Spencer Private Hospitals Limited

Spencer Private Hospitals Canterbury

Inspection report

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Date of inspection visit: 15 September 2022
Date of publication: 21/11/2022

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?	Requires Improvement

Summary of findings

Overall summary

The location had not previously been inspected. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in 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. The service managed safety incidents reasonably well and learned lessons from them. Staff collected some safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients enough to eat and drink. Managers had started to monitor 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 and had started to use information systems and supported staff to develop their skills. Staff understood the service's vision and 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 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.

However:

- Not all policies and procedures were reviewed and updated in the required timeframe to make sure up to date practices were followed.
- When the hospital used facilities and equipment from the local NHS trust there were no checks in place to make sure they were clean, suitable for the intended purpose and maintained.
- Minutes of meetings did not always make it clear that information and data from the Spencer Private Hospital (Canterbury) was included in governance meetings.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This location had not previously rated. We rated it as good. • The service had enough staff to care for patients and keep them safe. Staff had training in 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. Key services were available seven days a week. • 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 vision and 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 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. However:

Summary of findings

- Not all policies and procedures were reviewed and updated in the required timeframe to make sure up to date practices were followed.
- When the hospital used facilities and equipment from the local NHS trust there were no checks in place to make sure they were clean, suitable for the intended purpose and maintained.
- Minutes of meetings did not always make it clear that information and data from the Spencer Private Hospital (Canterbury) was included in governance meetings.

We rated this service as good because it was safe, effective, and responsive, although leadership requires improvement. We had insufficient evidence to rate caring.

Outpatients

Good

This location had not previously been rated. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in 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. Key services were available seven days a week.
- 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.

Summary of findings

- 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 vision and 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 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.

However:

- Not all policies and procedures were reviewed and updated in the required timeframe to make sure up to date practices were followed.
- Not all the consumables were in date.

Summary of findings

Contents

Summary of this inspection

Background to Spencer Private Hospitals Canterbury

Spencer Private Hospital (Canterbury) is an independent hospital which is one of three sites operated by Spencer Private Hospitals Limited (SPH) in the Kent area. SPH is a wholly owned subsidiary of the local NHS trust which generates extra income for the trust through payment of services, as well as investing profits back into the trust hospitals.

The hospital opened in November 2019 and is located within the site of the local NHS trust hospital in Canterbury. Initially, the hospital offered outpatient appointments only, but in 2022 they opened an eight-bedded ward and offered day and inpatient surgical procedures.

In the reporting period September 2021 – August 2022:

- There were 1,483 outpatient appointments.

In the reporting period March 2021 – September 2022:

- There were 372 surgery day cases and 23 inpatient episodes of care recorded at the hospital.

The hospital has a service level agreement with the local NHS trust for agreed services including the use of facilities and equipment procurement.

Care and treatment is provided to adults only who are self-funded, through private medical insurance and NHS funded.

The hospital is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostics and screening procedures.

The hospital has a registered manager who has been in post since November 2019. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage a service. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how a service is managed.

This was Spencer Private Hospital (Canterbury) first inspection.

Where our findings for example, on 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

We carried out a short-announced inspection on 15 September 2022 using our comprehensive inspection methodology.

Summary of this inspection

During the inspection, we assessed the surgical and outpatient services. We reviewed the overall governance processes for the hospital and reported on this as part of the well-led domain. We visited the hospital and spoke with six members of staff who deliver services and members of the senior team. We also spoke with three service users at the time of inspection. We reviewed ten sets of care and treatment records, and at hospital policies, procedures and other documents relating to the running of the services.

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.

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 MUST take to improve:

Overall

- The hospital must ensure policies and procedures are reviewed and updated in the required timeframe to make sure up-to-date practices are followed. (Regulation 17(1)(2)).

Action the service SHOULD take to improve:

Overall

- The hospital should ensure that information and data relating to the Canterbury hospital was covered in governance meetings and clearly minuted.

Surgery

- The service should ensure they have assurance that premises where care and treatment are delivered are clean, suitable for the intended purpose and maintained, and equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained and stored securely.
- The service should consider submitting patient outcome data to external organisations.

Outpatient

- The service should ensure effective checking of consumable are carried out more regularly to identify out-of-date stock.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Insufficient evidence to rate	Good	Requires Improvement	Good
Outpatients	Good	Inspected but not rated	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Requires Improvement

Are Surgery safe?

Good

This location had not previously been rated for safe. We rated it as good.

Mandatory training

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

The hospital had a training policy which explained the mandatory training responsibilities of staff. Mandatory training was split into job roles. Staff working in the surgery service had a personalised list of mandatory training to complete.

We assessed the mandatory training requirements and it was comprehensive and met the needs of patients and staff. Staff completed training through face to face and e-learning modules. Staff we spoke with told us there were no barriers to accessing mandatory training.

Post inspection we asked to review the completion rate of mandatory training for staff working in the surgery service and at the hospital. We were given a list of mandatory training but were not given the completion rate.

However, during the inspection senior staff could demonstrate how they monitored the hospital's mandatory training completion rates both hospital-wide and in the surgery service. Staff were alerted when they needed to update their training.

The hospital used bank and agency staff, who undertook their mandatory training through their substantive employer. The hospital required evidence that this had been completed, and kept a record of this, before staff could start working for the hospital. Where staff had not completed the required mandatory training at their substantive post, the hospital provided the training.

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.

Good

Surgery

The hospital director was the lead for safeguarding at the hospital, had trained to safeguarding level 4, and had oversight of any referrals made in order to support staff and patients. As part of the service level agreement with the local NHS trust, the hospital used the trust's safeguarding policies and procedures and reported safeguarding concerns through the trust's team. The hospital's safeguarding lead liaised with the NHS trust's safeguarding team when required.

The safeguarding policies provided staff with guidance on how to identify abuse and follow the processes if they need to raise a safeguarding concern. These policies covered other elements of safeguarding such as radicalisation and female genital mutilation.

Safeguarding and how to report safeguarding concerns were part of the staffs' induction and mandatory training. Staff had the appropriate level of safeguarding training for their role and could recognise the signs of abuse. Consultants submitted evidence that they had completed their mandatory safeguarding training in their substantive post, for their practising privileges to be renewed.

Most staff had not raised a safeguarding concern whilst working at the hospital but knew who the hospital safeguarding lead was, could demonstrate what constituted as abuse, and explain the safeguarding processes they would follow if they had concerns about a patient.

Safety was promoted in recruitment procedures and employment checks. Staff had Disclosure and Barring Service (DBS) checks completed before they could work at the hospital. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

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.

As part of the service level agreement (SLA) with the local NHS trust, the hospital used the trust's policies and procedures to manage infection risk. These and other related policies covered the actions required by staff to minimise the risk of infection and cross infection in the hospital and the surgery service. Part of the SLA meant the hospital could liaise and use the knowledge of the trust's infection, prevention and control (IPC) team. For example, when implementing new protocols and procedures in response to the COVID-19 pandemic and for staff training.

As part of the SLA the trust were responsible for cleaning areas used by the hospital. This was done by a third party and the hospital could liaise with them directly if needed.

The hospital rented their facilities from the local NHS trust. The hospital had sole use of two clinic rooms but they shared the theatre areas and inpatient ward. The hospital used these facilities at specific times when they were not being used by the trust. On the day of inspection the clinic rooms were visibly clean and tidy and although we visited the other areas used by the hospital, it was not at a time when the Spencer Private Hospital (Canterbury) were using the facilities.

We saw evidence the senior staff from the hospital did monthly walkarounds, together with NHS trust representatives, to make sure the areas they rented were fit for purpose and posed no infection control risk to patients and staff.

However, we did not see evidence that when shared facilities were transferred over to the Spencer Private Hospital (Canterbury), checks to minimise infection risk took place. For example, if equipment was clean and ready for use or if cleaning of the ward had taken place. It was assumed these activities had been performed by the NHS trust.

Good

Surgery

The hospital had yet to established participation in the Patient-Led Assessments of the Care Environment (PLACE) assessments. PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the environment's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

Staff were required to complete infection, prevention and control (IPC) training during their induction and then annually at the level appropriate to their role as part of their mandatory training. Staff had access to hand washing facilities and personal protective equipment, such as gloves and aprons in a variety of sizes. Clinical handwashing sinks were installed in clinical areas. This meant staff had the facilities needed to effectively wash their hands to help prevent avoidable health acquired infections.

There were effective systems, such as audits, to ensure standards of hygiene and cleanliness were regularly monitored, and results were used to improve IPC practices if needed. We saw evidence IPC audits were completed and results discussed during clinical governance meetings. Action plans were put in place if needed. For example, audits of sharps bins showed larger bins were needed and this was implemented in July 2022.

The hospital, as part of the SLA with the local NHS trust, had a microbiologist on call to give advice.

Nursing staff carried out infection control risk assessments on all patients as part of their pre-admission assessment process. This included details about any recent illnesses; MRSA status and possible exposure to MRSA or infectious diseases in the month prior to pre-admission screening. This facilitated the identification of infection risks at the earliest possible time in the patient's care pathway to ensure correct infection prevention and control practices were instigated.

The service provided patients with verbal and written information, in their pre-admission information pack and on discharge from the hospital, on how good IPC measures prevented and controlled infection. It included information about hand washing and caring for surgical wounds. This also included information for the patient on how to spot the signs and symptoms of a wound infection and what action needed to be taken if a patient had concerns.

Staff told us how they followed good practice guidance and maintained clean and dirty flow within the operating theatres. This included limiting the number of staff entering the operating theatre during surgery and restricting the movement of personnel in the operating theatre to a minimum.

The hospital used outsourced sterile supplies services which collected used equipment and delivered sterile sets back to the hospital. This reduced the risk of contamination.

The hospital recorded no surgical site infections (SSI) in the reporting period September 2021 to August 2022. The hospital reported no incidences of c.difficile, methicillin sensitive staphylococcus aureus (MSSA) and methicillin resistant staphylococcus aureus (MRSA) between the same time period.

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 hospital did not have its own operating theatres or inpatient ward but used the facilities and equipment of the local NHS trust as part of a service level agreement (SLA). The hospital would use these facilities at specific times when they

were not being used by the NHS trust. This included the elective orthopaedic centre, the day surgery unit and the eight inpatient beds, in two bays of four beds. The inpatient beds were on a NHS trust ward but were separated by doors, had their own nurse station, own drug trolley and their own toilets and showers. Other facilities on the ward, such as the sluice, resuscitation equipment and storage cupboards were shared with the NHS trust and other patients.

On the day of inspection, we visited the areas the hospital used but it was not at a time when the Spencer Private Hospital (Canterbury) were using the facilities. However, all areas were suitable to meet the needs of patients for the type of care delivered, including the theatres and recovery area.

We saw evidence the senior staff from the hospital did monthly walkarounds, together with trust representatives, to make sure the areas they rented were fit for purpose.

There were arrangements in place which ensured the routine checks of theatre equipment had been made prior to starting the hospital's operating lists and staff confirmed there was suitable and sufficient equipment available in the NHS theatres to support the type of surgery undertaken.

The hospital mostly used NHS trust equipment as part of the SLA. Therefore, it was the trust's responsibility to complete the servicing and electrical testing of equipment to provide assurance equipment was safe to be used.

The hospital mostly used NHS trust consumables as part of the SLA. Therefore, it was the trust's responsibility to make sure consumables were in-date and storerooms were tidy, well organised and items stored correctly according to policies and procedures.

However, we did not see evidence that when shared facilities were transferred over to the Spencer Private Hospital (Canterbury) or when they were working alongside NHS staff on the ward, checks to minimise risk and safeguard patients took place. For example, if resuscitation equipment had been checked according to policy, if the call bell system was working, if equipment had up to date service history and had been electrically tested, or consumables were in date. It was assumed these activities had been performed by the NHS trust.

Staff understood their responsibility to ensure they segregated and disposed of clinical waste according to the hospital's waste management policy and it was stored securely until collected. Clinical waste disposal was part of the SLA with the NHS trust.

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

All surgical patients followed an elective pathway and admissions were booked in advance.

The hospital had admission criteria which meant the hospital only admitted patients the hospital had facilities to care for. Admission exceptions were only considered on the presentation of all relevant clinical evidence, a risk assessment and the mitigation of risk and with the agreement from all parties involved in the care of the patient.

Good

Surgery

Patients undergoing elective surgery had a pre-assessment to ensure they met the inclusion criteria for surgery and key risks identified that may lead to patient complications during the anaesthetic, surgery, or post-operative period. This assessment was carried out by a registered nurse. It also provided an opportunity to ensure that patients were fully informed about the surgical procedure and the post-operative recovery period. We reviewed the pre-assessment questionnaire and found it to be thorough.

If patients needed clinical assessments before their operation, for example, ECGs, blood samples or MSRA screening, this would be completed in an outpatient clinic.

Staff completed risks assessments for patients on admission to the hospital using national recognised tools. These assessments included risks of malnutrition, falls, venous thromboembolism (VTE) and known allergies. Care plans were developed using this information to provide care and treatment and minimise risks as identified.

The review of patient notes showed the theatre team used the five steps to safer surgery, which included the World Health Organisation (WHO) surgical safety checklist. The WHO checklist is a nationally recognised system of checks designed to prevent avoidable harm and mistakes during surgical procedures. These checks consisted of team briefing, sign in (before anaesthesia), time out (before surgery starts), sign out (at the end of the procedure) and debrief. The hospital audited 10 patient records a month, which included making sure the WHO checklists had been completed correctly. From March 2022 to September 2022 audits showed staff had complied with the checklist.

Whilst in the recovery unit patients' health and wellbeing was monitored using the nationally recognised national early warning scores developed by the Royal College of Physicians (NEWS2) for the detection and response to clinical deterioration in adult patients. This is a key element of patient safety and improving patient outcome. Records showed staff used NEWS2 tool effectively to identify deteriorating patients in the recovery areas and on the wards.

If a patient deteriorated the hospital staff, as part of service level agreement (SLA), could contact the NHS trust's critical care outreach team for advice and support for their patients. They would liaise with the consultants about managing increased risks or to consider transfer of the patient to the critical care unit of the NHS trust. Transferring patients to the critical care unit for medical reasons was part of the SLA. Since the hospital opened in November 2022 no patients had been transferred.

The service had an on-call theatre team in case a patient had to return to theatre. Since the hospital opened in November 2022 no patients had needed to return to theatre.

The hospital had a sepsis screening tool and sepsis care pathway for staff to use if they suspected a patient had sepsis. The tool was aligned with current best practice. Sepsis training was part of the competency training for clinical staff.

Consultants were required by the practising privileges agreement they worked under, to be contactable at all times when they had inpatients in the hospital. Furthermore, they needed to be available to attend the hospital within an agreed timeframe to respond to any urgent concerns. Senior staff told us that consultants were easily contactable should staff be concerned with a patient's condition. Individual consultants remained responsible for the overall care of their admitted patients.

Theatre staff attended a safety huddle each morning, where the operating list was discussed. Any potential patient risks or issues were highlighted and planned for. Nursing staff on the wards undertook handover between each shift which included an update on all inpatients and highlighted any specific concerns such as infection risks or safeguarding concerns.

Good

Surgery

Staff at the hospital completed adult basic life support, immediate or advanced life support training depending on their role. Post inspection we asked for the current life support training compliance rate for staff, this was not supplied. As part of the SLA with the NHS trust, the trust's resuscitation team would respond to emergency calls, such as cardiac arrest, made by the Spencer Private Hospital (Canterbury) staff.

Patients at discharge were given aftercare booklets which included what to do if patients had concerns or certain symptoms. It included information on reducing the risk of deep vein thrombosis, falls prevention and caring for wounds, the signs and symptoms of an infection and who to call if there was a problem.

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 staff a full induction.

Managers ensured the ward and theatres had enough skilled staff to provide appropriate care and treatment on site. The service knew patient admissions in advance and managers calculated staffing levels to ensure safe staffing levels were planned according to the number of patients following safer staffing guidelines.

Senior staff such as the hospital director and matron worked at other locations operated by the provider and were present at the Canterbury hospital when needed.

The hospital, at the time of the inspection, did not employ their own theatre team or ward staff at the Canterbury location. They used bank staff who regularly worked at the NHS trust and were familiar with the facilities and the teams they worked in. These staff had received a Spencer Private Hospitals induction and understood the service offered.

The hospital followed the Association for Perioperative Practice (AFPP) guidelines. The AFPP recommended minimum theatre staffing levels of two scrub practitioners, one circulating staff member, one registered anaesthetic assistant practitioner and one recovery practitioner for each theatre list. Records showed theatre staffing met these recommendations.

The hospital's administration staff worked at the head office and were contactable by phone or email if needed.

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.

Each patient was admitted to the hospital under the care of a named consultant with the relevant experience in that area of medicine. Consultants led and delivered the surgical service at the hospital under practising privileges. A practising privilege is, "Permission to act as a medical practitioner in that hospital" (Health and Social Care Act, 2008).

There was a Spencer Private Hospitals staff responsibilities regarding practising privileges policy. The policy set out the requirements for each consultant concerning their indemnity, appraisal, General Medical Council registration, Disclosure and a Barring Service (DBS) check. DBS assists employers to make safer recruitment decisions and prevents unsuitable or unqualified people from working with vulnerable groups, and yearly mandatory and appraisal proof of compliance.

Good

Surgery

All consultant surgeons had to complete an application for admitting rights. This information was used by the Spencer Private Hospitals management team to determine whether the person had the required skills and experience to carry out treatments at the hospital. Consultants had to demonstrate they were competent to perform the procedures included as part of their practising privileges and they were working within their normal scope of practice. Medical staff who could not demonstrate they had the relevant skills were not granted practising privileges.

Reviews of staff files showed the hospital carried out the appropriate checks and reviews of the consultants working at the hospital under practising privileges.

The hospital had a medical advisory committee (MAC). One of the remits of the committee was to ensure doctors working in the service continued to meet the required standards to practice at the hospital. The MAC made sure any new consultant was only granted practising privileges if deemed competent and safe to practice.

There was no resident medical officer (RMO) at this hospital. Medical cover was provided by the admitting consultant. They would complete a ward round post operation and then the following morning to review their patients. The admitting consultant was contactable for any queries in between these times and would return to site in the event the patient's condition changed or deteriorated.

Additional support was provided by the local NHS trust under a service level agreement, this included the NHS trust's critical care outreach team who would be called if a patient should deteriorate and the patient needed to be admitted to the critical care or enhanced recovery units. There were clear pathways for staff to follow.

Post inspection we asked how patients who might need a pain medication review, a blood sample or if they had a fall would be dealt with if there was no RMO to contact. We were told by senior staff that medical cover was provided by the medical officer associated with the specialist activity within the local trust and this was part of the SLA. The SLA also included out of hours treatment by the trust's medical officer on call under the direct supervision of the consultant surgeon or anaesthetist in charge of the patients care. We were provided with the weekend activity and staff plan which showed medical and senior management cover for the weekend both for the hospital and at the NHS trust. We were also provided with the policies for on call services.

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.

The hospital used a paper-based records system. Staff used specific care pathway paperwork for each patient which ensured they kept the relevant records for that procedure. Records contained information from when a patient had been booked for a procedure until follow up care after discharge had finished.

We reviewed eight sets of patient records and found these to include the relevant assessments of care needs, risk assessments and were patient centred and personalised. Records seen were accurate, comprehensive and provided a clear picture of the care and treatment each patient received from their initial contact through to discharge.

We saw evidence in the patient records of ward to theatre handover and theatre checklists completed. This ensured continuation of patient care between the teams.

Where appropriate patient care records contained stickers identifying equipment and implants used during surgery. This meant they could clearly be tracked and traced.

Good

Surgery

Records were easily available to staff providing care, stored securely and locked away when not in use. This meant there was restricted access to prevent unauthorised access to confidential patient care records.

The hospital audited 10 sets of notes each month to monitor completeness of record keeping. We reviewed audit findings from April 2022 to September 2022 and saw there was a high compliance. This demonstrated staff were completing records in full to provide a comprehensive record of patient's care and treatment.

Discharge letters were sent to the patients' GPs immediately after discharge, with details of the treatment, including follow up care and medications provided. This ensured continuation of patient care.

Once patients were discharged and no further follow up care was required, records would be retained and stored securely within the medical records department of the local NHS trust under the service level agreement with the trust.

Medicines

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

The pharmacy service was provided under a service level agreement with the local NHS hospital, and included, supply and top-up of medicines used in the theatre area and inpatient wards and take-home medicine for patients. A pharmacist was on call 24 hours a day, seven days a week to provide an out of hours service when required to support staff.

Staff followed the hospital's policies and procedures when prescribing, administering, recording and storing medicines which were aligned with the local NHS trust's policy.

The hospital did not use patient group directions (PGD). A PGD provides a legal framework that allows some registered health professionals to supply and/ or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor.

The hospital audited 10 patient records a month, which included audits on patient drug charts and missed doses. From April 2022 to September 2022 the audits showed high staff compliance.

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.

All incidents were reported in line with the Spencer Private Hospitals incident reporting and management policy. The policy included definitions of incidents and their level of harm and how incidents should be reported, investigated and actions taken.

The hospital used an electronic system for reporting incidents. All staff could access the incident reporting system. Staff were encouraged to report incidents or near misses so that effective measures could be taken to minimise ongoing risk to people or the organisation.

Good

Surgery

The incidents were reviewed at the clinical governance meeting. We reviewed three sets of minutes and saw evidence incidents, adverse events and near misses were discussed, investigations into incidents reviewed, actions taken to reduce risk and reduce the likelihood of reoccurrence put in place and to see if there were any trends emerging. The hospital saw incident reporting as a tool to drive improvement. Incident information from the clinical governance meeting was fed back by senior staff. This happened in a number of ways, via team meetings, emails and during handovers.

Minutes from the medical advisory committee (MAC) meetings showed incidents were discussed at these meetings. This showed that consultants had awareness of incidents being reported at the hospital.

From November 2021 to September 2022 there had been 15 clinical and non-clinical incidents reported relating to the hospital. All of these incidents were rated at low harm and did not follow any trend or theme.

No serious incidents had been reported and there had been zero never events in the same reporting period. A never event is a serious incident which is wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

The hospital had a being open (duty of candour) including saying sorry policy which explained staff's responsibility to be open and honest with patients and their relatives when something had gone wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. It was the responsibility of the senior management team to ensure the principles of the duty of candour had been completed. From November 2021 to September 2022 the hospital had not needed to complete duty of candour.

Patient safety alerts were a set agenda item at the quarterly clinical governance meeting. Senior managers ensured actions from patient safety alerts were acted upon where needed and information shared with staff.

Are Surgery effective?

Good

This location had not previously been rated for effective. 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 protected the rights of patients subject to the Mental Health Act 1983.

The service had policies and procedures to ensure care and treatment was delivered in line with national guidance and best practice. Policies we reviewed referenced national guidance including the National Institute for Health and Care Excellence (NICE), The Royal College of Surgeons' Standards for consultant led surgical care and the recommendations from the Association of Anaesthetists of Great Britain and Ireland (AAGBI).

Patients were assessed using the American Society of Anaesthesiologist (ASA) grading system for pre-operative health of surgical patients. This is a system to record the overall health status of a patient prior to surgery. The system enabled the staff and anaesthetists to plan specific post-operative care for patients as required.

Good

Surgery

Staff could access policy documents on the hospital's database. These measures ensured staff working in the service were following the most up-to-date practices and providing safe care to patients.

Updates to policies, due to change in guidance and tracking of policy review dates, were carried out at an organisational level and cascaded to the hospital for implementation. Changes to policies was a standing agenda item at the hospital's quarterly clinical governance meeting and on the medical advisory committee (MAC) meeting. Staff were required to sign to say they had read the update to the policy and senior staff were responsible for implementing any changes in working practice that might occur from policy updates.

However, some policies we reviewed and information supplied by the hospital post inspection showed not all policies had been reviewed by the necessary date. This meant staff might not be actually be following up-to-date practices and providing safe care to patients.

The hospital completed a range of audits throughout the year to ensure healthcare was provided in line with their policies, national guidance and standards. This included external audits and the internal Spencer Private Hospitals audit programme, a rolling programme of set audits and hospital specific audits. Audit results were collated and used to improve patient safety and quality of services offered.

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. 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.

Nursing staff asked patients about any food intolerance or allergies as part of their pre-assessment. This also included specific dietary or cultural requirements, such as vegetarian or halal. This information was passed to the catering team so suitable food could be provided for the patient during their stay.

Patients were advised about pre-surgery fasting times (omitting food and fluids except water before operation) during the pre-assessment process. The service followed the Royal College of Anaesthetists guidance about pre-operative fasting to ensure patients fasted for the minimum time possible. Written information about pre-surgery fasting times was also sent to the patient. The service offered patients staggered admissions to ensure they did not fast for longer periods than necessary. The hospital monitored patient fasting times as patients fasting for longer times than required could affect their wellbeing and the outcome of their surgery.

Staff used nationally recognised screening tools to assess, monitor and record patients' nutrition and hydration needs throughout their hospital journey. Fluid balance charts were used to monitor patients' fluid intake. Nausea and vomiting was formally assessed and patients were prescribed anti-emetic medicines (medicines to prevent / relieve sickness) if required.

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.

Good

Surgery

Patients had access to a variety of pain relief as appropriate for their surgery. Staff completed regular assessments to ensure that patients' pain was controlled and administered pain control as prescribed. Staff assessed patient's pain using a recognised tool and gave pain relief in line with individual needs and best practice.

We reviewed patient care records and saw pain was assessed, documented and managed throughout the patients' care. Staff took appropriate actions when patients' pain was not well controlled. For example, changing a patient's pain prescription. Patients were also prescribed anti sickness medicines to manage the side effects of some pain-relieving medicines if required.

Nursing staff discussed post-operative pain relief with patients as part of their pre-assessment and gave them written information as well to support these discussions. Pain management was part of the patient discharge process. Clinical staff would speak with patients about their pain medicines and gave clear instructions on its use at home. Patients also had written information on how to manage their pain or discomfort in the aftercare booklet that was given to patients on discharge.

Patient outcomes

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

The hospital had systems and processes in place to monitor, audit and benchmark the quality of services, and the outcomes for patients receiving care and treatment. Managers and staff used results to identify areas for improvement.

The service participated in external and internal audits to demonstrated compliance and identified areas for improvements to improve patient care, treatment and outcomes. Results from audits were monitored and discussed at the hospital's clinical governance and medical advisory committees on a quarterly basis. If actions were required, this would be fed back to senior staff.

We reviewed data submitted to the above audit programmes and saw outcomes for patients were generally positive, consistent and met national standards and expectations.

Spencer Private Hospitals participated in national audit programmes such as the National Joint Registry (NRJ), Patient Reported Outcome Measures (PROMs) and the Patient Led Assessment of the Care Environment (PLACE). Data from these audits provided an indication of the outcome or quality of care delivered to patients by the service. However, for this location NJR and PROMs data was not available as there had been limited knee and hip replacement procedures carried out since the hospital opened for day patient surgery and inpatient surgeries in March 2022, and PLACE inspections were yet to be established for this hospital.

Spencer Private Hospitals submitted data to the Private Healthcare Information Network (PHIN). PHIN is an independent, not-for-profit organisation. It publishes key performance measures on their website to help patients make informed decisions where to have their care and treatment, by providing patients with straightforward and easy-to-understand information about the quality and safety of care in the private healthcare sector. However, the submission of data from this hospital was yet to be established.

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.

Good

Surgery

All staff with a professional qualification were subject to pre-employment checks to ensure their professional qualification was active and with no restrictions in place.

All staff working at the hospital had an induction programme relevant to their role and the department they worked in. New staff were required to complete e-learning and face-to-face training.

Staff completed competency training depending on their role and the area they worked in. This ensured staff had the appropriate skills and knowledge to manage patients safely and effectively. Each member of staff, including bank staff, had their own training folder where evidence of training taken and completed competency training was kept.

The service supported staff to undertake training in order to maintain their professional registration and revalidation. Revalidation is a process to ensure staff had undertaken training and development to maintain their skills to remain on the professional registers.

The hospital employed a clinical tutor to support the learning and development needs of staff.

Managers supported staff to progress through regular development meetings and yearly constructive appraisals of their work. Staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge. Staff told us they found the appraisal process useful and they were encouraged to identify any learning needs they had, and any training they wanted to undertake. Poor or variable performance was identified through the appraisal process, complaints, incidents and feedback. Staff were supported by their managers to improve their practice where indicated. Data provided post inspection showed all staff working at the hospital had completed an appraisal in the last 12 months.

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 worked across the Spencer Private Hospitals. All staff we spoke with reported good working arrangements within their local teams and in the wider Spencer Private Hospitals. Senior staff provided out of hours and on-call arrangements across the organisation and this helped form links with staff from across the organisation.

There was good working relationship with the local NHS trust from which several services were procured through service level agreements. The hospital and NHS trust had weekly meetings where arrangements and any issues could be discussed, this included facilities and staffing. There was NHS trust representation on the Spencer Private Hospitals clinical governance meetings.

During the inspection, we observed good working relations between the hospital and NHS trust staff.

Seven-day services

Key services were not available seven days a week.

The hospital did not provide emergency care. All surgical patients followed the elective pathway and admissions were booked in advance.

Surgery services used the facilities, theatre suite and inpatient ward, at the local NHS trust as part of a service level agreement (SLA). The hospital would use these facilities at the weekends when they were not being used by the trust.

Good

Surgery

Consultant surgeons were on call 24 hours a day for the patients in their care. Pharmacy and imaging services were provided by the NHS trust as part of the SLA and were available seven days a week.

Health promotion

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

Patients attended pre-operative assessment appointments where their suitability for surgery was checked. This included the completion of a health questionnaire, and an opportunity for the nurse to provide advice or refer patients on to other appropriate services if they required these services.

The hospital used laminated health promoting posters in public areas and had patient leaflets on various topics. Staff would also signpost patients to other services if there was a need.

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.

There was a Spencer Private Hospitals consent to investigation or treatment policy. This included, the training required to take consent, whose responsibility it was to obtain consent and when to use implied, verbal and written consent.

Staff followed their internal process for seeking consent from patients when providing care and treatment in line with legislation and guidance and this was clearly recorded.

The hospital audited 10 sets of patient records each month, which included the process of consent had been followed and if any training needs were identified. We reviewed audit findings from April 2022 to September 2022 and saw there was a high compliance with the consent procedure.

Consent forms we reviewed within the patients' records were fully completed and detailed the procedure planned and the risks and benefits of the procedure. The hospital consent forms complied with Department of Health guidance. The service had a two-stage consent process. Patients' records showed consent was reviewed on the day of their surgery as part of their pre- operative checklist.

Staff told us patients admitted to the hospital had the capacity to make their own decisions. We were told by staff patients who lacked capacity were identified during the pre-operative assessment process. The decision would be made by the medical and clinical teams if they could be admitted for treatment at the hospital, as the hospital would only admit patients whom could be safely care for.

Staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. We were not provided with completion rates of this training for staff.

Good

Surgery

Are Surgery caring?

Insufficient evidence to rate

We were not able to inspect this domain for this core service, as at the time of our inspection we did not observe care being delivered. Post inspection we asked the hospital for results from the patient feedback and surveys and their friends and family test (FFT) for their NHS patients at the Spencer private Hospital (Canterbury). We did not receive this data. The FFT information we received, and although positive, was for patients who had been seen at the other two hospital sites in 2021 – 2022.

Are Surgery responsive?

Good

This location had not previously been rated for responsive. 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 to meet the needs of those who chose to use the service. Admissions to the surgery service were all elective and planned in advance. The hospital had admission criteria which meant the hospital only admitted patients whom the hospital had facilities to care for.

There were no facilities for emergency admissions; commissioners and the local NHS trust were aware of this. The hospital had service level agreements in place with the local NHS trust for transferring patients for medical reasons.

The hospital participated in the NHS e-Referral Service for certain procedures. Through this service, NHS patients who required an outpatient appointment or surgical procedure were able to choose both the hospital they attended and the time and date of their treatment. In addition, patients who attended the hospital could be privately funded or insured patients. Between March 2022 and September 2022 100% of surgical patients were NHS funded.

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.

Surgical patients' individual needs were discussed during booking and pre-admission assessment. Staff used this information to provide safe care and treatment and mitigate any possible risk to the patient. If during pre-admission assessment staff identified the service could not meet the patient's needs, staff would not treat the patient at the hospital and refer the patient to an alternative health care provider who could support the patient. The hospital did not have the facilities to support the care of patients with complex needs. Therefore, this patient group was not admitted to the hospital. However, patients who were living with a learning disability or dementia could be admitted following the appropriate risk assessments had been carried out.

Good

Surgery

Patients received information explaining about their surgical procedures and what to expect throughout their hospital visits. This information was designed to address patients' questions about their forthcoming procedures. Information included details on preparing for hospital, what to bring with you and what to expect following their treatment. Nurses gave patients detailed explanations about their admission and treatment in addition to written information.

Staff told us hospital leaflets were available in other languages for patients whose first language was not English or could be provided in large print and braille. The service had access to an interpreting service for patients whose first language was not English. This meant staff were assured patients fully understood the information that was provided to them.

Staff completed equality and diversity training annually as part of their mandatory training. We were not provided with completion rates of this training for staff.

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.

The hospital followed the organisational and local policies and procedures for the management of the patient's journey, from the time of booking the appointment until discharge and after care.

The hospital offered a flexible service that included variable appointment times and choices regarding when patients would like their treatment, subject to consultant and nurse availability.

The hospital had established a clear booking process for appointments and hospital admissions.

The surgery service could conduct their patient pre-assessment either over the telephone or face-to-face dependent on the type of surgery they were having.

The hospital offered either day-case or inpatient surgical procedures. Day-case surgery did not require an overnight hospital stay. Inpatient surgery required the patient to remain overnight or longer after the surgery was completed, for care or observation. Day-case patients were told to bring an overnight bag with them just in case they were required to stay overnight. For example, if the patient was nauseous after surgery or had no support at home.

As per NHS guidelines, NHS patients attending the hospital had their referral to treatment time (RTT) recorded. Post inspection we asked for RTT data for the last 12 months. The hospital supplied us with data from September 2022 only. This showed 100% of surgical patients being treated at the Canterbury hospital location accessed services within the maximum waiting times of 18 weeks.

The hospital cancelled 12 surgical procedures from March 2022 to September 2022 for non-clinical reasons which was 3% of the total number of procedures performed at the hospital. The service monitored cancellations to look for trends, themes and contributing factors. During this time period the highest factor in non-clinical cancellations was due to lack of staff and facilities.

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.

Good

Surgery

The hospital followed the Spencer Private Hospitals complaints policy which gave clear processes and timeframes for dealing with complaints. The hospital had a key performance indicator (KPI) to close complaints within 20 days. Data supplied by the hospital post inspection showed 100% of complaints were closed within this timeframe since September 2021 and August 2022.

Staff we spoke with were aware of the complaint procedure. Clinical staff told us they always tried to resolve any issues or complaints at the time they were raised. If this was not possible, patients could be referred to the nurse in charge in the first instance.

Patients could make complaints in various ways, verbally, by telephone and in writing by letter or email. The organisations webpage had a detailed page explaining the complaint procedure and how to make a complaint or raise a concern.

The Spencer Private Hospital (Canterbury) had received four complaints between September 2021 and August 2022. None of these complaints had been referred to the Parliamentary and Health Service Ombudsman (PHSO) or the Independent Healthcare Sector Complaints Adjudication Service (ISCAS). Complaints in the surgery service tended to be regarding cancellation of procedures.

We saw evidence that hospital complaints were discussed and addressed at the clinical governance and the medical advisory committee meetings. Any complaint themes or trends were analysed and actions put in place to stop them occurring again. At these meetings complaints from all three hospital sites were discussed this promoted shared learning between the hospitals and staff.

Learning from complaints and concerns would be communicated to staff at handovers, team meetings and emails.

Are Surgery well-led?

Requires Improvement

This location had not previously been rated for well-led. We rated it as requires improvement.

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.

Spencer Private Hospitals had a clear management structure with clear lines of responsibility and accountability. The Chief executive officer (CEO), director of operations, and central teams such as the human resources and finance teams were based at the head office.

The Spencer Private Hospital (Canterbury) was led by a hospital director, who had overall responsibility for the hospital and was also the registered manager for the service. They were supported by the matron and outpatient manager.

The CEO, directors and senior managers understood and managed the priorities and issues the service faced. They demonstrated leadership and professionalism. We were told by all staff we spoke with that managers were accessible, visible and approachable.

Good

Surgery

Staff felt supported. Leaders had a genuine interest in developing staff abilities and skills to benefit the service. This included offering potential or new managers the opportunity to complete the management development training programme. A programme for staff to gain the skills needed to manage their team.

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. Leaders and staff understood and knew how to apply them and monitor progress.

The Spencer Private Hospitals had a vision to be recognised as the independent healthcare provider of choice in Kent which offered first class healthcare by a first-class team. This was underpinned with the company's values of: -

- Performance – Striving for excellence in everything we do
- Respect – Treating everyone as you would want to be treated
- Innovation – We actively encourage
- Maximise – We maximise the talents and expertise of our staff
- Excellence – Strive to be the best we can be

There was a strategic plan, dated April 2022 – March 2025, to deliver the company's vision which had four strategic priorities. Each hospital site had its own strategic plan. The plan for Canterbury was to grow the current services offered and to introduce new ones.

The strategy set out how the hospital would deliver and monitor progress against the strategy. This included the use of key performance indicators and attracting, recruiting and retention of staff. Objectives were monitored at the board, senior management and clinical governance meetings to make sure the hospital was delivering against its strategy.

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 were positive, enthusiastic and enjoyed working for the service and company. They felt supported, respected and valued. They told us of an open culture within the service.

All staff focused on the needs of patients. They showed kindness and consideration at all stages of the patients' contact with the service.

All staff we spoke with said they felt that their concerns were addressed, and they were easily able to talk with their managers. The organisation had a freedom to speak up guardian to ensure staff could raise concerns in a safe and supportive way. We were told the service promoted equality and inclusivity practices.

The service provided opportunities for career development. For example, staff career pathways, and offering staff nursing associate and nursing apprenticeships.

Good

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. However, it was unclear how information from the Canterbury hospital was presented at the meetings.

Spencer Private Hospitals had a governance framework through which the hospital was accountable for continuously improving their clinical, corporate, staff and financial performance.

The senior management team from across the three hospitals had fortnightly meetings. Minutes from these meetings showed operational and clinical information was discussed and where needed action plans put into place and reviewed at the next meeting. Each meeting included a hospital directors report. We reviewed three meeting minutes and could see the hospital directors report for the other two sites. However, there was no separate hospital report for Canterbury but in one set of minutes we could see issues at the Canterbury hospital were discussed under the Ashford hospital directors report.

The hospital produced a quarterly quality and safety report was produced. Information from this report, plus patient outcomes and audit results fed into the quarterly clinical governance committee meetings. We reviewed quality and safety reports and minutes from the clinical governance meetings and could see they were planned, structured and followed a set agenda. They were thorough in their content with evidence of quality issues of safety, risk, clinical effectiveness and patient experience being discussed and actions taken if needed and the lessons learnt. A representative from the local NHS trust also attended these meetings which gave both parties a place to discuss joint issues relating to quality and safety. The minutes from these meetings demonstrated the hospital management team had thorough oversight of the hospitals' performance, challenges and successes.

However, when we reviewed the clinical governance meeting minutes they were labelled as the clinical governance meeting for the other two sites. We could see these two hospitals were discussed in depth but there was no separate information for the Canterbury hospital. In fact, there was limited information throughout the document relating to the Canterbury hospital.

Governance was discussed at the medical advisory committee (MAC) with information from the clinical governance committee reported to the MAC. The MAC's role was to ensure clinical services, procedures or interventions were provided by competent medical practitioners at the hospital. This involved reviewing consultant contracts, maintaining safe practicing standards and granting practicing privileges. The MAC would also discuss new procedures to be undertaken to ensure they were safe, equipment was available and staff had relevant training. We reviewed minutes from the MAC and could see they were planned, structured and followed a set agenda and were thorough in their content. Topics including key governance issues, such as incidents, complaints and practising privileges were discussed. However, the MAC minutes were labelled as the MAC minutes for one of the other hospital sites and although there was mention of the Canterbury site in the minutes, this was limited.

During the inspection we were told, the Spencer Private Hospitals at one of the other sites and Canterbury shared the same senior leadership team (hospital director, matron and outpatient manager) and other staff worked at both hospitals. It was unclear from all the meeting minutes we reviewed if information for the two hospitals was pooled and reported on as one hospital, as the management team was the same for both hospitals. Post inspection senior management confirmed this was the case.

Good

Surgery

Information from the clinical governance meeting and the MAC fed into the quarterly board meeting. We reviewed the meetings from these meetings and saw they were planned, structured and followed a set agenda and were thorough in their content. Standard items on the agenda included updates on governance, operations, financial and business development. Spencer Private Hospital (Canterbury) was mentioned in these meetings.

There were arrangements to manage and monitor contracts and service level agreements (SLA) with partners and third-party providers.

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.

There were clear and effective processes for identifying, recording, managing and mitigating risks. The hospital followed the Spencer Private Hospitals risk management policy. This policy detailed the aim of risk management, explained what risk was and how to identify, record, review and mitigate risk.

The organisation operated a risk register which was reviewed at the monthly risk committee. Any new risks were added to the risk register and risks already on the register were monitored and appropriately managed. The risk register was also reviewed at the fortnightly senior management team meeting and the quarterly clinical governance meeting.

We reviewed minutes from the risk committee meeting and could see the hospital managers reported any emerging risks, reviewed current risks and any actions or outcomes for their hospitals. The minutes clearly documented risks at the Canterbury site were discussed.

From talking to staff and reviewing documentation we saw evidence the hospital senior staff were able to recognise, rate and monitor risk. This meant the hospital could identify issues that could cause harm to patients and staff and threaten the achievement of their services.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

The hospital had a business continuity plan that could operate in the event of an unexpected disruption to the service.

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.

The hospital used information technology (IT) systems to effectively monitor and improve the quality of care. For example, there was a computer system where incidents, near misses and complaints were recorded. The Spencer Private Hospitals employed specialist staff to manage the IT systems and to collect, monitor and analyse patient safety data. It was their role to make sure data collected was accurate, valid, reliable, timely and relevant.

There were effective arrangements to ensure data and statutory notifications were submitted to external bodies as required, such as local commissioners and the Care Quality Commission (CQC). There was transparency and openness with all stakeholders about performance.

Good

Surgery

Staff had access to a range of policies, procedures and guidance which was available on the hospital's electronic system. Staff also told us they used IT systems to access the e-learning modules required for mandatory training.

Information governance was included as part of mandatory training for staff. Staff understood the need to maintain patient confidentiality and understood their responsibilities under the General Data Protection Regulations. The hospital had appointed a Caldicott guardian. A Caldicott guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.

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 and surgery service actively encouraged patients and their relatives to give feedback to help improve services. For example, through patient satisfaction questionnaires, feedback and suggestion cards. Feedback was used to inform improvement and learning and to celebrate success.

Spencer Private Hospitals had a presence on social media which included an informative website for people wanting to find out about the organisation, the hospital at Canterbury and the services that it offered.

All staff of the Spencer Private Hospitals were invited to take part in the annual staff survey, we were told the organisation analysed the results and was working with senior staff to deliver a local action plan and next steps. Post inspection we asked to review the survey from 2021. However, this was not provided.

Senior staff told us they were passionate in improving the hospital to make it a better place to work.

The service worked with the local health community to meet the needs of the local population. This had increased during the COVID-19 pandemic when they had provided services to help support the local NHS trust and clinical commissioning group. The hospital had continued with this support post pandemic and were helping the local NHS trust tackle its elective surgery long wait list.

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.

The hospital was committed to improving the quality of services offered to patients. There was a focus on continuous learning and improvement. Spencer Private Hospitals offered apprenticeships and training opportunities which helped to develop the skills and offered career progression to staff, such as nursing associate and operating department practitioner training. This meant the service could grow their own talent which helped attracting, recruiting and retention of staff.

The organisation was focused on building and growing the services offered at the Spencer Private Hospital (Canterbury) and making sure the business was sustainable. It had key performance indicators to measure its success.

Good

Outpatients

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Outpatients safe?

Good

This location had not previously been rated for safe. We rated it as good.

Mandatory training

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

Nursing staff received and kept up to date with their mandatory training. Staff received training specific to their role.

The mandatory training was comprehensive and met the needs of patients and staff. Some of these included fire safety, health and safety, information governance and manual handling.

Post inspection we asked to review the completion rate of mandatory training for staff working in the outpatient service and at the hospital. We were given a list of mandatory training but were not given the completion rate.

Managers monitored mandatory training and alerted staff when they needed to update their training. However staff were also able to access mandatory training on a system which alerted them to training which were outstanding and presented a post completion question which ensured they were up to date.

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.

Nursing staff received Safeguarding Level 2 and 3 training on children and adults specific to their role.

All safeguarding for adults and children was managed in line with the local trust policies and procedures. The policy provided information about what constitutes abuse and what to do in the event of a concern. The policy also contained information on female genital mutilation and PREVENT where people at risk may potentially be exploited for terrorist purposes. The policy had clear processes for staff to follow in the event of identifying a concern of abuse with contact details for raising a concern.

All staff had access to the organisation safeguarding lead who could advise on actions to be taken if necessary.

Good

Outpatients

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service did not see children or young adults as patients.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Equipment were labelled to show when it was last cleaned.

Infection prevention and control were managed in line with the local trust policies and procedures. Staff were expected to complete annual training at a level appropriate to their role.

Hand sanitisers were available in all areas and we saw staff and visitors to the department using them. Staff were bare below the elbows in all clinical areas.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

The service completed annual external auditing for IPC and reported a result of 97% for 2021-22. All actions pertained to minor works and were not directly associated with patient care.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw that staff wore PPE in line with guidance. The service had adequate PPE such as disposable masks, visors, goggles, aprons and gloves.

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 service sat within the local trust hospital next to the emergency department with a separate entrance. The environment had been designed specifically to meet the needs of the service. There was adequate car parking for a large number of visitors.

The hospital had a service level agreement with the trust with access to reception for one administration member of staff who was employed by the hospital for the admission and discharge of patients.

Staff carried out daily safety checks of specialist equipment. We saw checklists for equipment in all treatment rooms. These were checked and signed by the day's staff. Staff told us they were able to access replacement equipment as necessary.

The service had a service level agreement in place with the local trust which meant they had full access to the resuscitation equipment in the emergency department in the event of an emergency.

Staff had access to a first aid kit if required. However, not all the consumables were in date. We raised this with the manager during the inspection and were told the service carried out weekly consumable checks.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste was correctly segregated and collected separately.

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

Staff responded promptly to any sudden deterioration in a patient's health. The service had a service level agreement in place with the local trust which meant they had full access to the resuscitation equipment in the emergency department in the event of an emergency.

Patients undergoing simple procedures within outpatients were assessed by the consultant, supported by the nurse and healthcare assistant and prepared for the treatment. This could include clinical observations, blood testing or swabbing. All results were reviewed prior to treatments commencing.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

The service had access to mental health liaison and specialist mental health support within the local trust. The service did not routinely provide treatment to patients with known mental health conditions, although staff knew how to access support if there were any concerns.

Staff shared key information to keep patients safe when handing over their care to others.

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.

The service had enough nursing and support staff to keep patients safe.

The service currently employed sixteen staff at the hospital site. These included senior managers, administrators, nurses, physio, clinical support staff and a porter. The outpatient's department had a manager who was supported by three staff at Sister Level.

The service had enough medical staff to keep patients safe. Consultations and appointments were arranged according to the doctor's availability. Consultants would inform the hospital of when they were available for clinics and then appointments were scheduled accordingly. Some consultants maintained regular clinics which meant that the booking team were able to plan appointments well in advance. Others provided smaller, less frequent clinics, which would be slotted into the calendar as available.

The service used agency staff who were familiar to Spencer Private Hospitals agencies and staff and who worked within an agency of approved suppliers.

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.

Good

Outpatients

Patient notes were comprehensive and all staff could access them easily. We reviewed two patients records on the day of inspection and found these to be clear and up to date.

Records were stored securely. We saw that notes were not left in any public areas. All medical records were stored in the department within a locked cabinet.

The service completed monthly documentation audit and feedback was provided to the staff as required.

Medicines

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

Staff managed medicines and prescribed documents in line with the hospital policy. Medicines were not routinely stored in the outpatient department.

The service did not store any controlled drugs.

Consultants could prescribe medicines during clinics and these were done on a FP10 form. Staff told us this was signed by the nurse.

The hospital had policies and procedures for monitoring and storing FP10 private patient prescription pads, monitoring of fridge and room temperature for drug storage and covert administration of medicines.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.

Staff knew what incidents to report and how to report them. All incidents were reported using the Electronic incident management system. Staff could also report incidents on paper forms if the system wasn't available.

The service had an incident reporting and management policy dated March 2022.Staff received training and were made aware of the policy and procedure for incident reporting.

All adverse events were reported through the clinical governance committee and medical advisory committee quarterly and presented to the Board thereafter for validation.

For the year 2021-22, medicine related incidents accounted for 0.05% of all patients treated at the organisation . One incident related to the direct administration of medicines to a patient and caused no harm

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.

Good

Outpatients

Are Outpatients effective?

Inspected but not rated

At present we do not rate effectiveness for outpatient departments in acute independent hospitals but during our inspection we noted the following.

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 protected the rights of patients subject to the Mental Health Act 1983.

Staff followed policies to plan and deliver high quality care according to best practice and national guidance.

Compliance was monitored through a range of audits to ensure staff followed policies to plan and deliver high quality care according to national guidance. However, we were not given the compliance rates for the Canterbury site.

Clinical leaders reviewed and approved clinical policies for supporting up to date evidence-based practice and national guidance at governance meetings. The outpatient manager attended these meetings and disseminated this information to the rest of the staff.

Pain relief

Patients were not routinely assessed for pain in the outpatient departments as this was not generally a clinical risk. However, if needed, pain would be discussed by the consultant as part of the presenting condition and captured in the patient notes accordingly.

Patient outcomes

Staff did not monitor the effectiveness of care and treatment in the Outpatients Department however the service took part in national audits.

Clinical managers carried out patient outcome audits at the hospital site. Some of these included PROMS, SEPSIS and VTE. However, data for this didn't relate to the outpatient department

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We saw that audit results were discussed and reviewed during the Clinical Governance meetings.

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. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work.

Good

Outpatients

Clinical staff had to complete competency training on specific areas to ensure they had the appropriate skills and knowledge to manage patients safely and effectively. Regular training updates and team training days made sure their competencies were kept up to date.

Each consultant was granted practising privileges at Spencer Private Hospitals following an accreditation process and approval by the Medical Advisory Committee (MAC).

Consultants capabilities and performance was monitored through the medical advisory committee (MAC) and any concerns were flagged and addressed accordingly. Consultants were not permitted to complete any procedures which they had not been deemed competent to complete. The MAC approved all procedures prior to them being completed within the service.

Staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge. Staff told us they found the appraisal process useful and they were encouraged to identify any learning needs they had, and any training they wanted to undertake. Poor or variable performance was identified through the appraisal process, complaints, incidents and feedback. Staff were supported by their managers to improve their practice where indicated.

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 we spoke with were seen working well together. They described a positive working environment where they felt respected and were able to raise concerns with their colleagues if they needed to.

The outpatient manager was present during the clinical governance meetings along with members of staff from different departments within the hospital.

Seven-day services

Key services were available five days a week to support prompt patient care. Wider hospital services were available seven days a week.

The centre was open Monday to Friday, 8am to 8pm. Consultants had regular slots when they held their clinics, however if patients needed to attend on a different day the department arranged for them to either see another consultant with the same speciality or see their consultant at another location.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

The outpatient manager told us the hospital was in the process of reintroducing health screening for patients. This included dietary and lifestyle advice.

Staff would signpost patients to other health services if needed.

Good

Outpatients

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.

Staff understood the importance of consent when delivering care and treatment to patients. In most cases this was verbal consent. We saw consent was recorded within patient records.

Staff could describe and knew how to access the policy on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff we interviewed could explain where policies were found for reference if they required this.

Are Outpatients caring?

Good

This location had not previously been rated for caring. 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 in a respectful and considerate way. We saw staff introducing themselves and their role. They listened to patients' concerns and allowed time for questions.

We spoke with three patients and observed one consultant; they were highly complementary about the care and support they received. They said that the staff were "lovely" and "kind", and they felt they were there, if needed, to supply help and support. Patients told us staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential. Doors were closed during consultations and tests to protect the privacy and dignity of patients. Staff knocked and asked permission before entering a room and patients were able to speak to staff without being overheard.

The service displayed posters throughout the department to advertise the availability of a chaperone if patients wanted one.

Emotional support

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

We observed staff providing reassurance and comfort to patients during consultations. Staff told us if patients felt nervous, they offered to wait with them in the waiting room until they were seen. We were told most patients took advantage of this service. Staff gave us an example where they comforted a patient with anxiety in a private room.

Good

Outpatients

Patients said they felt assured by the staff, and the explanations given to them about their treatment. One patient said, 'nothing was too much trouble and I felt really looked after. All information was given readily.' Another patient said, 'Staff were highly attentive, patient and compassionate. They provided a clear explanation.'

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. Patients told us they felt well informed and staff gave them the opportunity to ask questions.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. The service identified where patients required additional communication support and organised this for example, arranging the use of interpreters.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were able to give feedback via feedback forms following their appointment. We checked five completed feedback forms; one patient said, 'everyone was kind and nice to me.' Another said, 'Nurses were excellent and polite.'

Staff supported patients to make informed decisions about their care. During patient consultations, the consultant fully explained next steps, including test results. If a follow up appointment was needed, patients were given information on how to do this and approximately how long it would be before their next appointment.

Patients gave positive feedback about the service. All patients were complimentary about the way staff had treated them. The patients that we spoke to said they were would recommend the service to friends and family.

Are Outpatients responsive?

Good

This location had not previously been rated for responsive. 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.

The individual needs of patients were recorded on the patients' medical record. Information received at the time of the appointment was used to assess patients' individual needs. This ensured the clinic only treated patients if their needs could be met.

Facilities and premises were appropriate for the services being delivered. Consultation rooms were large enough to enable patients and clinicians to attend. Chaperones were also offered for any patient attending appointments on their own, who may require a physical examination.

Good

Outpatients

Managers monitored and minimised missed appointments. Patients were asked to contact the hospital by telephone if they wanted to cancel their appointment. Managers ensured that patients who did not attend appointments were contacted.

The hospital's website listed the treatments and services available to patients and gave details on how to contact the hospital to discuss services offered.

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.

The centre was open Monday to Friday, 8am to 8pm. Consultants had regular slots when they held their clinics, however if patients needed to attend on a different day the department arranged for them to either see another consultant with the same speciality or see their consultant at another location.

Staff in outpatients told us they rarely encountered patients living with dementia or patients who lacked capacity. Staff told us if they did see patients living with dementia, they would give them extra time to ensure they understood the information provided to them. Staff completed training in dementia and mental health awareness.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to interpretation and translation services through the services contract. Each room had information about how to access these services.

The service had a range of patient information leaflets available. Leaflets in other languages could be requested by patients.

The service had access for patients with physical disabilities and the clinic environment was suited for people requiring the use of a wheelchair.

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.

Patients were able to book an appointment online or via telephone. During consultations, patients were given pre-operative information and their expectations regarding the results of treatment were discussed.

Patients we spoke with said they had their first appointment within days of referral. They also reported that they did not wait long to see a consultant when they attended for a clinic.

On the day of their appointment, staff checked patients in on the computer system, and directed them to the waiting area closest to the clinic room being used by their consultant. We saw patients were seen quickly after arriving at the centre.

Good

Outpatients

The clinic was situated on the ground floor of a building. Before an appointment, patients received a map of the service. However, patients said the service was hard to find as there was not clear signage on the main outside door to inform people where the clinic was located.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Patients knew how to complain or raise concerns. We spoke with patients during our visit and one patient confirmed that they knew how to make a complaint.

Patients could complete a patient questionnaire form, request a discussion with the hospital manager, complete an outpatient patient satisfaction surveys or write to hospital director if they wanted to make their views known.

The hospital had formal arrangements for investigating and responding to complaints / concerns. Complaints were monitored, discussed and acted on any trend at the , clinical governance and medical advisory committees.

Are Outpatients well-led?

Requires Improvement

This location had not previously been rated for safe. We rated it as requires improvement.

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 had a clear management structure in place with defined lines of responsibility and accountability.

The organisation was led by a senior management team consisting of a Chairman, two executive directors and five non-executive directors.

The outpatient's manager was very visible and accessible, and staff reported they felt comfortable in escalating concerns to any senior member of staff. They also reported they felt confident that action would be taken when they escalated concerns.

Staff spoke positively of the service and senior leads. We saw positive interactions between staff which demonstrated that there was regular contact between staff groups and levels.

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.

Good

Outpatients

The hospital had a clear vision for its services. This was to be recognised as the private provider of choice in Kent. Their mission was to use their expertise in putting their clients at the centre of their business and to provide quality healthcare services that their users recommend, and their employees are proud of.

The hospital aims and objectives were to provide a wide range of acute surgical and medical services in accordance with the highest possible quality standards, to operate a profitable business through high standards of quality and value for money and to continuously develop and train their staff to meet their professional objectives and the objectives of the company. These were not specific to the Canterbury location.

For our main findings please refer to the surgery report.

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 told us they enjoyed working for the service and felt supported by the manager and the senior management team.

The organisation had a freedom to speak up guardian to encourage staff to raise concerns without fear of reprisals. In addition to this, the organisation had appointed four members of staff who had attended training to represent staff as a Freedom to Speak Up Guardian (FSUG).

Equality and diversity training was provided to all members of 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.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

The hospital held regular meetings and made sure minutes were shared with staff who could not attend. The minutes showed evidence of learning from incidents, audits and complaints, review of risks, information about training and changes to policy.

For our main findings please refer to the surgery report.

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.

Risk was managed under the local policy for Spencer Private Hospitals.

Risk assessments were completed and managed monthly in line with the Spencer Private Hospitals risk committee. We reviewed the minutes of the last two meetings and found risks relating to finance, clinical services, hospital manager's report and business development report on the agenda.

Good

Outpatients

Bi-weekly reviews were completed in the senior management meetings and escalated to Board level as required by policy.

The hospital held a risk report where risks were graded according to their potential harm. There were no risks for the outpatient services.

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.

All staff working for Spencer Private Hospitals were expected to have completed annual learning within information governance.

The hospital provided annual e-learning and virtual training and work within the guidance of local policy.

Staff had access to a range of policies, procedures and guidance which was available on the organisation's electronic system. Staff also told us IT systems were used to access the e-learning modules required for mandatory training.

The hospital had an information governance committee and held monthly meetings. The meetings covered CCTV Policy, national data drop out and patient demographic interface with their system.

Staff did not leave computers unattended and areas holding information were locked when left unattended.

For our main findings please refer to the surgery report.

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 outpatient service actively encouraged patients to give feedback about their experience to help improve services. For example, through patient questionnaires.

Patient feedback forms were on display at the reception desk at the entrance. Staff were invited to take part in satisfaction surveys.

The hospital website contained a form which patients could use to leave a message.

For our main findings please refer to the surgery report.

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.

Good

Outpatients

For our main findings please refer to the surgery report.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Policies and procedures were not reviewed and updated in the required timeframe to make sure up-to-date practices were followed. Information and data relating to the Canterbury hospital was not always covered in governance meetings.