintained compliance with relevant legislation. The service had an active freedom to speak up guardian in post at the time of the inspection. Staff told us that when establishing this post, opportunities to

apply were available to staff at all grades. There were comment boxes placed within staff areas, through which staff could submit any comments/ideas/questions/thoughts for review.

Patients we spoke with told us they felt confident and comfortable to raise any concerns with staff

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Governance arrangements were proactively reviewed using a board to ward framework and reflected best practice.

The hospital had a medical advisory committee (MAC) which met on a monthly basis. We reviewed the previous meeting minutes of the last MAC, which followed a set standing agenda. The Chair of the MAC outlined that they met regularly with the hospital director. These meetings included (but were not limited to) the review of serious complaints, clinical incidents, audit activity and discussions regarding any changes to national guidelines.

There was a policy in place for management of consultant practising privileges. Practicing privileges were reviewed as part of the monthly hospital board meetings. Review included General Medical Council (GMC) registration, appraisals, indemnity insurance, and disclosure and barring service checks. We requested copies of the hospital board meetings, however these were not provided. We were unable to establish the frequency and details of discussions undertaken in relation to practicing privileges.

Consultants with practising privileges, where required, were all listed on the GMC specialist register. The service also ensured processes were in place to formally notify consultants to explain privileges would be suspended if required documentation was not submitted by a specified due date.

The clinical leadership team and wider staff cohort met monthly at the governance meeting. Leaders within the service ensured that the governance meeting was scheduled at a time where no activity was planned within the service, to ensure all staff were able to be relieved from clinical and non-clinical duties in order to attend.

We reviewed the meeting minute for the past five clinical governance meetings. The governance meeting was the main forum to discuss quality, risk and performance. Key areas for discussion were clinical incidents, accidents and near-misses, patient safety issues and opportunities to review new policies and procedures. Departmental managers also attended governance meetings as well as a specific heads of department meetings.

Staff told us that minutes were detailed and available for review electronically – with any specific points for cascading also discussed at departmental team meetings. Meeting minutes were stored on a central drive which could be accessed by staff. Any actions arising from meetings were tracked on an action log, with an allocated action owner. All previously agreed actioned were reviewed at the start of each meeting, to ensure these had been completed and for the group to agree if the action could be closed.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Good

Surgery

The hospital had a risk management policy, which outlined the process for identifying, escalating and reviewing potential risks to the service. We saw a comprehensive electronic risk register, which demonstrated that risks were reviewed regularly and escalated appropriately. All risk register entries had an assigned risk score, a designated executive owner, identified controls and record of any identified gaps within controls, as well as a comprehensive summary of mitigating actions.

Staff at all grades told us that they were encouraged to bring potential risk items for discussion as part of the monthly governance meeting. Within this forum, staff would discuss and agree any items for addition, as well as review existing entries.

Both staff and senior leaders we spoke with had an overview of the risks relevant to the service, and these were reviewed regularly. The hospital had a major incident and business continuity plan and corresponding policy (BCP). Staff outlined that there had been a recent incident involving a power shortage to the service, resulting in staff utilising the business continuity procedure. Staff shared that this had worked well.

There was a full audit plan for the year which highlighted those that had been completed and those that were pending. The provider produced an annual report that summarised overall findings from audit activity. Audit results were presented electronically to staff through the monthly governance meetings as well as at staff huddles when required. Individual areas for focus were highlighted alongside general findings and learning that had taken place.

Information Management

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

Essential information such as policies and minutes of meetings were held electronically on a shared hospital drive and via an electronic human resources platform. All staff we spoke with could access the system and demonstrated this.

Staff viewed health records electronically. We observed good adherence to the principles of information governance. For example, computer screens and tablets were password protected and closed when unattended. Staff completed mandatory information governance training.

The registered manager of the service demonstrated a good understanding of the requirements for notifying external organisations. Staff were clear on the process of escalation for any concerns that may require external reporting and were aware of who was responsible for this.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The hospital's website provided a wide range of information about the clinical services available. It also provided information about how to leave feedback. For example, by emailed satisfaction survey, comments on the social media, page, a feedback webform available on the provider's website and a search engine review.

Good

Surgery

Managers were visible in the departments, which provided patients and visitors with opportunity to express their views and opinions face to face.

Staff we spoke with told us managers engaged with them, were very supportive and visible. For example, they walked the departments daily and joined daily huddles. Staff said they were encouraged to voice their opinions and speak with managers if they had any concerns. They told us they felt appreciated by both their clinical colleagues and hospital managers.

We reviewed the most recent staff survey report (October 2021) following the staff engagement survey. This outlined specific areas for action, and actions taken to address points highlighted by staff.

Senior leaders had implemented initiatives such as an open-door policy and a designated freedom to speak up guardian. Improved HR systems and training for staff as to how to navigate these. The service had a formalised engagement strategy with staff.

Staff used the morning safety huddles to share messages, patient feedback and good practice. All staff meetings such as the governance meeting used a standardised agenda to ensure continuity of items discussed.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

The service was still in the process of being established at the time of the inspection. Staff and senior leaders we spoke with were committed to the ideas of continuous improvement and innovation but had not yet implemented formal mechanisms to achieve this.

The hospital was committed to improving services by learning from when things went well or wrong and promoting learning and training across the service. Staff we spoke with said they were supported to develop their career within the service, and that staff had successfully been promoted to new positions within the service since joining.

Inspected but not rated

Endoscopy

Safe	Inspected but not rated
Effective	Inspected but not rated
Caring	Inspected but not rated
Responsive	Inspected but not rated
Well-led	Inspected but not rated

Are Endoscopy safe?

Inspected but not rated

Inspected but not rated.

Mandatory training

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

Refer to surgery.

Safeguarding

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

Refer to surgery.

Cleanliness, infection control and hygiene

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

Refer to surgery.

For endoscopy equipment the service had an external contract for decontamination. The service had equipment that can be used for cleaning the endoscopy scopes however it was not in use at the time of inspection.

We saw one member of the team who was not bare below the elbow in clinical areas.

Environment and equipment

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

Refer to surgery.

Inspected but not rated

Endoscopy

The service had an external contract in line with national guidance, cleaning endoscopy specific equipment.

The service had equipment in place for the cleaning of endoscopes. We saw that the maintenance had expired on the equipment. However, at the time of inspection the equipment was not being used.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Refer to surgery

Nurse staffing

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

Refer to surgery

Medical staffing

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

Refer to surgery.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Records were electronic.

We reviewed 1 set of electronic patient records. This was because at the time of inspection, only one patient had used the service. They were detailed, with appropriate nursing risk assessments and individualised care plans.

The service did not have enough patient data for endoscopy to provide meaningful audits.

Records were stored securely. Staff access patient records electronically through an individual log in.

Medicines

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

Refer to surgery.

Inspected but not rated

Endoscopy

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Refer to surgery.

There were no incidents specific to endoscopy.

Are Endoscopy effective?

Inspected but not rated

Inspected but not rated.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Refer to surgery.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Refer to surgery.

We reviewed the standard letter template shared with patients as part of their booking process, which outlined fasting requirements clearly.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Refer to surgery.

Patient outcomes

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

The service has plans to apply for JAG accreditation.

Inspected but not rated

Endoscopy

There was no patient feedback from the one endoscopy that the service had performed.

Competent staff

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

Refer to surgery

Multidisciplinary working

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

Refer to surgery.

Seven-day services

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

Refer to surgery.

Health promotion

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

Refer to surgery.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Refer to surgery.

The service had exclusion criteria for patient selection and did not accept patients on detained under the Mental Capacity Act or under a Deprivation of Liberty Safeguard.

Are Endoscopy caring?

Inspected but not rated

Inspected but not rated.

There were no patients undergoing an endoscopy procedure at the time of inspection.

Compassionate care

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

Inspected but not rated

Endoscopy

Refer to surgery

Emotional support

Staff provided e personal, cultural and religious needs.

Refer to surgery

Understanding and involvement of patients and those close to them

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

Refer to surgery

Are Endoscopy responsive?

Inspected but not rated

Inspected but not rated

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Refer to surgery.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Refer to surgery.

Access and flow

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

Refer to surgery.

Learning from complaints and concerns

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

Refer to surgery.

Inspected but not rated

Endoscopy

There were no complaints for the endoscopy service at the time of inspection.

Are Endoscopy well-led?

Inspected but not rated

Inspected but not rated.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Refer to surgery.

The service had a designated endoscopy lead.

Vision and Strategy

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

Refer to surgery.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Refer to surgery.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Refer to surgery.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Inspected but not rated

Endoscopy

Refer to surgery.

Information Management

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

Refer to surgery.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Refer to surgery.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Refer to surgery.