University Hospitals Bristol NHS Foundation Trust

South Bristol NHS Community Hospital

Quality Report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital	Good
Medical care	Good
Surgery	Good
Outpatients	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

South Bristol Community Hospital was situated in the Hengrove area of Bristol to the south of the city centre. It provided acute services to a population of approximately 300,000 in central and south Bristol.

We carried out this comprehensive inspection as part of our in-depth inspection programme. The trust moved up two bands in our 'intelligent monitoring' system from a low risk to a medium risk between March 2014 and July 2014. We inspected South Bristol Community Hospital on 10 and 11 September 2014.

South Bristol Community Hospital provided day surgery, outpatient clinics and a rehabilitation service where people were able to stay as inpatients. The hospital also provided a community dental service. There was an urgent care centre for minor illnesses and injuries on the site; however, this was managed by another NHS trust.

Overall, this hospital was rated as good and provided a safe, effective and caring service to patients. The hospital was responsive to patients' needs and was well led.

Our key findings were as follows:

- We found that services were safe.
- There was good awareness among staff of how to report incidents and there was evidence of feedback and learning being disseminated.
- Actions as a result of serious incidents and never events occurring within the trust were implemented in the hospital. There was heightened awareness of and focus on the use of the World Health Organization surgical safety checklist within operating theatres.
- The hospital was clean and staff observed infection control procedures throughout the hospital.
- There were sufficient nursing and medical staff to meet patients' needs in all areas of the hospital.
- National best practice and clinical management guidelines were reviewed and incorporated into local guidance to ensure that patients' needs were met. Guidance from the National Institute for Health and Care Excellence (NICE) was specialty-based within each department. We saw copies of the relevant guidance for staff to access on the wards and in departments.
- Although the trust collated data on patient outcomes, this was not in sufficient depth to reflect the outcomes for patients at South Bristol Community Hospital.
- Patients received appropriate pain relief and nutrition and hydration to meet their needs.
- Staff throughout the hospital were kind and seen to provide compassionate care.
- Patients had access to outpatient services within times set by national guidelines. Patients were kept informed of waiting times in outpatient departments. There were systems in place for patients to leave the department and return later if their appointment was delayed.
- There was a high bed occupancy rate within the hospital, and this had an effect on the ability of the hospital to respond to the demand for inpatient beds. This meant that patients could not be transferred from the Bristol Royal Infirmary in a timely manner to South Bristol Community Hospital to continue their rehabilitation following a stoke.
- The operating theatres within the hospital were being used for only a quarter of the available time and the outpatient department was used for only approximately 55% of the available sessions.
- There were governance systems in place to monitor risks and the quality of the service.
- We observed good local leadership on the wards and in departments, with senior nurses demonstrating a commitment to patient safety and the management of risk. Staff reported feeling supported by managers.

We saw several areas of outstanding practice. These included the following:

- Patients waiting for outpatient appointments were given a bleep if their appointment was delayed. This meant that they could be contacted effectively by staff if they wished to leave the department and so were not restricted to staying in one place for long periods of time.

Summary of findings

- Frail, elderly patients waiting for hospital transport home were given pressure-relieving cushions to sit on and provided with food and drink.

However, there were also areas where the trust needs to make improvements.

The trust should:

- Collate information and data about patient outcomes so that outcomes for patients at South Bristol Community Hospital can be reviewed
- Utilise more effectively the operating theatres and outpatient departments in order to support other areas of the trust.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Medical care	Good 	There was a good culture of incident reporting. Feedback and learning from incidents were evident within the service. Risks were identified, assessed and mitigated. There was access to therapists and allied healthcare professionals who provided appropriate input as required. Patients told us that they felt informed about and included in decisions about their care and treatment. Although the trust collated data on patient outcomes, this was not in sufficient depth to reflect the outcomes for patients at South Bristol Community Hospital. Staff were caring and compassionate and interacted with patients in a respectful manner. Patients had their individual needs met. Although there was a high bed occupancy rate within the hospital, which had an effect on the hospital's ability to respond to the demand for inpatient beds, patients were rarely moved to another ward. We observed good local leadership on the wards, with senior nurses demonstrating a commitment to patient safety and the management of risk. Staff reported feeling supported by managers.
Surgery	Good 	Surgery services were provided in a clean and hygienic environment in line with recognised guidance, which helped protect patients from the risk of infection, including healthcare acquired infections. Clinical management guidelines were reviewed and incorporated into local guidance to ensure that patients' needs were met. Although the trust collated data on patient outcomes, this was not in sufficient depth to reflect the outcomes for patients at South Bristol Community Hospital. Patients told us that they felt that they received good-quality care and were informed of any treatment required. We found that staff were responsive to people's individual needs. Appropriate assessments were carried out to ensure that patients were able to provide valid consent before their planned surgery. However, theatre usage was not optimal; the operating theatres were being used for only a quarter of the available time.

Summary of findings

There was good leadership at local levels within the surgery services at South Bristol Community Hospital.

Outpatients

Good 

Although there was a low level of incident reporting within outpatient departments, staff were clear about the process and the importance of reporting incidents. Staff said that they received feedback about incidents in team meetings but there were no formal minutes to provide evidence of this.
Infection control practices were observed within the department and staff had a focus on safeguarding both vulnerable adults and children.
We observed staff interacting in a caring and considerate manner with patients.
There were governance systems in place to monitor risks and the quality of the service. However, there was underutilisation of the outpatient facilities within the hospital; only approximately 55% of the possible number of sessions were used. There was ongoing monitoring of this to see where improvements could be made.

South Bristol NHS Community Hospital

Detailed findings

Services we looked at
Medical care (including older people's care); Surgery; Outpatients

Contents

Detailed findings

Background to South Bristol NHS Community Hospital

University Hospitals Bristol NHS Foundation Trust comprises eight hospitals and is one of the largest NHS trusts in the country. It is an acute teaching trust and became a foundation trust in June 2008.

The trust had 1,085 beds and employed 8,442 staff. Sixty of the beds were provided at the South Bristol Community Hospital. In the financial year 2013/14, the trust had an annual turnover of £554 million and reported a £6 million income and expenditure surplus. After adjustments for technical items, a net deficit of around £5 million was declared. The trust had a healthy cash position at the end of the year. This was the 11th successive year of reported surplus for the trust.

Acute services at South Bristol Community Hospital were provided to the local population of around 300,000 in south and central Bristol.

The 2010 Indices of Deprivation showed that Bristol was the 79th most deprived local authority out of 326 local authorities. Life expectancy for men, at 78 years, was close to the England average of 78.5 years. Life expectancy for women, at 82.6 years, was very slightly better than the England average of 82.5 years. Bristol was significantly worse than the England average for the proportion of children living in poverty, levels of violent crime, long-term unemployment and educational attainment. There were significant variations in levels of deprivation within the city of Bristol and there were areas of prosperity within the city and the immediate surrounding area. Census information showed that 16% of Bristol's population was non-white, with 6% declaring their ethnic origin as Black, 5.5% as Asian and 3.6% as mixed race.

At the time of this inspection, there was a relatively stable executive team. The chief executive had been in post since 2011 and the chair since 2008. The chief nurse was the most recent appointment and had joined the trust in January 2014. There was a full complement of non-executive directors, some of whom had been in post since 2008 and some of whom had been appointed within the last 12 months. There were two non-executive board observers who had been appointed to enable continuity and an ordered succession when non-executives reached the end of their term.

We inspected the trust as part of our in-depth inspection programme. The trust had been identified as a medium-risk trust according to our 'intelligent monitoring' system and had moved from the low- to the medium-risk category between March and July 2014. Concerns had also been raised about the trust.

Our inspection of South Bristol Community Hospital was carried out on 10 and 11 September 2014.

Our inspection team

Our inspection team was led by:

Chair: Michael Wilson, Chief Executive, Surrey and Sussex NHS Trust

Head of Hospital Inspections: Mary Cridge, Care Quality Commission

The team inspecting South Bristol Community Hospital included a CQC inspector, a consultant surgeon and a physiotherapist.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Detailed findings

The inspection team inspected the following three core services at the South Bristol Community Hospital:

- Medical care (including older people's care)
- Surgery
- Outpatients.

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the trust. These included the clinical commissioning group (CCG), the Trust Development Authority (TDA), NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We held a listening event in Bristol on 3 September 2014 where 35 people shared their views and experiences of services provided by the trust. Some people who were unable to attend the listening events shared their experiences via email or telephone. The team also took account of information that had been shared by patients, the parents and families of patients and people supporting patients during a series of communications and meetings during 2014.

We carried out the announced inspection visit on 10 and 11 September 2014. We spoke with staff individually. We talked with patients and staff from across the hospital, including ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment. We interviewed the chair and the chief executive, and met with a number of executive and non-executive directors, senior leaders from the clinical divisions and managers.

Facts and data about South Bristol NHS Community Hospital

The University Hospitals Bristol NHS Foundation Trust had 1,085 beds and employed 8,442 staff. The trust provided district general hospital services to the local population of around 300,000 in central and south Bristol. The trust also provided a range of specialist services across the South West and in parts of Wales, serving a population of around 6 million. Specialist services included cardiac care, children's services, bone marrow transplantation, cancer and haematology services.

South Bristol Community Hospital was opened in March 2012 and had 60 beds.

In 2013/14 the trust had 72,000 inpatient admissions, dealt with 57,000 day cases and provided approximately 618,000 outpatient appointments in 2013/14.

The hospital had a consistently high bed occupancy rate of over 96%. It is generally accepted that when occupancy rates rise above 85%, they can start to affect the quality of care provided to patients and the orderly running of the hospital.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for outpatients.

Medical care (including older people's care)

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

Information about the service

South Bristol Community Hospital provides inpatient medical services across two wards for 56 elderly patients requiring rehabilitation. The hospital also provides four beds for end of life continuing health care patients. These four beds are contracted by NHS Bristol.

We visited both medical wards and spoke with eight patients, four visitors and eight members of staff.

Summary of findings

There was a good culture of incident reporting. Feedback and learning from incidents were evident within the service. Risks were identified, assessed and mitigated.

There was access to therapists and allied healthcare professionals who provided appropriate input as required. Patients told us that they felt informed about and included in decisions about their care and treatment.

Staff were caring and compassionate and interacted with patients in a respectful manner.

Patients had their individual needs met. Although there was a high bed occupancy rate within the hospital, which had an effect on the hospital's ability to respond to the demand for inpatient beds, patients were rarely moved to another ward.

We observed good local leadership on the wards, with senior nurses demonstrating a commitment to patient safety and the management of risk. Staff reported feeling supported by managers.

Medical care (including older people's care)

Are medical care services safe?

Good

Risks were being assessed, identified and mitigated. Incidents were reported and there was evidence of the dissemination of feedback and learning to staff.

Records were completed accurately and were used appropriately to support the safe delivery of care.

We saw that infection control practices were followed on the wards and trust audit results did not highlight any concerns with hand hygiene practice.

Incidents

- Staff were aware of the need to report incidents. They told us that they used an electronic reporting system to report incidents. Staff told us that they received feedback about the incidents they reported.
- We asked staff how they learned from mistakes that had occurred. Some staff told us that lessons learned were communicated during ward staff meetings.
- The general manager looked at all incident reports and these were discussed at weekly ward manager meetings. We saw evidence that the general manager investigated all reported incidents.

Safety Thermometer

- Information relating to falls, pressure ulcers, and infection outbreaks was displayed on the wards.
- On both wards we saw that a ward assurance tool was in place to monitor safety performance and was being used effectively on a monthly basis. Areas for improvement had been identified and improvements had been made. For example, on ward 100 we saw that the number of falls had decreased as a result of preventative measures, such as pressure-monitoring mats being put in place.
- Monthly audit results were discussed at ward manager meetings. Action plans were developed at ward level to address any shortfalls identified by the audit.

Cleanliness, infection control and hygiene

- Both wards were clean and tidy. Staff wore appropriate protective equipment such as gloves and aprons and washed their hands between each patient contact. There were hand-washing facilities and hand sanitizer available on the ward and at the end of patients' beds. Hand sanitizer at the end of patients' beds helps staff clean their hands between each patient contact.
- We saw that barrier nursing was carried out where required; this protected patients from the risk of cross-infection. We use the term 'barrier nursing' to describe when a patient is moved to a side room and extra precautions are taken by staff to reduce the risk of spreading infections or antibiotic resistant germs to other patients and staff
- Staff we spoke with demonstrated a good awareness of expected standards regarding infection control.
- The compliance rate with hand hygiene audits was displayed on both wards. Ward 200 reported 100% compliance in July and August 2014. Ward 100 reported 99% compliance in July 2014 and 100% compliance in August 2014.
- We looked at the figures for methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile in South Bristol Community Hospital for the last six months. The general manager reported that there had been no incidents of MRSA or Clostridium difficile during this period.

Environment and equipment

- We looked at resuscitation and emergency equipment on both wards. All the required equipment was in place. Staff recorded daily checks of resuscitation equipment.
- Equipment for the prevention of pressure sores was being used appropriately. Staff reported that access to pressure-relieving equipment was good.

Medicines

- We examined the medicine storage area on each ward. Medicines were stored correctly including in locked cupboards or fridges where necessary. We found that fridge and room temperatures were being regularly recorded.
- We looked at medicine administration records and spoke with staff about medication management on both wards. We saw that medicines were prescribed clearly and correctly. Medication administration records were accurate and up to date.

Records

- We found that records to ensure safe care and treatment were completed appropriately to manage identified risks to patient safety.

Medical care (including older people's care)

- We saw that all 'do not attempt resuscitation' (DNAR) forms had been completed appropriately and included a record of the discussion with the patient and/or their relatives.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff told us that they had completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- The general manager and the sister in charge of one of the wards was able to explain the process for people to be assessed for mental capacity.
- Staff confirmed that verbal consent was sought prior to any personal care or treatment being provided. Medical records included information about capacity and how consent was sought.

Safeguarding

- Staff demonstrated a good knowledge of safeguarding policies and procedures and knew who to report their concerns to.
- We were told by the general manager that most staff had completed safeguarding training level 1 and 2. We were unable to access the hospital's training records to confirm these findings.

Mandatory training

- The general manager said that they did not have any figures for staff who had attended mandatory training but that all staff were booked to attend the relevant courses and would all be up to date by the end of the year.
- The general manager had access to the trust's electronic matrix that detailed when individual staff members' training needed to be updated. We were unable to see a training matrix that was specific to South Bristol Community Hospital staff. The general manager said that they received an 'alert' should any member of staff not update their training.

Assessing and responding to patient risk

- A resuscitation trolley was available on each ward. This provided staff with equipment to carry out basic life support. We were told that basic life support and resuscitation training was mandatory for all staff. An intervention protocol was in place for staff to follow when patients' physiological observations were not within the normal range. We looked at the charts for one patient which had been completed the previous weekend and saw that staff had escalated correctly, and repeat observations were taken within the necessary time frames.
- Specialist support was available for staff on the wards from the community specialist palliative care nurse when required. Out of hours support could be accessed from the community consultant on call.

Nursing staffing

- The required staffing numbers and actual staffing numbers for each shift were displayed on all the wards and departments we visited. Staffing numbers were appropriate to meet patients' needs. Both medical wards had vacancies for nursing staff and recruitment was ongoing.
- Patients we spoke with told us that they did not have to wait for staff to attend to them and had received the care and treatment they required.
- Staff we spoke with told us that there were usually enough staff on duty. Bank staff were used to cover any shortages.

Medical staffing

- Consultants carried out ward rounds each weekday and also carried out board rounds to discuss each patient's care and treatment.
- There was medical cover on the wards five days a week. Consultants were on call out of hours.
- Staff we spoke with reported that medical staffing was appropriate to meet patients' needs.

Major incident awareness and training

- We saw that the community hospital had a major incident plan.
- The ward manager showed us that risk assessments had been completed regarding potential risks to their service that would have a major effect on the running of that service. For example, there had been a water leak on the roof and we saw the steps taken to minimise disruption.
- We saw that the trust's business continuity plan for South Bristol Community Hospital provided guidance on actions to be undertaken by departments and staff, who may be called upon to provide an emergency response, additional service or special assistance to meet the demands of a major incident or emergency.

Are medical care services effective?

Medical care (including older people's care)

Good

There were policies and procedures in place that reflected best practice guidance. Staff were aware of national guidance from the National Institute for Health and Care Excellence (NICE).

Patients received appropriate pain relief to meet their needs and had their nutritional and hydration needs met.

Although the trust collated data on patient outcomes, this was not in sufficient depth to reflect the outcomes for patients at South Bristol Community Hospital.

There was good multidisciplinary working in the hospital. Although there was no seven-day working within the hospital, on-call services were in place to provide out-of-hours care and treatment.

Evidence-based care and treatment

- Policies and procedures were in place that reflected best practice guidance. Staff were provided with relevant and updated information from NICE guidelines. For example, we saw that NICE guidance CG162 (guidance for long-term rehabilitation after a stroke) was followed within the hospital.

Pain relief

- We looked at the care records for four patients and found evidence of completed care plans to control pain.
- We spoke with three patients about their pain management. All three felt that this had been satisfactory.

Nutrition and hydration

- Patients were screened for nutrition and hydration risks within 24 hours of being admitted onto the ward. We saw that, where a risk had been identified, appropriate management plans were in place.
- We observed the lunchtime meal on both of the wards. We saw that staff provided patients with appropriate support in a caring and considerate manner.
- Patients we spoke with told us that they enjoyed the food and were offered choices at mealtimes each day.

Patient outcomes

- Although the trust collated data on patient outcomes, information we received did not break this down to reflect the outcomes for patients at South Bristol Community Hospital. Staff within the hospital provided data and information that they had, but this did not provide sufficient information about patient outcomes on the site.

Competent staff

- A junior doctor we spoke with described the revalidation process and felt that this was being well managed.
- We spoke with a new staff member. They described the induction processes and said that they felt well supported into their role.
- Staff told us that they had an appraisal with their line manager. This was also confirmed in our discussions with the general manager.

Multidisciplinary working

- Therapies were integrated across medicine and allied healthcare professionals were involved in a range of meetings, including ward rounds.
- Nursing staff made appropriate referrals. For example, we saw that social workers had been asked to assess patients who required ongoing care and support when they left the hospital.

Seven-day services

- Physiotherapy and occupational therapy provided a service from Monday to Friday; Physiotherapy also provided an out-of-hours on-call service.
- If a patient was discharged at the weekend, medication was dispatched to SBCH from the Bristol Royal Infirmary Pharmacy Service; alternatively, patients could be supplied with a prescription to take to their local pharmacy.
- There was medical cover on the wards five days a week. Consultants were on call out of hours.

Are medical care services caring?

Good

Patients told us that staff were caring and kind. We observed that staff interacted with patients respectfully and appropriately.

Patients also told us that they felt informed about and included in decisions about their care and treatment.

Medical care (including older people's care)

Compassionate care

- We saw that call bells were left within easy reach so people could easily summon help when required. We were also informed by staff that people who were unable to use their call bell were monitored at more frequent intervals.
- One patient said: "The staff are very friendly and always ready to help." Another said: "This must be what it's like to be in a private hospital."

Patient understanding and involvement

- The stroke team had a 'board round' multidisciplinary meeting each weekday to discuss the care and treatment of patients. We joined one of these meetings and noted that the team members checked with each other that the patients and their families were up to date with the current care and treatment plan. They highlighted concerns that patients and family members had raised with them and amended the plan accordingly.
- Patients told us that they were involved in making decisions about the care and treatment they received.

Emotional support

- Patients told us that staff were supportive. One patient told us: "I have a moan now and again about my lot, but they [the staff] always listen and never make me feel I'm being a nuisance."
- The general manager told us that there were no counselling services available for patients and relatives. However, a chaplaincy service was available and provided support to patients and relatives. The trust told us that psychological support was available for patients in the stroke rehabilitation pathway.

Are medical care services responsive?

Good

Patients had their individual needs met. Although there was a high bed occupancy rate within the hospital, which had an effect on the hospital's ability to respond to the demand for inpatient beds, patients were rarely moved to another ward.

There was engagement by staff at South Bristol Community Hospital with the rest of the trust and with external stakeholders to help manage the flow of patients through the trust.

Service planning and delivery to meet the needs of local people

- There was a daily teleconference between the trust and other stakeholders that included South Bristol Community Hospital. The trust aimed to support health and social care teams to deliver safer patient care and discussed the availability of beds, the flow of patient's and what could be changed to support discharge.

Access and flow

- Bed occupancy was consistently higher than the England average. South Bristol Community Hospital's figures for bed occupancy were consistently over 98% for ward 100 and over 95% for ward 200. This meant that the hospital frequently struggled to meet demand for inpatient beds.
- We were told that patients were very rarely moved to another ward and that this was only ever considered when a patient was getting ready for discharge.

Meeting people's individual needs

- Staff said that, if people had a limited ability to communicate their wishes, they asked for this information from family members and also observed the person's body language and facial expressions in order to build a picture of their likes and dislikes.
- The general manager told us that they had access to various facilities at the hospital to ensure that people's cultural needs were met. They told us that they had access to translators and that printed information was available in different languages.
- The hospital also had links with a learning disability nurse based at another of the trust's hospitals who could assess individuals, provide staff with advice, and liaise with the person's carers.

Learning from complaints and concerns

- We saw literature about the complaints procedure and information about the Patient Advice and Liaison Service (PALS) on display on most wards.
- Staff on the wards told us that they tried to resolve patient complaints and concerns as patients raised them. They were aware that PALS was on hand if required.

Medical care (including older people's care)

- The general manager followed up all complaints and concerns received. The numbers of these were reported in the divisional governance minutes.

Are medical care services well-led?

Good

The trust vision, values and strategy had been circulated to wards and staff spoken with had a clear understanding of what these involved.

We observed good local leadership on the two wards at the hospital, with staff demonstrating a commitment to patient safety and the management of risk. Close liaison between the ward managers, the therapies team, social workers and the general manager meant learning was shared between teams.

The culture was open and transparent; staff were clear where they were performing well, but also fully aware of areas for improvement such as reducing falls.

Vision and strategy for this service

- The general manager and ward sisters for medicine were clear about their roles and responsibilities.
- All staff spoken with were aware of the vision and strategy for the trust and they also referred to the messages sent out by the chief executive in a weekly newsletter.

Governance, risk management and quality measurement

- The general manager had monthly quality and patient safety group meetings. We saw a copy of a recent agenda and saw that it covered the monthly dashboard data; feedback from specialty clinical areas, governance, and mortality and morbidity meetings; quality and patient safety reports; and education and training needs.
- Risks that affected the delivery of safe care were identified clearly on the division's risk register. The general manager told us that they could add risks to the risk register at any time. The risks were then assessed by the patient safety lead and categorised into departmental, divisional or trust risks.
- Ward managers told us that they had weekly meetings with the general manager to discuss patient safety risks.
- We saw that in ward areas there were displays of some quality measures such as falls or infections. Ward managers showed us the audits of care that they carried out.

Leadership of service

- A junior doctor we spoke with during our visit told us that consultants were supportive and staff could access supervision if they wanted.
- Staff were aware of their immediate managers and described them as visible and approachable.
- Ward staff told us that the general manager visited the wards and departments every day. They said that the manager was very approachable and they would have "no hesitation [about] knocking on her door".
- The general manager told us that they had good support from the director of nursing and met with the director regularly.

Culture within the service

- Staff described an open culture where they were encouraged to raise incidents, complaints and concerns with managers. Staff felt that they received feedback and were kept informed.
- All staff we spoke with were able to describe the trust's whistle-blowing policy.
- Staff told us that the South Bristol Community Hospital was a friendly place to work and they enjoyed coming to work.

Public and staff engagement

- Staff across the trust were able to participate in the staff survey. We did not have individual results for South Bristol Community Hospital but figures indicated that 52% of staff across the trust had participated which is above the England average of 49%.
- The NHS Friends and Family Test was carried out at the hospital. The results for the six-month period ending June 2014 showed that the majority of respondents said that they were extremely likely to recommend the hospital to friends and family.
- We were shown information which demonstrated that South Bristol Community Hospital held regular 'open days' where the general public could come and look around the hospital and chat to staff about the facilities they offered.

Medical care (including older people's care)

- The general manager also told us that she also had regular contact and meetings with general practitioners in the local area to raise awareness of the hospital facilities and the services provided.

Innovation, improvement and sustainability

- Recognising Success awards were held by the trust annually to reflect and reward staff and departments for innovative and/or effective practice.

Surgery

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

Information about the service

The surgery service at South Bristol Community Hospital provided day surgery in two operating theatres, two endoscopy rooms and two ophthalmology procedure rooms. There were no inpatient surgical wards at the hospital.

We observed care in theatres. We examined records and spoke with eight members of staff and five patients using the service.

Summary of findings

Surgery services were provided in a clean and hygienic environment in line with recognised guidance, which helped protect patients from the risk of infection, including healthcare-acquired infections.

Clinical management guidelines were reviewed and incorporated into local guidance to ensure that patients' needs were met.

Patients told us that they felt that they received good-quality care and were informed of any treatment required.

We found that staff were responsive to people's individual needs. Appropriate assessments were carried out to ensure that patients were able to provide valid consent before their planned surgery. However, theatre usage was not optimal; the operating theatres were being used for only a quarter of the available time.

There was good leadership at local levels within the surgery services at South Bristol Community Hospital.

Surgery

Are surgery services safe?

Good

We saw that staff understood incident reporting and were proud of the service they provided to their patients. There had been a recent never event within surgery. There was evidence that actions had been put in place following this. Compliance was good with the 'five steps to safer surgery' safety checklist.

The unit carried out audits and displayed the results of its Safety Thermometer. The environment was clean and audits showed that cleanliness was maintained.

Incidents

- Nursing and medical staff were knowledgeable about the reporting process for incidents using Ulysses Safeguard (the trust's incident-reporting system).
- Staff also informed us that a feedback poster of reported incidents was displayed. We saw this poster displayed and noted that this information was up to date. This meant that incidents were being reported and staff were informed of what action had been taken as a result, or if any lessons had been learned.
- We were told that a paper-based system of surgical safety checklists was in place in the operating theatres. This included the use of the World Health Organization (WHO) surgical safety checklist, which is designed to prevent avoidable errors.
- There had been two never events reported by the hospital in the past 12 months. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. One incident, related to a procedure in the dental unit, the trust believed not to be a never event, although investigation was ongoing at the time of our inspection. We saw that the other incident had been thoroughly investigated and an action plan and lessons learned produced. The action plan had been implemented and associated learning had been shared with relevant hospital staff.

Safety Thermometer

- The Safety Thermometer was clearly displayed in the reception area and could be seen by staff, patients and visitors. Staff told us that they were proud of the safe service they provided to patients.

Cleanliness, infection control and hygiene

- The trust carried out various audits, which included audits of infection control. The results for July 2014 for compliance with hand hygiene demonstrated that surgery services at South Bristol Community Hospital were 100% compliant with the trust's policy.
- Staff wore appropriate personal protective equipment (PPE) when required and adhered to 'bare below the elbow' guidance in line with national good hygiene practice.
- We saw that there were sufficient infection control facilities and that the theatres and treatment rooms were visibly clean.
- Patients we spoke with all told us that the environment was always clean.

Environment and equipment

- The environment on the unit was safe, with sufficient space for the safe movement of patients, staff and visitors.
- Equipment on the unit was clean and maintained at regular intervals, as instructed by the manufacturer.
- Resuscitation equipment was stored correctly and checked daily.
- We were told that a ceiling-mounted ophthalmology microscope vibrated when in use, which meant that microsurgery could not be undertaken. This limited the procedures that could be carried out at the hospital.

Medicines

- Medicines were stored appropriately, with fridges used where appropriate. Fridge temperatures were monitored and recorded and records were seen.
- Medical gas cylinders stood securely within racking.

Records

- We checked two sets of care records and found information and recording to be appropriate.
- Records contained completed preoperative assessment forms. Preoperative assessments were undertaken at the trust's main site in Bristol city centre.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The hospital provided day surgery. Staff demonstrated a good understanding of the Mental Capacity Act 2005. They were aware of the need for assessments and the constituents of best interest decisions.

Surgery

- Patients told us that they were fully informed about their operation before signing the consent form. They were told how long they should be at the hospital and about any risks involved in having the operation.

Safeguarding

- Staff had received training in safeguarding and were aware of the actions they should take, and the team they should contact, if they were concerned about a safeguarding issue.

Mandatory training

- Staff received mandatory training in elements of care such as moving and handling, basic life support and infection control. Staff we spoke with told us that they were up to date with mandatory training, which was a mixture of classroom-based training and e-learning.
- Theatre staff were all up to date with intermediate life support training.

Assessing and responding to patient risk

- Patients for elective surgery attended a preoperative assessment clinic at the Bristol Royal Infirmary. The clinic was nurse-led, with two anaesthetists present.
- We were told that patient procedures would be cancelled if there were any concerns about clinical risks.
- We observed the use of the WHO surgical safety checklist in all theatres. This is a process recommended by the National Patient Safety Agency to be used for every patient undergoing any surgical procedure and involves a number of safety checks designed to ensure that staff avoid errors. We observed the process being completed effectively and in line with trust policy and best practice. Compliance was subject to audit.

Nursing staffing

- Staffing levels were consistent with the needs of the patients to ensure that patient care was delivered safely.

Surgical staffing

- All operating sessions were consultant-led. There was no locum cover provided, which meant that, at times, there were no operating sessions taking place. For example, if a consultant had annual leave the operating lists for the consultant's speciality did not go ahead.

Major incident awareness and training

- We reviewed the major incident policy and procedures. The staff we spoke with could tell us their roles in managing a major incident and expressed confidence in doing so.
- We saw that the trust's business continuity plan for South Bristol Community Hospital provided guidance on actions to be undertaken by departments and staff, who may be called upon to provide an emergency response, additional service or special assistance to meet the demands of a major incident or emergency.

Are surgery services effective?

Good

Clinical management guidelines were reviewed and incorporated into local guidance to ensure that patients' needs were met.

Patients' pain was managed effectively, with assessments carried out pre-operatively and post-operatively.

Staff were competent and had received sufficient training to care for and treat patients effectively. Patients received care from the multidisciplinary working team as necessary. The surgical service was provided only from Monday to Friday.

Although the trust collated patient outcome data, this was not in sufficient depth to reflect the outcomes for patients at South Bristol Community Hospital.

Evidence-based care and treatment

- We saw that guidance was produced for preoperative assessments in line with best practice, including recommendations from the National Institute for Health and Care Excellence (NICE) and the Association of Anaesthetists of Great Britain and Ireland. This meant that patients could be assured that appropriate assessments would be carried out to make sure they were medically fit for their operation.

Pain relief

- Pain levels were assessed pre- and post-operatively, if applicable.
- Pain assessments and patient expectations were discussed with elective patients at pre-assessment appointments with the clinical specialist nurses.
- Patients in the day surgery unit were prescribed and dispensed pain medication before leaving the department.

Surgery

Nutrition and hydration

- Patients were offered water up to two hours prior to surgery.
- Post-operative patients were offered biscuits and a range of fluids.

Patient outcomes

- Although the trust collated data on patient outcomes, information we received did not break this down to reflect the outcomes for patients at South Bristol Community Hospital. Staff within the hospital provided data and information that they had, but this did not provide sufficient information about patient outcomes on the site.

Competent staff

- Training data supplied by the day surgery unit identified that staff training was being delivered in an effective and consistent manner across the department.
- We saw records demonstrating that staff had received annual appraisals.
- The staff we spoke with during the inspection assured us that they felt competent to undertake their roles. We were also told that if staff identified a learning need, this was addressed and training was provided.

Multidisciplinary working

- Physiotherapy and occupational therapy support was available to the day surgery unit, if required.

Seven-day services

- The surgery unit at South Bristol Community Hospital delivered a day surgery service five days a week.

Are surgery services caring?

Good

Patients we spoke with told us that they felt that they received good-quality care and were informed of any treatment required.

We observed positive, kind and caring interactions and between staff on the unit and patients. Patients spoke positively about the standard of care they had received.

Compassionate care

- We spoke with five patients during our inspection. They told us that they were entirely happy with the service they had received.
- We observed patients being treated with dignity and compassion.

Patient understanding and involvement

- Patients told us that they were involved in their care and that their treatment had been discussed with them. They told us that they had the opportunity to ask questions about their procedure when they had their preoperative assessment.
- Two patients told us that they had received information leaflets relating to their operation, which provided useful information for them to read.
- Patients were discharged with relevant information about their post-operative care and were given a telephone number to call if they were worried about their condition during the 24 hours after their procedure.
- The unit manager told us that a member of staff telephoned each patient daily for a week after their procedure to assess their post-operative recovery and to give advice and support if needed.

Emotional support

- Staff told us that there was good communication between the different healthcare professionals and with the patients.
- Patients told us that communication with hospital staff was good and their questions had been answered clearly.

Are surgery services responsive?

Good

Staff were responsive to people's individual needs. There were effective discharge processes from the hospital. However, theatre usage was not optimal; the operating theatres were being used for only a quarter of the available time.

Appropriate preoperative assessments were carried out to ensure that patients were able to provide valid consent before their planned surgery.

Service planning and delivery to meet the needs of local people

- Engagement with the local community was ongoing and feedback from the community was used as a service

improvement tool. For example, a number of open days had taken place and more were planned for GP practices to visit the unit and discuss local requirements.

Access and flow

- The hospital used an electronic discharge system and we were told that this system worked effectively. The patients we spoke with told us that they were discharged effectively and did not have to wait for excessive lengths of time to be discharged. We observed the discharge process during the inspection and found that relevant and appropriate information and advice leaflets were provided. Medication advice was given prior to discharge. We also noted that the patients were given a discharge letter for their reference and a copy of the letter was sent to their GP electronically.
- Theatre utilisation at South Bristol Community Hospital was lower than expected for all surgical specialties. For example, we saw that there were 92 available sessions, but only 24 lists were run.

Meeting people's individual needs

- All patients who were to undergo planned surgery were seen by a nurse in the preoperative assessment department at the trust's main site. This meant that, if there were any concerns about the medical welfare of the patient, appropriate action could be taken or further appointments made as needed. This was to ensure that patients met the criteria for elective surgery at South Bristol Community Hospital.

Learning from complaints and concerns

- Complaint posters were visible around the wards, along with Patient Advice and Liaison Service leaflets.
- One patient spoken with told us that they had raised a concern and it had been responded to immediately. They said, "I wouldn't call it a complaint, more a niggle, but they took it on board immediately."
- We saw evidence that complaints were responded to and considered in full.

Are surgery services well-led?

Good

Staff working in the day surgery unit were enthusiastic and felt pride in what they did well.

Local leadership was strong and evident in the unit. Staff told us that they were kept well informed about changes in the department and division and were able to report or discuss any ideas or concerns they had about the service provided.

The hospital had a well-defined governance structure. Meetings were held to review activity, performance, quality, safety, audit and risk. Issues were escalated within the trust as required.

Vision and strategy for this service

- Staff demonstrated a good understanding of what the day surgery unit did well and how they could improve. The staff in the unit were proud of the service they provided.

Governance, risk management and quality measurement

- The service had a well-defined governance structure. Meetings were held to review activity, performance, quality, safety, audit and risk.
- There was a risk register that had 13 risks identified. None were classified as very high. All had ongoing actions and review dates.
- The departmental register highlighted some concerns over the availability of the ceiling-mounted ophthalmology microscope needed for cataract surgery. The microscope was not being used due to concerns about it vibrating when in use.

Leadership of service

- Leadership at a local level within the day surgery unit was good and staff felt supported by their line managers.
- Staff told us they were well supported by their colleagues and had regular meetings which ensured that good communication was maintained. For example, some staff worked at the main hospital site as well as the South Bristol Community Hospital.
- Staff were positive about communication within the team and the support that was provided. Staff told us that they were kept well informed about changes in the department and division and were able to report or discuss any ideas or concerns they had about the service provided.

Surgery

Culture within the service

- Nursing and medical staff worked well together and knew how to report incidents as and when required. Staff felt that they received feedback and were kept informed.
- All staff we spoke with were aware of the trust's whistle-blowing policy.
- Staff spoke of an open, supportive and friendly culture. They told us that they worked well together as a team.

Public and staff engagement

- Staff across the trust were able to participate in the staff survey. We did not have individual figures for South Bristol Community Hospital but figures indicated that 52% of staff across the trust had participated which is above the England average of 49%.
- Patient feedback was positive. Patients we spoke with told us that they felt safe and well looked after.

Innovation, improvement and sustainability

- A number of staff told us that they were worried about the future of the day surgery unit due to low patient referrals and lack of theatre usage. This could mean that the unit might close and patients would have to have their procedures at the main hospital site.

Outpatients

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

South Bristol Community Hospital had approximately 20 full time clinics seeing over 800 patients a month. The clinics available at the hospital included those in a number of specialities, for example, radiology, orthopaedics, ophthalmology, upper gastrointestinal surgery, cardiology, paedatric trauma and orthopaedic and general medicine.

In addition to consultant led clinics, there were nurse led clinics across a range of specialities. Outpatient clinics ran from Monday to Friday.

We spoke with four patients, two relatives and 18 staff, including nurses, healthcare assistants, consultants, allied healthcare professionals, support staff and senior managers.

Summary of findings

Although there was a low level of incident reporting within outpatient departments, staff were clear about the process and the importance of reporting incidents. Staff said that they received feedback about incidents in team meetings but there were no formal minutes to provide evidence of this.

Infection control practices were observed within the department and staff had a focus on safeguarding both vulnerable adults and children.

We observed staff interacting in a caring and considerate manner with patients.

There were governance systems in place to monitor risks and the quality of the service. However, there was underutilisation of the outpatient facilities within the hospital; only approximately 55% of the possible number of sessions were used. There was ongoing monitoring of this to see where improvements could be made.

Outpatients

Are outpatient services safe?

Good

Patients in the outpatient departments were protected from abuse and avoidable harm. Staff we spoke with were confident about reporting serious incidents or raising concerns if they suspected poor practice that could harm someone.

All of the patients we spoke with told us that they felt that they were safe and well cared for by staff in the outpatients departments.

Staffing levels were satisfactory. The availability and suitability of equipment were appropriate.

Incidents

- Staff knew how to report an incident to the nurse manager or the nurse in charge. The level of incident reporting was very low and no 'near misses' had been reported.
- Staff told us that they were aware of trust-wide lessons learned as they were reported through staff emails as well as being discussed at team meetings. However, there were no formal minutes to show evidence of this. Staff said that there was an open approach to reporting and learning.

Cleanliness, infection control and hygiene

- We observed that all patient treatment and waiting areas, clinic rooms, patient toilets, sluice rooms, dirty utilities and corridors were visibly clean and free from unnecessary clutter.We observed sufficient infection control equipment including gloves, aprons and hand sanitiser throughout the department.
- We saw that staff followed the 'bare below the elbow' policy in the outpatient clinical areas.
- We saw that staff regularly washed their hands and used hand gel between appointments and between contact with patients.

Environment and equipment

- We found the outpatient department to be safe, accessible, well maintained and fit for purpose. The department had sufficient essential equipment.
- Equipment was checked daily for cleanliness and to see whether it was in good working order by staff before the start of patient clinics. We saw evidence of equipment checks being carried out. We observed that portable appliance testing (PAT) was complete and up to date.

Medicines

- None of the clinics we visited stored medicines.

Records

- In two of the clinics we visited, we were told that there were occasional problems with missing patient notes. This was due to the notes being delayed or not arriving on time from another NHS trust. Staff said that not having relevant and appropriate information could result in patients having to make further appointments.
- We were told that senior management were meeting with representatives from that trust in an effort to alleviate the problem.
- In all of the clinics we visited, we saw that patient notes were stored securely.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we spoke with were aware of the Mental Capacity Act 2005 and how it related to the protection of vulnerable adults.
- Patients we spoke with told us that the clinical staff asked for consent before commencing any examination or procedure.

Safeguarding

- Staff we spoke with demonstrated that they understood their role in the protection of vulnerable adults and children.
- All the staff we spoke with told us that they had completed safeguarding training, which was part of the mandatory training for the trust.
- Patients we spoke with told us that the clinical staff asked for consent before commencing any examination or procedure.

Mandatory training

- There was a programme of mandatory training, which staff said they were able to complete. This included topics such as safeguarding.
- Staff had been trained in what to do in an emergency and received regular training updates.

Outpatients

- The staff with whom we spoke reported that they could easily access mandatory training, although a lot of the training was held at the trust headquarters rather than at South Bristol Community Hospital.
- Staff and managers we spoke with noted that the central electronic recording system was not currently robust and did not always reflect training attendances accurately. It was clear during the inspection that training records were poor.

Assessing and responding to patient risk

- Staff were aware of their role in a medical emergency.
- We saw evidence that adult resuscitation equipment stored in the department to assist staff during an emergency had been checked regularly by staff. Staff had signed to say that the equipment had been checked, was available and was within its expiry date. We were shown the procedure for checking the resuscitation equipment.

Nursing staffing

- Staffing consisted of a comprehensive skill mix, which provided for patients' different clinical needs.
- Some clinics were run by clinical nurse specialists. For example, we spoke with the hearing support link nurse who explained her role in helping patients live with their hearing impairment.
- Patients said that the department never seemed busy and that there were always enough staff available to meet their needs.

Medical staffing

- A very small number of outpatient clinics were consultant-led, for example the upper gastrointestinal clinic. Cover for consultants' annual leave and sickness was not provided by another doctor from the medical specialism. Clinics were cancelled, which meant that patients would have to make another appointment.

Are outpatient services effective?

Not sufficient evidence to rate

We report on effectiveness for outpatients below. However, we are not currently confident that, overall, CQC is able to collect enough evidence to give a rating for effectiveness in outpatient departments.

We observed that patients received effective care and treatment. Patients were provided with sufficient information about their treatments and the opportunity to discuss their concerns, care and treatment with clinical staff.

Patients had access to outpatient services within times set by national guidelines. Telephone reminder systems were available to those patients who had mobile phones. Patients were kept informed of waiting times and there were systems in place for patients to leave the department and return at the time of their appointment.

Evidence-based care and treatment

- We saw relevant National Institute for Health and Care Excellence (NICE) guidance in place. For example, NICE guidelines for macular degeneration were being followed in the ophthalmology outpatient department.
- We saw copies of the relevant guidance for staff to access in the nurse manager's office in the main outpatient department.
- Staff were aware of how to access trust policies and procedures online.

Patient outcomes

- The reception staff ran a continuous patient experience survey that patients were encouraged to complete following their visit to the department. The majority of comments were complimentary about the staff and the service received.

Competent staff

- We found that patients were cared for by confident and competent staff, who were supported by their nurse manager to acquire further skills and qualifications.
- Staff had annual appraisals and we saw evidence of this in staff personal files.

Multidisciplinary working

- Specialist nurses supported medical staff in clinics, for example in rheumatology and hearing support.
- Ophthalmology clinics were multidisciplinary, with medical staff, nurses and optometrists working together.

Seven-day services

- The main outpatient department was open five days a week.
- The x-ray department provided a seven-day service, with appointments at weekends being by GP referral only.

Outpatients

Are outpatient services caring?

Good

We observed staff interacting in a caring and considerate manner with patients.

We saw that patients were treated politely and respectfully when approaching reception desks and when being called for their consultation.

Compassionate care

- We observed that staff interactions with patients were friendly and welcoming. We observed that patients who attended clinics regularly had built relationships with the staff who worked there.
- Patients told us that they were satisfied with their care and treatment and the professional approach of the staff. Patients made positive comments about nursing staff, therapists, healthcare assistants, receptionists and consultants.
- The environment in the outpatient department allowed for confidential conversations.
- The trust outpatient survey in 2014 identified that 96% of patients attending clinics felt that they were treated with dignity and respect by hospital staff.

Patient understanding and involvement

- Patients attended the outpatient clinic for long-term management of their clinical condition. We observed running records in patient notes that demonstrated how patient care and support had been managed and how patients had been involved in the care-planning process. One patient in the ophthalmology clinic told us: "I am here on a regular basis; I know exactly what is happening with my eyes."

Emotional support

- Information was displayed in the various waiting areas about any support services that might be appropriate. This included helpline numbers and support networks that were run in the local community.

Are outpatient services responsive?

Good

Patients had access to outpatient services within times set by national guidelines. Telephone reminder systems were available to those patients who had mobile phones. Patients were kept informed of waiting times and there were systems in place for patients to leave the department and return at the time of their appointment.

Staff aimed to deal with complaints as they occurred, to prevent them being escalated into a formal complaint. Where formal complaints had been made, the trust had responded according to its policy guidelines.

Service planning and delivery to meet the needs of local people

- Waiting areas had televisions showing information about the trust for patients.
- The outpatient departments were signposted clearly to help patients find their way to the correct clinic.

Access and flow

- The outpatient nurse manager told us that appointments were never overbooked, which meant that there was always enough time for staff to see patients. We were told that clinics very rarely overran.
- We saw that, if a patient's appointment was going to be delayed by more than 30 minutes and they wanted to leave the department for refreshments, staff would give them a bleep that would alert them when their appointment was imminent.
- The ophthalmology department was busy on the day of our visit. However, staff and patients told us that there were no delays in patients being seen for their appointments.
- The manager of the x-ray department advised us that the average patient waiting time for an x-ray was 30 minutes. This was confirmed by two patients we spoke with.

Meeting people's individual needs

- Patients received their appointment letters with information about the location of the hospital and the clinic. If patients shared their mobile phone numbers with the hospital, reminders would also be sent to their phone.

Outpatients

- As part of the appointment booking process, the outpatient service identified any patient communication needs. These included patients having a visual impairment, learning disability or speech impairment or not speaking English.
- When patients required translation services, the outpatients staff would access these. This could be done over the phone using a telephone translating system that could be accessed by staff at any time with no requirement for prior arrangement with the service.
- The manager of the x-ray department told us that, if a vulnerable, elderly person had to wait for hospital transport back to their home, the hospital's standard operating procedure was to start a care log for that person. They supplied a pressure-relieving cushion as well as food and drink.
- We saw that an audit of waiting times in the department was undertaken.

Learning from complaints and concerns

- Complaints were handled in line with the trust policy. Initial complaints were dealt with by the outpatient manager, who resolved issues face to face or by telephone. Where complaints were not resolved, patients were directed to the Patient Advice and Liaison Service (PALS). If they still had concerns following this, they would be advised to make a formal complaint. This process was outlined in leaflets available throughout the department.
- We looked at the complaints records and saw that no recent complaints had been received relating to outpatients.

Are outpatient services well-led?

Good

Managers of administrative and reception staff across a variety of clinics felt supported by their senior management.

There were governance systems in place to monitor risks and the quality of the service. However, there was underutilisation of the outpatient facilities within the hospital; only approximately 55% of the possible number of sessions were being used. There was ongoing monitoring of this to see where improvements could be made.

Vision and strategy for this service

- Trust-wide communications from the chief executive were received by staff through a weekly newsletter, Newsbeat.
- We saw that the key trust values were well advertised throughout the various outpatient clinics and all staff were aware of them. They were able to discuss its meaning with us during individual conversations.

Governance, risk management and quality measurement

- Monthly governance meetings were held within South Bristol Community Hospital, with representatives of staff from all departments.
- Complaints, incidents, audits and quality improvement projects were discussed at monthly heads of department meetings.
- Risks that affected the delivery of safe care were identified clearly on the division's risk register. The general manager told us that they could add risks to the risk register at any time. The risks were then assessed by the patient safety lead and categorised into departmental, divisional or trust risks. For example, the hospital had reported one divisional risk that related to the underutilisation of outpatient clinics at the community hospital.

Leadership of service

- We saw evidence of good leadership at clinic level. Nursing staff reported that the general manager of the hospital was visible and proactive.
- In the physiotherapy clinic, we spoke with reception staff, therapists and managers. Staff were positive about communication between team members and the support that was provided.

Culture within the service

- Staff within the outpatients department spoke positively about the service they provided for patients. Quality and patient experience were seen as priorities and everyone's responsibility.
- We spent some time during the inspection observing the staff, the flow through the department and the experiences of patients. We saw that staff treated patients with respect and worked hard to make their experience a positive one.
- We saw staff interacting with their managers and saw that they did this in a relaxed and friendly way. One member of staff told us: "This is a lovely place to work."

Outpatients

Public and staff engagement

- The manager for the ophthalmology clinic had engaged with staff and was enthusiastic about their department and what they could do to improve the patient experience. For example, The clinic had introduced retinal screening programmes for people with diabetes.

Innovation, improvement and sustainability

- In order to improve the outpatients experience for people, if there are going to be delays patients are given bleepers so they can go elsewhere. They are called via their bleeper when they are due to be seen.
- The trust had 'Recognizing Success Awards' to celebrate the staff who transformed care every day across the trust. We were told that a staff nurse from this department had been put forward for an award.
- Monitoring of clinic lists was ongoing and the view was that utilisation could be improved. For example, the average percentage of sessions used was approximately 55%. In July 2014, the number of available sessions was 460 with only 244 clinics being run.
- Some staff expressed concern about the future of some of the outpatient clinics due to underutilisation of the facilities. This meant that, the way that the department was staffed may not be sustainable in the long term.

Outstanding practice and areas for improvement

Outstanding practice

- Patients waiting for outpatient appointments were given a bleep if their appointment was delayed. This meant that they could be contacted effectively by staff if they left the clinical areas and so were not restricted to staying in one place for long periods of time.
- Frail, elderly patients waiting for hospital transport home were given pressure-relieving cushions to sit on and provided with food and drink.

Areas for improvement

Action the hospital SHOULD take to improve

- Collate information and data about patient outcomes so that outcomes for patients at South Bristol Community Hospital can be reviewed
- Utilise more effectively the operating theatres and outpatient departments in order to support other areas of the trust.