Care UK Clinical Services Limited

Barlborough NHS Treatment Centre

Quality Report

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

Ratings

Overall rating for this hospital	Good
Surgery	Good
Outpatients and diagnostic imaging	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Barlborough NHS Treatment Centre (the treatment centre) opened in July 2005 and in 2009 was acquired by Care UK Clinical Services Ltd, the largest independent provider of NHS services in England. Independent NHS treatment centres are private-sector owned treatment centres contracted to treat NHS patients free at the point of use. The treatment centre is a dedicated orthopaedic centre and provides in-patient and day case orthopaedic elective surgery with associated outpatient and diagnostic clinics. It provides services to people living in Derbyshire, Lincolnshire, Nottinghamshire and South Yorkshire, and runs some satellite outpatient clinics in Lincolnshire.

The treatment centre has a 40 bed inpatient ward and a six bed day patient ward. There are three theatres that operate Monday to Saturday, and also Sunday on demand. Procedures include minor and intermediate orthopaedic surgery, major joint replacements and revisions, joint arthroscopy, ligament repair, shoulder decompression, repairs and stabilisations, foot and ankle procedures, and hand procedures such as carpal tunnel release. It also carries out non complex spinal surgery.

We carried out a comprehensive inspection of Barlborough NHS Treatment Centre on 17 to 19 and 28 March 2015 as part of our second wave of independent healthcare inspections. We used the new approach to inspections and inspected the following two core services:

- Surgery
- Outpatients and Diagnostic Imaging

Barlborough NHS Treatment Centre has been awarded a shadow rating of good. Shadow ratings apply to inspections which are undertaken during the development of our approach and before our final methods are confirmed and published.

Our key findings were as follows:

- **Leadership**

Members of the senior leadership team were relatively new in post and roles were being developed. However staff morale and motivation were high and staff enjoyed working at the treatment centre. There was supportive management at all levels, effective team-working and an open culture in which staff were able to raise concerns and make suggestions.

- **Cleanliness**

The treatment centre maintained high standards of cleanliness and hygiene. There had been no incidents of healthcare acquired infections in the last 18 months. There had been no surgical site infections since August 2014. There were sufficient supplies of personal protective equipment available such as gloves and aprons. We saw staff using these and changing them between patients. The cleaning of equipment was monitored effectively.

- **Safety**

There had been four never events between October 2013 and September 2014 (never events are serious, largely preventable, patient safety incidents that should not occur). Other serious incidents resulting in harm to patients were not always reported to the Care Quality Commission as required by legislation. Operating staff used the a recognised surgical safety checklist, but this was not the most up to date version. There were systems in place to identify and record patient safety incidents; thorough investigations were completed and findings were cascaded to staff.

- **Nutrition and hydration**

Summary of findings

Patients were given clear guidance on pre-operative fasting and staff telephoned patients the day before surgery to ensure they were clear about this. Patients were screened for malnutrition and the risk of malnutrition on admission to the treatment centre using a recognised tool. After surgery there were accurate and complete records to monitor fluid intake and output. Where there were concerns nurses followed protocol and scanned patients' bladders, seeking medical advice as needed, so as to prevent post-operative urinary and kidney dysfunction.

Patients found the choice and quality of meals to be very good. The range available was suitable for patients' needs and preferences. It included foods suitable for coeliac, diabetic, vegetarian and other diets.

- **Staffing levels**

Staffing levels were adjusted according to patient numbers and to accommodate patients who needed additional support. There were more nursing staff than the recommended National Institute for health and Care Excellence (NICE) guidelines, and staff confirmed that these levels were consistently maintained. There were low rates of sickness and low staff turnover for all staff groups. Staff were well supported and were able to work flexibly. There was variable use of agency staff in theatres but overall there was a low rate of agency staff employed at the treatment centre. A resident medical officer was available on site 24 hours per day and a consultant anaesthetist and consultant surgeon were on call 24 hours per day. These were permanent staff who worked on a rotating shift basis.

- **Mortality rates**

There were three unexpected inpatient deaths in the reporting period October 2013 to September 2014. Two of these occurred in 2014. In one case the patient died as a result of an undiagnosed serious condition. Following the second death, as a result of kidney disease, an investigation recommended improved patient monitoring and assessment in certain cases. New procedures have been put in place to ensure swift identification and management of the condition.

We saw several areas of outstanding practice including:

- Staff were exceptionally caring and went the extra mile to provide high quality care.
- Staff were highly motivated to offer care that was respectful and promoted people's dignity. They took the initiative in seeking solutions to meeting individual patients' needs.
- There was an ethos of teamwork and supportive management, with effective communication throughout the treatment centre.
- Emergency equipment, including portable oxygen and suction, was kept in the lift used to transport patients between the ward and theatres. This meant that in an emergency patients could be treated without delay.

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

Importantly, the provider must:

- Ensure that all notifiable incidents resulting in harm to patients, including safeguarding incidents, are reported to the Care Quality Commission, so that action can be taken where needed.

In addition, the provider should:

- Update the World Health Organisation (WHO) surgical checklist.
- Continue to improve staff hand hygiene practices.
- Ensure sufficient, suitable storage space for theatre equipment
- Establish an effective formalised system to ensure sufficient out of hours nursing staff when patients have to return unexpectedly to theatre.
- Ensure all staff comply with the requirements of the Mental Capacity Act 2005, when caring for someone who lacks or may lack the capacity to make decisions about their care and treatment.

Summary of findings

- Improve staff uptake of dementia awareness training.
- Establish a clear system to ensure ward staff are aware when patients have specific nutritional needs or need assistance with eating.
- Provide nursing staff with regular clinical supervision.
- Provide all staff, including administrative and clerical, with an annual performance appraisal.
- Advise people attending as outpatients in advance about the opportunity for a chaperone to accompany them during their appointment.
- Provide patients with information about how to travel to the treatment centre by public transport and about the availability of provided transport
- Make available patient information leaflets in large print and formats other than written English.
- Ensure patients in all areas have accessible information on how to raise concerns and complaints.
- Strengthen the risk register to include ownership of actions and their timely review.
- Report patient comments, concerns and complaints regularly through the hospital's governance structure so that systematic and consistent learning can be shared.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Surgery	Good	Overall we rated Surgery as good. However, there was limited assurance about safety. There had been four never events between October 2013 and September 2014, (never events are serious, largely preventable, patient safety incidents that should not occur). Other serious incidents resulting in harm to patients were not always reported to the Care Quality Commission as required by legislation. There were systems in place to identify and record patient safety incidents. Where serious incidents had occurred investigations were completed to identify learning and cascade this to staff. Not all incidents were reported to CQC as they should have been. There were sufficient suitably skilled staff available to care for patients. Patients received care and treatment which followed National Institute for Health and Clinical Excellence (NICE) guidelines. Surgical outcomes for patients were monitored and were either within or better than the national average. Patients were overwhelmingly positive about the care they received with some patients choosing to travel significant distances to have their operations at the treatment centre. Patients were involved in their care and were treated with dignity and respect by staff. Staff were polite, kind and professional. Staff were not all familiar with procedures to follow when people did not have the capacity to make decisions about their care. Access to care and treatment was monitored and was in line with or better than the national average. There was effective multidisciplinary team working to ensure patients received appropriate care and treatment. While members of the senior leadership team were relatively new in post and roles were being developed, staff morale and motivation were high and staff enjoyed working at the treatment centre. There was an open culture in which staff were able to raise concerns and make suggestions. Feedback from patients was gathered and used to improve practice. There were effective systems to manage and respond to complaints but most patients did not have access to information on how to make a complaint.

Summary of findings

Outpatients and diagnostic imaging

Good 

Overall we rated outpatients and diagnostic imaging services as good. There were reliable systems, processes and practices in place to protect patients from avoidable harm and abuse. Risks to patients were appropriately assessed, monitored and managed. Not all patient safety incidents were reported to CQC as they should have been. Patients' needs were assessed and care, treatment and support were delivered following local and national standards and evidence based guidance. Without exception patients told us they were treated with kindness, dignity, respect and compassion. Patients and those close to them were involved in planning their care and treatment and staff offered them appropriate emotional support.

Staff were appropriately qualified and skilled to deliver effective care and treatment. There were good examples of staff and teams working well together to deliver care. There was a culture of supportive management where staff felt respected and valued. They were proud of the service they offered and they focused on improving and promoting good quality care. There was openness and transparency and patients were actively encouraged to feed back about their experiences. There were effective systems to manage and respond to complaints but most patients did not have access to information on how to make a complaint.

Barlborough NHS Treatment Centre

Detailed findings

Services we looked at
Surgery; Outpatients and diagnostic imaging

Contents

Detailed findings from this inspection	Page
Background to Barlborough NHS Treatment Centre	8
Our inspection team	8
How we carried out this inspection	8
Facts and data about Barlborough NHS Treatment Centre	9
Our ratings for this hospital	10
Areas for improvement	34
Action we have told the provider to take	35

Detailed findings

Background to Barlborough NHS Treatment Centre

Barlborough NHS Treatment Centre (the treatment centre) opened in July 2005, and in 2009 was acquired by Care UK Clinical Services Ltd, the largest independent provider of NHS services in England. Independent NHS treatment centres are private-sector owned treatment centres contracted to treat NHS patients free at the point of use. The treatment centre is a dedicated orthopaedic centre and provides in-patient and day case orthopaedic elective surgery with associated outpatient and diagnostic clinics. It provides services to people living in Derbyshire, Lincolnshire, Nottinghamshire and South Yorkshire, and runs some satellite outpatient clinics in Lincolnshire.

The treatment centre has a 40 bed inpatient ward and a six bed day patient ward. There are three theatres that operate Monday to Saturday, and also Sunday on demand. Procedures include minor and intermediate orthopaedic surgery, major joint replacements and revisions, joint arthroscopy, ligament repair, shoulder decompression, repairs and stabilisations, foot and ankle procedures, and hand procedures such as carpal tunnel release. It also provides non-complex spinal surgery.

We carried out a comprehensive inspection of Barlborough NHS Treatment Centre on 17 to 19 and 28 March 2015 as part of our second wave of independent healthcare inspections. We used the new approach to inspections and inspected the following two core services:

- Surgery
- Outpatients and Diagnostic Imaging

Our inspection team

Our inspection team was led by:

Inspection Manager: Ros Johnson, Care Quality Commission

The team included CQC inspectors, an expert by experience who was a carer of people who use healthcare services, an orthopaedic nurse consultant, an anaesthetist and a physiotherapist.

How we carried out this inspection

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

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

Before visiting the centre, we reviewed a range of information we held about the hospital and spoke to the local clinical commissioning group. Patients were invited to contact CQC with their feedback. We carried out an announced inspection between 17 and 19 March 2015 and an unannounced inspection on 28 March 2015. We held focus groups with a range of staff in the hospital including nurses and medical staff. We also spoke with staff individually.

We observed patient care in the outpatients and diagnostic imaging departments, on ward areas and during operative procedures in theatre. We spoke with 37 patients and relatives and more than 50 members of staff including doctors, nurses, health care assistants, allied health professionals and technical and clerical staff. We observed interactions between patients and staff and reviewed performance information from and about the treatment centre. We looked at the care records of 10 patients and read the feedback on 35 patient comment cards.

Detailed findings

Facts and data about Barlborough NHS Treatment Centre

Barlborough NHS Treatment Centre is registered with the Care Quality Commission to provide the following regulated activities:

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

The treatment centre had three theatres operating Monday to Saturday, and also Sunday on demand. Procedures included minor and intermediate orthopaedic surgery, major joint replacements and revisions, joint arthroscopy, ligament repair, shoulder decompression, repairs and stabilisations, foot and ankle procedures, and hand procedures. The treatment centre has also expanded its orthopaedic surgery to include non complex spinal work.

The treatment centre has a 40 bed inpatient ward and a six bed day patient ward. In the 12-month period to September 2014, there were just over 3,600 visits to theatre consisting of 709 hip replacement procedures, 919 knee replacement procedures, and just over 2,000 other limb procedures.

The treatment centre employed 13 medical practitioners and 59 nurses, as well as physiotherapists, rehabilitation and discharge co-coordinators and radiographers. There were also 28 doctors who were granted practising privileges, employed by other organisations, with permission to practise at the treatment centre.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	☆ Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	☆ Outstanding	Good	Good	Good

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & diagnostic imaging.

Surgery

Safe	Requires improvement
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

Barlborough NHS Treatment Centre is a dedicated orthopaedic elective surgery centre, specialising in hip and knee joint replacements.

The hospital had three theatres, operating Monday to Saturday, and on occasional Sundays. There were 40 inpatient beds and six day case beds.

Procedures included major joint replacements and revisions, joint arthroscopy, repairs and stabilisations, and ligament repairs. In the 12-month period from October 2013 to September 2014, there were just over 3,600 visits to theatre consisting of 709 hip replacement procedures, 919 knee replacement procedures, and just over 2,000 other limb procedures.

During our inspection we observed the care of patients on ward areas and during operative procedures in theatre. We spoke with 25 patients and relatives and looked at the records of 10 patients. We spoke with 50 staff, some individually and some in groups, who had a range of surgery related roles.

Summary of findings

Overall we rated Surgery as good. However, there was limited assurance about safety. There had been four never events between October 2013 and September 2014, (never events are serious, largely preventable, patient safety incidents that should not occur). Other serious incidents resulting in harm to patients were not always reported to the Care Quality Commission as required by legislation.There were systems in place to identify and record patient safety incidents. Where serious incidents had occurred investigations were completed to identify learning and cascade this to staff. Not all incidents were reported to CQC as they should have beenThere were sufficient suitably skilled staff available to care for patients. Patients received care and treatment which followed National Institute for Clinical Excellence (NICE) guidelines. Surgical outcomes for patients were monitored and were either within or better than the national average.

Patients were overwhelmingly positive about the care they received with some patients choosing to travel long significant distances to have their operations at the treatment centre. Patients were involved in their care and were treated with dignity and respect by staff. Staff were polite, kind and professional. Staff were not all familiar with procedures to follow when people did not have the capacity to make decisions about their care.

Surgery

Access to care and treatment was monitored and was in line with or better than the national average. There was effective multidisciplinary team working to ensure patients received appropriate care and treatment.

While members of the senior leadership team were relatively new in post and roles were being developed, staff morale and motivation were high and staff enjoyed working at the treatment centre. There was an open culture in which staff were able to raise concerns and make suggestions. Feedback from patients was gathered and used to improve practice. There were effective systems to manage and respond to complaints but most patients did not have access to information on how to make a complaint.

Are surgery services safe?

Requires improvement

There was limited assurance about safety.There had been four never events between October 2013 and September 2014 (never events are serious, largely preventable, patient safety incidents that should not occur). Other serious incidents resulting in harm to patients were not always reported to the Care Quality Commission as required by legislation. Operating staff used a recognised surgical safety checklist, but this was not the most up to date version.

There were effective systems to record and identify incidents. When serious incidents had occurred, there were thorough investigations to identify root causes and improvements to practice which were shared with staff.

The treatment centre was clean and patients were protected from the risk of infection. There was insufficient storage space for theatre equipment.

There were sufficient staff available to provide care and treatment. Staffing levels and skill mix were planned and reviewed to keep patients safe at all times. However, nursing staff did not have an out of hours on-call rota should patients have to return unexpectedly to theatre. Staff were supported to complete essential training, ensuring they were suitably knowledgeable and skilled.

Incidents

- All the staff we spoke with were aware of, and had access to, the online incident reporting system. They gave us examples of incidents they might report such as when an operation was cancelled at the last minute. The theatre manager told us that post-surgical debriefing sessions were held if incidents had occurred during operations.
- Staff told us they were aware of the learning from incidents through staff meetings and newsletters. Staff were aware of changes to practice as a result of incidents and audits. A protocol for bladder scans was now in place on the inpatient ward following a serious post operative incident in May 2014.
- There were four surgical never events in the reporting period October 2013 to September 2014. Three occurred between February and August 2014, and there had been

none since. Never events are classified as such because they are serious, largely preventable, patient safety incidents that should not occur. After each event a thorough investigation was completed to identify root causes and ensure lessons were learned to reduce the risk of similar future adverse events.

- In response to the investigation findings staff had made changes to practice, including a better checking process in theatre, clear procedures for taking x-rays in theatre, and improved multidisciplinary communication. They had also identified the need for local guidelines in certain circumstances.
- There were three unexpected inpatient deaths in the reporting period October 2013 to September 2014. Two of these occurred in 2014. In one case the patient died as a result of an undiagnosed serious condition. Following the second death, as a result of kidney disease, an investigation recommended improved patient monitoring and assessment in certain cases. At a recent clinical governance meeting the Resident Medical Officer presented guidance on the responsibilities of different team members to ensure swift identification and management of the condition.
- The number of serious clinical incidents was moderately consistent over the reporting period November 2013 to October 2014 but, due to an increase in patient numbers, the rate (per 100 patients) had decreased over the same period.
- Serious incidents resulting in harm to patients were not always reported to the Care Quality Commission as required by legislation, so that action could be taken where needed.

Safety thermometer

- The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. It focuses on four avoidable harms: pressure ulcers, falls, urinary tract infections in patients with a catheter, and blood clots or venous thromboembolism (VTE).
- A senior physiotherapist was the lead for NHS Safety Thermometer work. Since April 2014 there had been no avoidable harms reported.
- More than 95% of inpatients were risk assessed for VTE during the reporting period April 2013 to September 2014, and there were no reported incidents of hospital acquired VTE.

Cleanliness, infection control and hygiene

- All areas we visited appeared visibly clean. Patients told us the hospital was kept clean and hygienic. Each area had an infection control link nurse, whose remit and responsibilities were set out in a role description to ensure consistency across the treatment centre.
- In the reporting period October 2013 to September 2014 there had been no incidence of hospital acquired infections, such as Methicillin-resistant Staphylococcus aureus (MRSA), clostridium difficile (C.difficile), or Methicillin-sensitive Staphylococcus aureus (MSSA). These infections can cause serious harm to patients and are resistant to treatment.
- As part of the pre-operative process, all patients admitted for surgery were screened for methicillin-resistant staphylococcus aureus (MRSA) and results were available prior to surgery.
- Where patients were transferred back from other hospitals they were cared for in side rooms to limit the possibility of hospital acquired infections
- Throughout the treatment centre there were ample hand hygiene stations. These were prominently signposted and staff and visitors were observed using them.
- Hand hygiene audits were carried out each month. The latest results for February 2015 showed some areas of non-compliance, with an overall compliance rate of 87% against a target of 95%. The quality and governance manger had identified key areas and staff groups with higher levels of non-compliance. There were a number of strategies in place to reinforce hand hygiene. The importance of hand hygiene was promoted and staff were encouraged to challenge others when they observed poor practice.
- There were sufficient supplies of personal protective equipment (PPE) available such as gloves and aprons. We saw staff using these and changing them between patients.
- Equipment was visibly clean during our inspection. Green stickers were placed on equipment to record when it was last cleaned.
- There had been no surgical site infections since August 2014. Surgical site infections were monitored for hip and knee replacements but not for other types of surgery. Between October 2013 and September 2014 there were 709 hip replacements, with 10 infections reported, and 919 knee replacements with 11 infections reported.

- There was an Infection Control and Prevention Action Plan in place. This described the measures to be taken to ensure that infections risks were managed effectively.

Environment and equipment

- Arrangements were in place to service, and repair equipment should it break down. For specialised equipment, contracts were in place with manufacturers to ensure engineers were suitably skilled and competent.
- Resuscitation equipment was kept on trolleys on the ward and in theatres and checked daily. In addition, there was emergency equipment kept in the lift used to transport patients between the ward and theatres. This included portable oxygen and suction and was checked weekly. All nurses were trained in immediate life support.
- The storage area for equipment required for theatres was in a main corridor; this was cluttered. The theatre manager had raised this with the senior management team but no action had yet been taken.

Medicines

- There were suitable arrangements for the safe management of medicines and medical gases. The policy for the safe management of medicines was available on both wards, and staff could also access it electronically.
- Medicines were supplied from an on-site pharmacy. The pharmacy was open seven days a week, though for reduced opening times at weekends. The opening hours could be extended if necessary and pharmacy staff were available on-call outside the opening hours.
- Pharmacists reviewed each patient's medication administration record and recorded their interventions clearly on the record. The pharmacist attended ward rounds each weekday to provide advice on medications.
- Stocks of medicines used on the wards and in theatres were stored securely. They were checked daily by the pharmacy staff and replenished as required. The pharmacy staff had a list of planned operations for each day and so could anticipate the medicines required and ensure appropriate stock was available.
- There was a system in place to check the expiry dates of medicines and to remove stock that was near to an expiry date. This included medicines for emergency use which were kept in sealed boxes.
- A controlled drug reconciliation was completed twice daily in all departments. This level of monitoring ensured that stock discrepancies would be identified quickly.
- Patients brought any prescribed medicines into hospital with them. The details and quantities were recorded on the patient's medication chart. The medicines were kept in a locked part of the patient's bedside locker.
- Medicines requiring refrigeration were stored in a locked fridge specifically for that purpose. We saw records of daily checks of the fridge temperatures to ensure medicines were correctly and safely stored. We saw one unlocked medication fridge, containing medicines, in an area accessible to patients. We alerted staff to this and action was taken to lock it immediately.
- Nurses were responsible for administering medication, including patients own medicines brought in from home. Nurses had training and a check of their competency in the safe management of medicines every year. We observed nurses following the hospital policy when administering medicines to ensure the safety of patients. This included checking the patient's identity. There were records to show that each nurse's competency to give medications had been assessed.
- Any allergies to medicines were noted on patients' records. Patients with known allergies wore a red wristband to alert staff.
- Medicines for patients to take home following surgery were ordered on the day of their operation and then stored with other medicines in the patient's bedside locker. This meant that there were no delays caused by patients ready to be discharged waiting for medicines to take home.
- Patients having surgery or treatment as day patients were given their medicines to take home by the nurses. Stocks were kept of medicines for patients to take home, typically pain relief, and records were kept of the medicines given. We observed nurses explaining the take home medicines and ensuring the patient understood. If controlled drugs were needed as take home medicines, these were dispensed directly by the pharmacist.
- Medication errors were reported as incidents. Between January 2014 and December 2014, there were 25 reported errors. The types and frequency of the errors were analysed and lessons learned were documented.

Records

- Patient records were all paper based. There was a records tracking system in place so records could be located and were available when they were needed.
- There was a records management and archive policy in place. This provided clear guidelines on how long each type of document was to be retained.
- Confidential waste bins were available to ensure confidential waste was disposed of in a manner which protected patients' privacy.
- Patients' records were complete, accurate, up to date and stored securely.

Safeguarding

- The treatment centre had a suitable safeguarding adult and children policy. The policy and procedure described referring allegations to social services who have the statutory lead responsibility for safeguarding concerns.
- Staff completed training in safeguarding adults and children. An average of 86% of staff had completed adult safeguarding training and 99% were trained in safeguarding children.
- Staff demonstrated an awareness of potential safeguarding issues and knew the procedures to follow if abuse was suspected or alleged. All staff could tell us who the safeguarding lead was for the treatment centre, so knew where to seek advice.
- The safeguarding lead staff member was new to the post and was in the process of building relationships with the local Clinical Commissioning Group safeguarding lead.
- Information on how to report safeguarding concerns to local authorities was displayed within the hospital.

Mandatory training

- Mandatory training courses were delivered by external trainers, and courses were targeted to the needs of clinical and non-clinical roles.
- Some of the training was delivered by e learning and staff completed this at home. Staff told us they were supported to complete training and if they completed training in their own time they were given this time off at a later date.
- The statistical data showed a high completion rate with at least 82% of staff completing the range of training provided as standard. There was a new learning management system that, when fully established, would track each staff member's training record, and managers would be able to monitor training requirements and attendance.

Assessing and responding to patient risk

- Pre-surgical assessments included completion of the American Society of Anaesthesiologists (ASA) physical status classification system risk assessment. This is a system for assessing the fitness of patients before surgery. All the anaesthetic records we saw were completed.
- Staff used a modified early warning system (MEWS) to record routine physiological observations including blood pressure, temperature and heart rate, and monitor a patient's clinical condition. The records we looked at were up to date and complete. Where the scoring indicated deterioration in the patient's condition, medical staff had attended to review the patient.
- Staff followed the five steps to safer surgery. In the operating theatre department we saw active engagement with the World Health Organisation (WHO) surgical safety checklist, which is an example of best practice. The version of the WHO surgical checklist used was a standard Care UK document, but was not the most up to date version available. All three domains of the WHO checklist were fully completed but tended to be led by the Operating Department Practitioners (ODPs) more often than other members of the team such as anaesthetists, surgeons and scrub nurses. This had the potential to reduce team responsibility for this essential process.
- The audits of WHO surgical checklists showed that records were fully completed with only occasional gaps.
- Blood tests were completed prior to surgery to establish blood group type and identify suitable blood supplies should transfusions be required, these are called 'cross matched' bloods. Supplies of matched blood were not routinely obtained but two units of the most common blood type were kept on site for emergencies. These could be given while matched blood supplies were obtained. The procedure for obtaining units of blood had been tested and it was found these could be on site within 40 minutes.
- When joint revision surgery was carried out, anticipatory supplies of cross-matched blood were sometimes obtained due to the risk of potential blood loss.

Surgery

- Theatre lists were reviewed and collated with patients' clinical risk factors. For example patients with diabetes were placed near the beginning of the list because of the impact fasting would have on their health.

Nursing staffing

- The treatment centre provided elective surgery, so staffing levels were planned in relation to expected patient numbers. The staffing rotas showed that staffing levels varied according to patient numbers and adjusted to accommodate patients who may need additional support.
- The staffing levels on rotas we looked at showed the levels were better than the recommended NICE guidelines on staffing levels. Staff confirmed staffing levels were consistently maintained.
- For each staff group in theatre departments (nurses, registered operating department practitioners and care assistants) there were low rates of sickness and low staff turnover. This meant there was a highly stable staff group.
- Staff told us workloads were 'busy' but they were well supported and were able to work flexibly by planning ahead according to the types of patients attending the next week.
- There was variable use of agency staff in theatres in the reporting period June 2013 to November 2014 but overall there was a low rate of agency staff and the percentage had not exceeded 9%.
- The nursing staff did not have an out of hours on-call rota should patients be required to return to theatre. Staff told us that there was an informal arrangement where staff would be contacted and would return to provide cover. There had never been an occasion where staff had not been available but, without a clear procedure, this remained a risk.

Medical staffing

- A consultant anaesthetist and consultant surgeon were on call 24 hours per day. A resident medical officer (RMO) was available on site 24 hours per day. These were permanent staff who worked on a rotating shift basis.
- Medical staff were available in sufficient numbers to provide care for patients
- .Where patients were assessed as having increased risks associated with surgery the skill mix and experience of staff was taken into consideration. This meant pre-surgical assessments would be completed by established, competent staff.

Major incident awareness and training

- The treatment centre had a business continuity plan which described how staff would ensure continuity of care to patients in emergency situations. This plan was currently under review.

Are surgery services effective?

Good

Patients received care and treatment which followed NICE guidelines and met nationally recognised standards. Surgical outcomes for patients were monitored and were either in line with or better than the national average. There was effective multidisciplinary working to ensure patients received appropriate care and treatment.

Staff were competent and supported to extend their roles and competencies. While healthcare staff had received an annual appraisal, this was overdue for nearly a half of clerical and administrative staff. Staff gained patients' consent before treatment and recorded this correctly. Staff were not always clear on procedures to follow when a patient might lack capacity to make decisions about their care.

Evidence-based care and treatment

- Patient needs were assessed and care and treatment was delivered in line with National Institute for Health and Care Excellence (NICE) quality standards. Patients had risk assessments and care plans relating to falls, pressure ulcers, and venous thromboembolism.
- Patients attending for day surgery were given pain relief medicines orally prior to their operation. Previously, patients had been given pain relief intravenously when they were in the operating theatre. The oral pain relief was found to be just as effective and not as great a risk to the patient.
- Patients undergoing certain surgical procedures were given a short-acting spinal anaesthetic. This meant they were able to start moving around and were able to eat

and drink within 40 minutes of returning from theatre. This was beneficial for patients, such as those with diabetes, who needed as short a time as possible without being able to eat and drink.
- Patients were assessed using the Oxford Scale, which measures muscle strength. Their range of movement was also assessed. These were completed pre and post operatively so that rehabilitation progress could be evaluated.
- Patients' needs were assessed and monitored in line with the relevant NICE clinical guidance in order to recognise and respond to acute illness in adults in hospital.
- Medical staff told us that NICE guidelines were discussed at clinical meetings.

Pain relief

- Most patients told us that pain management had been discussed with them but there were two out of the 25 patients we spoke with who told us they would have appreciated more discussion of what to expect post operatively.
- We observed interactions between staff and patients where patients were asked if they were in pain. Patients we spoke with told us they received escalating pain management medicines if their pain was not well controlled.
- The records we reviewed showed that patients were regularly asked to rate the level of pain they were experiencing. The scores were recorded and we saw where pain levels increased, patients received pain relieving medications.

Nutrition and hydration

- Pre admission information for patients gave them clear instructions on fasting times for food and drink prior to surgery. Records showed that checks were made to ensure patients had adhered to fasting times before surgery went ahead. Staff telephoned patients the day before surgery to ensure they were clear about this.
- We saw patients were screened for malnutrition and the risk of malnutrition on admission to the treatment centre using the recognised Malnutrition Universal Screening Tool (MUST).
- After surgery there were accurate and complete records to show fluid intake and output was monitored. Where there were concerns we saw that nurses followed protocol and scanned patients' bladders, seeking medical advice as needed, so as to prevent post-operative urinary and kidney dysfunction.
- Patients told us the choice and quality of meals were good. The range available was suitable for patients' needs and preferences. It included foods suitable for coeliac, diabetic, vegetarian or other diets.
- Although staff told us that red trays were used to identify a patient who needed help with eating, we asked staff if they were available but they could not locate any.
- Staff told us that plate guards and adapted cutlery were available from the kitchen. These items help patients with upper limb weakness or stiffness to eat meals independently.

Patient outcomes

- Patient reported outcome measures (PROMS) evaluate health gain in patients undergoing certain operations, based on responses to questionnaires before and after surgery. The results for the treatment centre for hip replacement from April 2013 to March 2014 were better than the England average. The PROMs for knee replacement were not significantly different to the England average for two of the three measures.
- In the period April 2014 to February 2015 there were 24 cases of unplanned transfer of an inpatient to other hospitals. The treatment centre had a draft standard operating procedure for emergency transfer arrangements in the event of a patient's condition deteriorating, and a brief protocol for daily management. Staff told us decisions to transfer were taken individually according to the clinical condition of the patient. Transfers were due to a range of medical conditions deteriorating and requiring treatment that was not available at the treatment centre.
- Between April 2013 and September 2014 there were 28 unplanned readmissions to the treatment centre within 29 days of discharge, and the rate had increased over time. The most frequent reasons were pain management and wound care, and many were patients who had had knee replacements. The quality and governance manager had started to produce a monthly report that showed readmissions for each surgical procedure and consultant. The theme of patients who had total knee replacements returning for pain relief was to be discussed at the next clinical governance meeting.

Surgery

- In the same period there were 20 unplanned returns to theatre. This was a low rate that had remained consistent over time.
- Patients were reviewed for up to a year following surgery..

Competent staff

- New staff had an induction that was relevant to their role. One health care assistant said their induction was well run and informative. Staff told us there was a flexible approach to the induction period and the length of induction was negotiated with each staff member individually. Staff told us they were supported through induction and received supervision when they started at the treatment centre but supervision did not continue after induction.
- All nurses and allied health professionals had received an appraisal between April 2014 and March 2015. However only just over half of administrative and clerical staff had received an appraisal. Staff spoke positively of the appraisal process; they had the opportunity to discuss training and personal development needs.
- Department managers were responsible for managing the training budgets for their area. Staff told us they were able to identify and request additional training relevant to their role and were supported to improve their skills and knowledge. Staff said that training provided within and outside the organisation was easy to access.
- Health care assistants had undertaken training in tasks such as taking blood and inserting catheters demonstrating there was support to extend their role and competencies.
- Some nursing staff had attended dementia awareness courses run by the Alzheimer's Society. The plan was that they would become 'dementia champions' in the departments but this had not yet happened.
- Some consultants were granted 'practising privileges' to work at the treatment centre. This means they were not directly employed by the treatment centre but had permission to practise as medical practitioners there. In line with legal requirements the registered manager kept a record of their employing NHS Trust together with the responsible officer's (RO) name.
- All staff had had their professional registration status verified since November 2014. This included doctors working under practising privileges.

Multidisciplinary working

- Staff described collaborative and effective multidisciplinary working. There was a daily ward round that involved all staff caring for patients, including pharmacists.
- Team briefings were held each morning for theatre staff to review the operating lists and day ahead.
- We observed ward handovers where there was clear communication about each patient's condition. It was evident that staff knew patients well and medical staff had been consulted if there were any concerns about a patient's well-being.
- In theatres we observed excellent communication and teamwork between staff members.
- Many staff praised the good team working at the treatment centre. Therapists felt with the small team sizes they all got to know each other and worked together well.
- Where patients developed medical conditions that required specialist care that could not be provided at the treatment centre, arrangements were in place to transfer patients to Chesterfield Royal Hospital. Protocols for transfers and repatriations were being developed.

Seven-day services

- The treatment centre had three operating theatres open six days each week. Additional theatre sessions were arranged if there was an increase in demand for surgical procedures, with operations being scheduled on Sundays. Operating times typically ran from 08.30am until 04.30pm each day.
- Physiotherapy services were available from 8am to 6pm, seven days per week. Occupational therapy services were available from 9am to 5pm for pre and post-operative therapy.
- Pharmacy staff provided emergency out of hours cover 24 hours a day.
- There was a Resident Medical Officer (RMO) within the centre 24 hours a day with immediate telephone access to on call consultants.

Access to information

- Laboratory services were outsourced to an adjacent trust. There were effective systems in place to ensure samples were collected and reports were available prior to surgery.

Surgery

- X-ray and diagnostic imaging results were available electronically which made them promptly and readily accessible to staff in the outpatient clinics.
- Staff accessed the treatment centres policies and procedures on line. There was also access to relevant clinical guidance.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Some staff had received training about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards but others told us they had not been trained. Many staff lacked awareness and understanding of the requirements of this legislation.
- Staff told us most patients had capacity to make decisions about and give consent to their treatment, but told us that occasionally some patients were living with dementia or had a learning disability. Staff we spoke with told us they would involve relatives in decision-making processes in these circumstances. Staff were not clear as to what procedures they would follow to adhere to mental capacity legislation.
- Patient records showed that procedures and potential complications were explained to them and patients had signed forms consenting to their operations.
- Patients were asked for their permission for trainees to be in theatre and for their data to be included on the National Joint Registry (NJR). The NJR collects national information on operations and monitors the performance of joint replacement implants.
- When therapists saw patients they recorded that verbal consent from patients had been obtained for the treatment they provided.
- In theatres we observed staff checking that consent forms were signed before proceeding with surgery.

Are surgery services caring?

Outstanding ☆

Patients were overwhelmingly positive about the care they received. Staff were fully committed to providing person-centred care and making sure each patient's individual preferences and needs were reflected in the care delivered. Staff understood that patients were frequently anxious about having surgery and provided reassurance and information to allay any fears. Patients were involved in their care and were treated with dignity and respect by staff. Staff were polite, kind and professional.

Compassionate care

- Response rates and scores for the friends and family test (FFT) were available for the treatment centre as it was commissioned to provide care to NHS patients. For the reporting period April to September 2014 the response rates were found to be moderate with not more than 60% of patients responding in four out of the six month period. Patients consistently rated the treatment centre highly, with an average of over 96% expressing that they would recommend the centre to family and friends.
- We received completed comment cards from 35 patients. Without exception, patients reported that staff were polite, friendly and approachable; always caring and respectful. Some patients welcomed the relaxed atmosphere and others praised the way staff treated them with dignity and how nothing was too much trouble.
- We received many comments from patients on the kindness and respectfulness of staff. Patients we spoke with were all positive about the way they were treated by staff. Staff introduced themselves to patients and explained their role.
- Patients' privacy and dignity were respected. The day ward facilities were only suitable for single sex treatment so the theatre lists were arranged to accommodate this. For example, if the list was mainly female patients, any male patients for that day were accommodated on the main ward.
- We observed interactions between staff and patients, these were professional, polite and patients were listened to. Patients' preferred name were recorded and used.
- Where patients did not have relatives to bring things into hospital for them, some staff shopped for patients if they needed items.

Understanding and involvement of patients and those close to them

- Patients understood their care and treatment and were involved in making decisions. Patients were encouraged to ask questions about their care and treatment. We observed staff answering patients' questions and explaining the risks and benefits of treatment.

Surgery

- With each first appointment letter a pack of information was sent to patients. Patients we spoke with said they had found it useful and provided them with what they needed to know.
- A handbook was available at each bedside to inform patients about ward routines.
- Patients were telephoned by staff on the day before their admission to check the patient understood what would happen and any preparation required. Staff telephoned patients the day after their discharge to see how they were and to answer any questions.
- Staff were flexible and understanding of patients' personal situations. Staff gave us examples where relatives had stayed with patients during their stay to provide support for them.
- Some patients got involved in monitoring their own fluid intake and procedures were in place to assess patients if they chose to manage their own medicines.
- The records we viewed showed patients had been asked if they were happy for their information to be shared with named family members and friends.
- Two patients told us that some acronyms were used when discussions were held with them that they did not understand. This was related to the roles of staff where operating department practitioners had introduced themselves as being 'ODP's', this had not been understood by the patients.
- Patients were asked for their permission for trainees to be in theatre and for their data to be included on the National Joint Registry (NJR). The NJR collects national information on operations and monitors the performance of joint replacement implants.

Emotional support

- We saw staff providing reassurance for patients who were anxious. This included a nurse spending time with a patient, explaining what the patient should experience and how staff would help. We saw a health care assistant responding to a patient's anxiety by reassuring them and asking the doctor to come and talk to the patient about the options for treatment.
- One relative told us that staff had greatly reassured the patient who was very nervous.
- Medications were prescribed before surgery if necessary to help patients with anxiety.
- For patients having surgery as a day case staff telephoned them the day before surgery and the day after surgery. This provided patients with an opportunity to ask any questions and one patient mentioned how reassuring this was.

Are surgery services responsive?

Good

Access to care and treatment was monitored and was in line with or better than the national average. There was good availability of beds with discharge planning which took into account the needs of patients when they went home.

Although there was effective complaints management, patient information about how to raise a complaint or concern was not readily available.

Service planning and delivery to meet the needs of local people

- The service was delivered in line with a range of different commissioned arrangements; therefore the service patients received could vary. An example of this was that transport was available for some patients but not for others.
- The treatment centre was situated on the edge of an industrial estate business park near to the village of Barlborough. Some patients told us they had difficulty finding the treatment centre and public transport links were not good. There was no signage in the local area to direct people to the treatment centre.
- A policy was in place that children under the age of seven were not allowed to visit patients at the treatment centre. However, we were told that by prior arrangement this would be allowed and the day room on the ward would be used to facilitate the visits.

Access and flow

- The referral to treatment (RTT) operational standard for the treatment centre was that 90% of admitted patients should start consultant-led treatment within 18 weeks of referral. During December 2014 the treatment centre had exceeded this target by achieving 95.9%.

Surgery

- The treatment centre had admission (or exclusion) criteria that described the clinical indicators for patients to be accepted for treatment. The criteria were set out in a draft Care UK document that had not yet been ratified.
- Patients attended a 'one-stop shop' outpatient clinic where all pre-surgical assessments were completed. Before patients left they were provided with a date for when their surgery would take place.
- Staff completed assessments of patients' social and personal circumstances prior to surgery to anticipate patients' requirements after discharge. Staff ordered any equipment that would be needed in advance so that it was available when the patient was discharged. This helped reduce delays in patients being able to go home after surgery.
- The treatment centre had 40 inpatient beds but staff told us the unit usually operated with around 30 inpatients at any one time. There were staggered admission times for surgery. This meant that the time that patients were waiting before their surgery commenced was reduced.
- The day case unit had six beds available, which was not always sufficient to meet the need for day case surgery. Staggered theatre times meant they could be used more than once each day, and inpatient beds were sometimes used for day surgery patients.
- Staff prepared discharge letters so that these were available when patients were discharged. They sent the letter to the patient's GP, and gave a copy to the patient.

Meeting people's individual needs

- Staff told us they had easy access to phone and face to face interpreting services for patients whose first language was not English. However, there was a lack of information for people who might need resources in a language or format other than written English.
- A range of information leaflets were available for patients. This included information about the treatment centre and what to expect during their stay.
- Staff told us that if patients became confused after surgery, they would be cared for as near to the nurses' station as possible so they could be closely observed. Staff could provide one to one care for patients if necessary and staff said there were always sufficient staff numbers to allow for this
- Where patients were identified as benefitting from family or friends being present, for example if they had a learning disability, relatives were able to stay at the hospital with them.
- A 'communication passport' was available to use with patients with a learning disability. Staff gave us an example of where this had recently been used successfully to improve their understanding of a patient's needs and their ability to communicate with the patient.
- There was free car parking available on site for staff and patients.
- Patients could access a free wireless internet service at the treatment centre but they told us this could be slow.
- Lockable cupboards were available for storing patients' personal valuables during their stay.
- Bathrooms and toilets had motion activated lights which meant that patients did not have to operate light switches. This reduced the risk of falls if patients were unsteady or using walking frames or crutches.
- A café was available at the treatment centre. Patients and visitors used this and were complimentary about the service.

Learning from complaints and concerns

- The treatment centre received 18 complaints during 2014. The patient and staff support lead managed formal complaints. Trends were identified with a lack of communication being the main reason in seven out of the 18 complaints. Learning from concerns and complaints was fed back to staff at team meetings. We looked at the two most recent complaints and saw that they were investigated thoroughly and the complainant received a comprehensive response. Each response included relevant apology and an explanation of actions taken, such as a revised letter template or a reminder to consultants.
- Patients and relatives did not have easy access to the complaints system. Care UK was changing the way how to make a complaint was publicised so staff had removed local leaflets about making a complaint from departments. However, nothing had replaced them, and staff could not locate guidance leaflets quickly. Some, but not all, patients told us they received complaints information leaflets with their first appointment letter. Most patients we spoke with were not familiar with the formal complaints procedure but told us they felt able to raise any concerns with staff or the manager.

Surgery

- Patients were asked to give feedback on their stay through a questionnaire on a hand-held electronic tablet. This format was used in all departments, with different sets of questions relevant to the department. In this way patients could submit anonymous feedback.
- Departments were expected to achieve a 75% response rate. There were also comments cards available for patients to complete. Staff received a weekly email with the results for their department. Staff reviewed the comments and flagged negative ones. The hospital manager's assistant telephoned people who had made negative comments to apologise and ask how things could have been improved.
- Staff told us patients' concerns were recorded in their individual patient record. Although staff told us they noted trends and escalated these to senior staff, there was no formal way of recording concerns so that trends could be identified systematically. The hospital manager told us there were plans to make better use of concerns and not just formal complaints.

Are surgery services well-led?

Good

The leadership team was relatively new and roles were in development, but there had been positive engagement with the wider staff group. Effective governance and reporting systems were not yet fully established.

Managers at all levels were supportive and staff felt connected and valued. There was an open culture where staff were able to raise concerns and make suggestions. Staff morale and motivation were high and staff enjoyed working at the treatment centre. There was an emphasis on effective team working.

Vision and strategy for this service

- Care UK had a mission statement, underpinned by three core values focused on patient-centred care, individual responsibility and team working. Staff we spoke with were passionate about providing good care for patients and knew the principles of the mission statement.
- Staff received regular information on the organisational vision and values by email and on the staff website.
- There was a strategic plan in place to develop the services on offer. This included plans to improve flow by having a discharge lounge, and a buildings extension to the premises.

Governance, risk management and quality measurement

- There had been several new appointments to senior roles in recent months and new governance structures were being established. There were weekly senior management meetings and monthly heads of department meetings which both reported to a monthly clinical governance meeting. Incidents and the risk register were standing agenda items at this meeting.
- Clinical governance meetings were chaired by the medical director and attended by all heads of department. Clinical governance meeting minutes showed that incident themes and learning from them were discussed.
- Earlier in the year there were workshops on maintaining an effective risk register, attended by heads of department and lead clinicians. From these workshops a new style risk register was developed, but this was still 'work in progress.' The treatment centre risk register, dated 19 March 2015, contained 12 risks and how they were being managed. The risks were over-arching topics, rather than specific to identified areas in the treatment centre, and six were overdue a review. The risk register did not identify who had the responsibility for making sure the identified actions were taken.
- Managers we spoke with told us about the general risks which related to the area they worked in but were not clear about specific and individual risks.
- There was a new quality and governance manager who had been in post for seven weeks. Their role included leading on infection prevention and control, for which they linked with a local NHS acute hospital trust. They were responsible for adhering to the Care UK audit schedule and submitting completed audits and action plans and carrying out re-audits where there had been non-compliance.
- Staff were reporting 10 to 15 incidents each week, but the quality and governance manager considered this too low, and was working on improving the quality and appropriateness of incident reporting. There was a

model report available for staff to view on the hospital staff website, as an example of good practice. Incident reporting was part of clinical staff performance development objectives.

- A range of audits were completed on fluid balance records, modified early warning score records and World Health Organisation (WHO) surgical checklists. The results showed very high levels of completion with only a few occasional gaps. A compilation report of all the audit activity was collated each month. This included details of the actions to be taken and timescales for completion.
- We were given a Patient Experience Report, dated January 2014. Most of the descriptive data it contained was identified as from January 2014 to December 2014. This was obviously in error but occurred in several places and had not been corrected. We looked at a selection of recent clinical governance, senior management and heads of department meeting minutes, but could not see where complaints were reported and discussed.

Leadership of service

- Staff were extremely positive about leadership at every level. Staff felt respected, valued and supported. A health care assistant commented of the new senior management, "It's the best it's ever been – it's really lifted staff spirits."
- The hospital manager had got to know staff by working in the different departments and had an open door policy. Senior managers were highly visible, accessible to staff and knew each staff member individually.
- There was a senior manager on call at all times to provide support and assistance to staff on duty.
- The inpatient ward manager had a 'hands on' approach to ward management and led by example, conducting a walk around each morning speaking to each patient to see how they were. It was apparent the manager was fully aware of what was happening on the ward.
- There were supportive line managers; senior managers were well known around the hospital and staff felt they could approach them easily with concerns or suggestions. They described it as like a large family. They told us they were proud of the reputation, teamwork, quality of care and cleanliness. Therapy staff told us of suggestions they had made or were researching to improve the quality of care.
- Staff skills and strengths were recognised. We were given examples of where staff had been given development opportunities and sometimes changed roles or responsibilities that allowed them to progress in their career.
- Support staff were positive about working at Barlborough. They felt listened to and valued. They said that patients and staff knew if they raised an issue it would be taken seriously and addressed.
- Therapy staff felt valued and enjoyed working in a friendly hospital. They said there was a good working environment. One said, "I love it here; it's the best place I've ever worked!"
- There was a positive regard for the welfare of staff. We were told of examples where staff had required support and assistance in their personal lives. The extent of the support provided to staff was exceptional and beyond what would usually have been expected from an employer.

Culture within the service

- Without exception staff told us how much they enjoyed working at the treatment centre; they described it as like being part of a family.
- There was a strong focus on continuous learning and improvement at all levels. Staff told us they felt confident making suggestions to improve practice, and gave us examples of things that had changed as a result.
- There were sections on the website where staff could contact the Care UK chief executive and to suggest new ideas.

Public and staff engagement

- There was a high level of informal engagement with staff and an open culture. The hospital manager, with other members of the senior management team, held well-attended quarterly meetings with staff. These provided an opportunity for information sharing and answering questions. They were held at different times of day so that all staff could access them. There was also a monthly electronic staff bulletin.
- There was proactive engagement of staff, including through team meetings, the monthly open meetings with senior managers and regular emails from the hospital manager. Staff felt confident in raising concerns with management or bringing ideas for improvements. A staff forum had lapsed but there were plans to re-instate this and introduce a patients' forum.

Surgery

- There was an annual staff survey, which was overdue. Staff told us things had changed in the past as a result of the survey.
- The hospital held an open day each year where prospective patients could come to look around, including visiting the operating theatres.
- One patient told us, “This is what I would expect of care everywhere; I think this is a centre of excellence”.

Innovation, improvement and sustainability

- Service developments and changes to improve the quality of care were developed and assessed with input from clinicians.
- The lead physiotherapist told us that they had worked on reducing patient falls. If a pre-operative assessment indicated a patient was at high risk of falling post-surgery they were allocated a bed close to the toilets. This measure had contributed to a reduction in patient falls.
- Following a serious patient incident, an audit of measures to prevent acute kidney injury was carried out. The results had been presented to staff and improved monitoring of patients’ hydration had been introduced. The audit was to be repeated in August 2015 to assess the effectiveness of the practice changes.
- There were plans to build and develop a discharge lounge with the aims of improving the flow of patients through the treatment centre.

Outpatients and diagnostic imaging

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

Information about the service

Outpatient services provided by the Barlborough NHS Treatment Centre included orthopaedic and spinal referrals. In 2014 there were 3000 patients treated at the centre. On site diagnostic imaging was available that included plain film x-rays. Mobile magnetic resonance imaging (MRI) was available once or twice per week. The provision of mobile MRI scans for a musculoskeletal service in Lincolnshire was also managed from the treatment centre. A range of diagnostic services were outsourced to acute trusts.

Summary of findings

Overall we rated outpatients and diagnostic imaging services as good. There were reliable systems, processes and practices in place to protect patients from avoidable harm and abuse. Risks to patients were appropriately assessed, monitored and managed. Not all patient safety incidents were reported to CQC as they should have been. Patients' needs were assessed and care, treatment and support were delivered following local and national standards and evidence based guidance.

Without exception, patients told us they were treated with kindness, dignity, respect and compassion. Patients and those close to them were involved in planning their care and treatment and staff offered them appropriate emotional support.

Staff were appropriately qualified and skilled to deliver effective care and treatment. There were good examples of staff and teams working well together to deliver care. There was a culture of supportive management where staff felt respected and valued. They were proud of the service they offered and they focused on improving and promoting good quality care. There was openness and transparency and patients were actively encouraged to feed back about their experiences. There were effective systems to manage and respond to complaints but most patients did not have access to information on how to make a complaint.

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services safe?

Good

There were reliable systems, processes and practices in place to protect patients from avoidable harm and abuse. Staff knew how to report incidents, including abuse. Lessons were learnt from incidents and action taken to improve services.

Appropriate standards of hygiene and cleanliness were maintained. Medicines were managed safely. Records were accurate, up to date and securely stored. Risks to patients using the services were appropriately assessed and managed. Staffing levels and skill mix met patients' needs.

Incidents

- Staff knew how to use the electronic system for reporting incidents and gave appropriate examples of what they would report.
- There was evidence of learning from incidents. For example, a change was made to recording skin tests carried out at pre-operative assessments. A patient had a reaction to a skin test but it was not clear from their records which of two skin cleansers they had reacted to. The site of each skin cleanser test was now recorded for all patients.
- The treatment centre had processes in place to ensure that radiation incidents were reported as required under the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). There had been no incidents of unnecessary radiation exposure at this service.

Cleanliness, infection control and hygiene

- Staff had completed annual mandatory training in the prevention and control of infection.
- Hand hygiene audits were carried out each month. The latest results for February 2015 showed some areas of non-compliance, with an overall compliance rate of 87% against a target of 95%. The quality and governance manger had identified key areas and staff groups with higher levels of non-compliance. There were a number of strategies in place to reinforce hand hygiene. The importance of hand hygiene was promoted and staff were encouraged to challenge others when they observed poor practice.
- Patients with infections requiring diagnostic imaging were given appointments at the end of the day and all equipment was subsequently deep cleaned.

Environment and equipment

- Patient numbers had increased by 25% in the previous 12 months. This had put pressure on the space available for outpatient appointments, including those for physiotherapy. A clinical room had been recently converted to a treatment room for outpatient appointments and an extra cubicle had been included in the physiotherapy gym. Further expansion of services would require careful consideration with regard to environmental capacity.
- Equipment maintenance and servicing was carried out by an external provider. Staff reported that they were easy to contact and prompt to respond to any requests. However, during our visit we found that a piece of life-saving equipment was overdue for servicing on the outpatient resuscitation trolley. Staff were able to show that the service had been booked but not yet carried out by the external provider.
- The external provider maintained a list of equipment for servicing but the outpatient department and physiotherapy department did not have their own equipment logs to ensure that equipment was not missed.
- Therapy aids and appliances were effectively provided by an external provider. Stock levels were maintained and monitored with a weekly check carried out by a therapist.
- There were suitable arrangements in place to restrict access where x-ray and imaging equipment was in use. Specialist personal protective equipment for staff was checked monthly.
- Diagnostic and screening equipment was maintained under contract, with regular servicing carried out. The diagnostic and imaging department maintained an inventory of equipment including replacement dates as required by IR(ME)R.
- All radiology staff wore dosimetry badges. These are individual dosimeters used for monitoring cumulative radiation doses to ensure staff are safe. These were read by an external company every four months and the dosages recorded and monitored.

Medicines

- Initial appointment letters included a regular medications list which patients were asked to complete and bring with them. This meant nursing and medical staff could confirm prescribed and other medications
- There were effective arrangements for managing medicines, including recording, handling, storage and safe administration.

Records

- Patient records were all paper based. We reviewed five sets of patient records which were all fully completed and included relevant information such as information from the patient's GP and documented consent to surgery.
- Some signature lists in patient records were incomplete. Some physiotherapy records only contained staff initials rather than signatures contrary to the treatment centre's records management policy. This meant it would be difficult to identify the practitioner in some cases.
- There was a patient records tracking system which ensured that records could be located at every stage of a patient's appointment or treatment.
- Patient records were always available when needed in the outpatient clinics. Medical records from other providers were not routinely available but could be requested as required. For all new patients a General Practitioner (GP) referral letter was available containing information about the patient.
- Patient records audits were carried out to check they were being completed with the appropriate information. Audit results for the year to February 2015 showed high levels of compliance with the required standards.
- All staff attending outreach clinics (clinics provided at other locations for the convenience of patients) were aware of data protection requirements and had completed mandatory information governance training. They carried out a risk assessment for every outreach clinic before it began and only records pertaining to patients booked onto that clinic were taken to the clinic. They were transported in a sealed box in the same car as staff, so they were kept securely. At the outreach clinic the same procedures were in place as at the treatment centre to ensure that patients' records were secure.

Safeguarding

- Staff demonstrated an awareness of potential safeguarding issues and knew the procedures to follow if abuse was suspected or alleged. They were all aware of the named safeguarding lead for the treatment centre.
- Safeguarding training was provided to new staff during their induction and although the treatment centre did not have children as patients, staff received child protection training as children visited.
- One safeguarding incident had been appropriately alerted and managed in the department in 2015. However, the required statutory notification to the Care Quality Commission had not been made.
- There were effective processes in place to ensure that the right person got the right radiological scan at the right time.

Mandatory training

- Most outpatient staff had completed mandatory and statutory training. Some of this was delivered face to face but most elements were computer based online learning.
- Mandatory training courses were delivered by external trainers, and courses were targeted to clinical and non-clinical roles.
- There was a new learning management system that, when fully established, would track each staff member's training record, and managers would be able to monitor training requirements and attendance.

Assessing and responding to patient risk

- There were emergency procedures in place in the outpatient department including call buzzers to alert other staff. Resuscitation equipment was available and all registered nurses had received training in emergency life support.
- Patients attending for an MRI scan were given a patient safety questionnaire for completion. This was explained to them by administrative staff and checked again by radiology staff prior to the scan. This was to ensure that patients were safe to be scanned.
- The provider had an appointed radiation protection adviser (RPA) who was based at a local trust. They conducted an IR(ME)R review every 12 months and were available to provide advice by telephone.

Outpatients and diagnostic imaging

- There were suitable arrangements in place to restrict access where x-ray and imaging equipment was in use. This included warning signs for patients and staff and specialist personal protective equipment for patients.
- Female patients who were or could be pregnant were prompted to inform staff before exposure to radiation. Staff checked with female patients before carrying out x-rays.

Nursing and allied health staffing

- There was an updated list of authorised x ray practitioners with confirmation of their registration with the Health and Care Professions Council (HCPC).
- There was sufficient nursing staff available in the outpatient department including registered nurses and care assistants.
- Vacancy and sickness rates were low and there was very little use of agency nurse staffing in the outpatient department.
- There was a team of eight physiotherapists, two rehabilitation and discharge coordinators and one rehabilitation and discharge assistant. They were able to provide physiotherapy for surgical patients prior to surgery, on the inpatient and day case wards and post operatively. The treatment centre did not employ qualified occupational therapists.
- There was a small radiography staff team, working at the limit of their capacity. They were also required to cover on call 24 hours per day, seven days per week. A manager told us staff worked flexibly to cover shifts and there was a small internal bank of staff available to work when required.

Medical staffing

- As required by the regulations, there was an up to date electronic list of people approved to request x-rays or MRIs. These staff had copies of the guidance on appropriate requesting of radiation diagnostic tests.
- There were sufficient doctors available in the outpatient department. Medical staff usually provided cover for absent colleagues when necessary so that clinics were not cancelled.

Major incident awareness and training

- While staff were not aware of business continuity planning for the outpatients' department they described how the impact of recent adverse weather conditions had been managed effectively to maintain the service.
- There were effective arrangements in place in case of a radiation or magnet incident.
- Emergency procedures for the mobile MRI scanner were tested quarterly and changes had recently been made to ensure patient safety in the event of cardiac arrest.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

Patient's needs were assessed and their care and treatment planned and delivered following local and national guidance for best practice. Staff were suitably qualified and skilled and felt supported to deliver effective care and treatment through their training and appraisal. Staff worked collaboratively to meet patients' needs. Consent to care and treatment was obtained in line with legislation and guidance.

Evidence-based care and treatment

- Care and treatment were based on guidance from the National Institute for Health and Care Excellence (NICE) and professional bodies. Guidelines and best practice guidance were made available to staff on the organisation's website
- There were written standard operating procedures, also known as 'Local Rules' in place for radiology as required under IR(ME)R. All radiography staff and hospital porters read and signed a copy of the Local Rules.
- The treatment centre operated an enhanced recovery programme. The aims were for patients to spend less time in hospital after their operation. They received early physiotherapy, minimal opiate based pain killers and where possible a local rather than general anaesthetic.
- The imaging service used diagnostic reference levels (DRL's), endorsed by professional bodies, to identify situations where it may be possible to reduce the dose without compromising the quality of the image. These levels were audited.

Outpatients and diagnostic imaging

Pain relief

- Pain relief was discussed with patients at their pre-operative assessment appointment and they were advised what to expect after their surgery.

Patient outcomes

- The treatment centre's patient experience report for 2014 showed that consistently more than 95% of patients would recommend the treatment centre to their family and friends.
- Patient feedback showed that nearly all patients felt confident in the pre-assessment and physiotherapy staff.

Competent staff

- Staff received annual appraisals which supported their career development. They were able to attend additional courses appropriate for their role; for example one nurse told us that they had been supported to complete an Open University degree.
- Five out of eight physiotherapy staff had completed a clinical educator's course at Sheffield Hallam University and physiotherapy students were placed at the treatment centre under the supervision of these staff.
- All nursing staff had completed revalidation of their qualifications.
- All staff administering radiation were appropriately trained to do so. Radiation Protection Supervisors (RPS) were appointed. These staff help to ensure that the service complied with the arrangements made by the radiation employer under the Ionising Radiation Regulations 1999 (IRR99) and in particular they supervised arrangements set out under the Local Rules.

Multidisciplinary working

- There was good team working, and therapists felt the small team sizes meant they all got to know each other and worked well together.
- Pre-operative patients attended a 'one-stop shop' outpatient clinic where all pre-surgical assessments were completed. The appointments lasted three to four hours during which a patient would have diagnostic tests such as x-rays, see a nurse, a surgeon and a therapist. They would receive all the necessary information about their treatment including the date of their operation and would also sometimes be provided with the equipment required for their recovery. Before patients left they were provided with a date for when their surgery would take place.
- A multidisciplinary team meeting was held every Monday during which the team of nurses, doctors and therapists planned care and treatment for patients with complex needs.
- Some specialist diagnostic tests were requested at local acute trusts, such as bone scans and computerised tomography (CT) scans. The treatment centre staff kept a record of all of these requests and there was a system to follow them up to ensure that they were met in a timely manner.
- Staff made use of the Image Exchange Portal (IEP) to access x-rays and other diagnostic images taken previously or elsewhere so as to reduce a patient's exposure to radiation. They told us that these were usually available within one hour. We observed a radiographer accessing and reviewing x-rays taken at another hospital.

Seven-day services

- Outpatient clinics operated Monday to Friday 8am to 5pm and on some Saturdays.
- X-rays were available Monday to Friday 7am to 6pm and on Saturdays where there were clinics. Outside of these times a radiographer was available on call.

Access to information

- X-ray and diagnostic imaging results were available electronically which made them promptly and readily accessible to staff in the outpatient clinics.
- If equipment failed there was a contingency plan for images to be viewed on workstations or laptop computers and all images were stored internally and externally as a back-up.
- Routine x-rays and MRI scans were available within 24 hours and where urgent within two hours. Radiology reporting was provided by an external contractor and their service was audited weekly. Where there were significant findings there was a process in place to alert the referrer and the on call consultant in a timely manner so that the patient could receive follow up.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Outpatients and diagnostic imaging

- Staff demonstrated confidence and competence in seeking consent from patients.
- Staff had received training about the Mental Capacity Act and the Deprivation of Liberty Safeguards; however, some staff lacked awareness and understanding of the requirements of this legislation.

Are outpatients and diagnostic imaging services caring?

Good

Without exception, patients told us they were treated with kindness, dignity, respect and compassion.

Patients and those close to them were involved in planning their care and treatment, and staff offered them appropriate emotional support.

Compassionate care

- Without exception, patients reported that staff were polite, friendly and approachable; always caring and respectful. Some patients welcomed the relaxed atmosphere and others praised the way staff treated them with dignity and how nothing was too much trouble.
- A physiotherapy patient said, "I felt my treatment was excellent and the staff were caring and patient."
- Patients were offered the support of a chaperone. This is a person who acts as a safeguard and a witness for a patient or health care professional during a medical examination or procedure. However, they were not made aware of this support until they arrived at the clinic which may have prevented them from making the necessary arrangements.
- Although patients did not raise concerns about lack of privacy for discussions held at the reception desk, a staff member did. However, staff told us that they could take a patient to a different area for confidential conversations.

Understanding and involvement of patients and those close to them

- Patients understood their care and treatment and were involved in making decisions. Patients were encouraged to ask questions about their care and treatment. We observed staff answering patients' questions and explaining the risks and benefits of treatment.
- Post-operative patients were given information about who to contact if they were worried about their condition or treatment after they had been discharged.

Emotional support

- The physiotherapy feedback reports for January and February 2015 showed that an average of 97% of patients responded positively when asked if they had found someone at the treatment centre to talk to about their worries and fears.
- A prayer and reflection room was available for outpatients within the waiting area.
- Staff provided patients with information leaflets explaining their treatment plan.

Are outpatients and diagnostic imaging services responsive?

Good

Services were planned and delivered to meet people's needs. Facilities and the environment were appropriate including a spacious, well equipped waiting area and a free car park.

The needs of different people were taken into account in the planning and delivery of services. There were interpreting services for patients who did not have English as their first language. Reasonable adjustments were made for patients with limited mobility, a learning disability or who were living with dementia.

Patients had timely access to appointments and treatment and they told us they were not kept waiting long once in the department. There was a lack of information available about how to make a complaint. However patients who had complained received prompt responses and appropriate action was taken.

Service planning and delivery to meet the needs of local people

Outpatients and diagnostic imaging

- The outpatients department was open from 8am to 5pm, five or six days per week offering two surgical clinics per day.
- Physiotherapy services were available from 8am to 6pm, seven days per week and home visits were available for pre-operative assessment and post-operative physiotherapy where appropriate.
- Following their discharge from hospital patients saw a physiotherapist as an outpatient for six follow up appointments. When required patients could be referred to a physiotherapist closer to where they lived.
- Occupational therapy services were available from 9am to 5pm for pre and post-operative therapy.
- X-ray services were available from 7am to 6pm, Monday to Friday and on Saturdays where there were clinics, with a radiologist on call outside of these hours. A mobile MRI scanner visited every Thursday and alternate Wednesdays between 8am and 6pm.
- There were waiting areas with sufficient space and seating, accessible toilets, vending machines for food and drinks and a café open all day Monday to Friday.
- There was a free car park available on site.
- Patients received useful information and advice in their appointment letters, including a furniture chart. This required patients to record furniture measurements which the rehabilitation and discharge coordinators used to provide them with the appropriate equipment during their pre-assessment appointment and explain how the equipment should be used.
- Patients were not advised in advance about the opportunity for a chaperone to accompany them during their appointment. They were also not given information about travel options other than by road or about the availability of provided transport.
- Although patient numbers had increased by 25% over the previous 12 months, the number of operating theatres had remained the same. Staff in the outpatient department told us that as a consequence some patients had to return for a second pre-operative assessment as their diagnostic tests (valid for three months) had expired prior to their theatre date. Whilst the waiting times were within the national target of 18 weeks, the three month limit and lack of increased theatre capacity had impacted on numbers of outpatient appointments.

Access and flow

- Patients were usually seen in the department within two to three weeks of an initial referral. This is well within the national standard which states that 95% of non-admitted patients should start consultant led treatment within 18 weeks of referral.
- Patients for physiotherapy at the treatment centre were seen within one week of their request.
- The treatment centre did not record the number of patients who did not attend, (without prior cancellation) for their appointment. Staff told us this happened very rarely, perhaps only once per week for pre assessment appointments. Patients who did not attend were telephoned on the day and a new appointment date offered.
- Physiotherapists estimated approximately five percent of appointments were not attended but every non-attendance was followed up with a telephone call to the patient.
- Patients experiencing difficulties after they had been discharged were able to access a same day telephone consultation. If appropriate they were offered an appointment usually on the same day.
- X-rays were available on the day on site. Magnetic Resonance Imaging Scans (MRI) were usually available within four weeks of a request.
- New patient appointments (pre-operative assessments) were booked between 8am and early afternoon and follow up appointments (post-operative clinics) were booked from early to late afternoon. This meant that new patients who could expect to be at their appointment for three to four hours were seen earlier in the day and the shorter follow up appointments allocated afterwards.
- Patients told us they were not kept waiting once they arrived for their appointments and two patients told us how they had been seen earlier than their appointment time because they had arrived early. We asked for clinic data on waiting times but it was not available so it was not possible to check if people were seen promptly most of the time.
- At the weekly activity meeting, staff reviewed clinics over the next four weeks. Between April and December 2014, on average 12 patient appointments were changed each month mainly due to the consultants being required in theatre. Eighty per cent of these were altered more than a week in advance, so patients were given plenty of notice and re-booked.

Outpatients and diagnostic imaging

Meeting people's individual needs

- Staff told us they had easy access to phone and face to face interpreting services for patients whose first language was not English. However, there was a lack of information for people who might need resources in a language or format other than written English.
- Physiotherapy patients were provided with information booklets prior to their treatment and a software application was available to download, containing video clips, pre and post-operative exercises and information on different conditions.
- The service used a 'hospital passport' system for patients with a learning disability. This is a document which provides information about the individual needs of the patient so that they can be supported during their appointment and treatment.
- Some nursing staff had attended dementia awareness courses run by the Alzheimer's Society. The plan was that they would become 'dementia champions' in the departments but this had not yet happened.

Learning from complaints and concerns

- Patients were asked to give feedback on their outpatient experience through a questionnaire on a hand-held electronic tablet. This format was used in all departments, with different sets of questions relevant to the department. This meant patients could submit anonymous feedback. Departments were expected to achieve a 75% response rate. There were also comments cards available for patients to complete. Staff received a weekly email with the results for their department. Staff reviewed the comments and flagged negative ones. The hospital manager's assistant phoned people to apologise and ask how things could have been improved.
- Care UK was changing the complaints system so staff had removed local leaflets about making a complaint. However, nothing had replaced them. Information was not on display in the outpatient areas explaining how patients could raise a concern or make a complaint.
- Staff told us patients' concerns were recorded in their individual patient record. Trends were escalated to senior staff. Learning points from concerns and complaints were fed back to staff at team meetings.

Are outpatients and diagnostic imaging services well-led?

Good

There was a culture of teamwork and supportive management in which staff felt respected and valued. They were proud of the service they offered and they focused on improving and promoting good quality care. There was openness and transparency and patients were actively encouraged to feed back about their experiences.

There were some arrangements in place to identify and manage risks, however there was a lack of coordinated awareness of risks at department level.

Vision and strategy for this service

- Care UK had a mission statement, underpinned by three core values focused on patient-centred care, individual responsibility and team working. Staff we spoke with were passionate about providing good care for patients and knew the principles of the mission statement.
- Staff received regular information on the organisational vision and values by email and on the staff website. They were able to talk about the vision and strategy for Care UK.

Governance, risk management and quality measurement

- There had been several new appointments to senior roles in recent months and new governance structures were being established. There were weekly senior management meetings and monthly heads of department meetings which both reported to a monthly clinical governance meeting. Incidents and the risk register were standing agenda items at this meeting.
- Clinical governance meetings were chaired by the medical director and attended by all heads of department. Clinical governance meeting minutes showed that incident themes and learning from them were discussed.
- There was a schedule of nurse led audits undertaken in the department. Infection control based audits were externally reviewed by a local acute trust.

Outpatients and diagnostic imaging

- Staff were aware that there was a hospital risk register but were unclear what risks were identified on it. There were no risk registers held at department level which meant that arrangements for identifying and managing risks may not be robust.
- We looked at a selection of recent clinical governance, senior management and heads of department meeting minutes, but could not see where complaints were reported and discussed.

Leadership of service

- Staff told us that the outpatient and diagnostic imaging services were well led. They told us, without exception that the senior management team, especially the hospital manager were approachable, supportive and would actively work with them to deliver the best for patient care. “We all respect him”.
- Support staff were positive about working at Barlborough. They felt listened to and valued. They said that patients and staff knew if they raised an issue it would be taken seriously and addressed.
- Therapy staff felt valued and enjoyed working in a friendly hospital. They said there was a good working environment.

Culture within the service

- There was an ethos of teamwork and supportive management, with effective communication throughout the hospital. There were sections on the website where staff could contact the Care UK chief executive and to suggest new ideas.
- The hospital manager with other members of the senior management team held well-attended quarterly meetings with staff. These provided an opportunity for information sharing and answering questions. They were held at different times of day so that all staff could access them.
- The hospital manager had got to know staff by working in the outpatient departments and had an open door policy.
- Support staff said that patients and staff knew if they raised an issue it would be taken seriously and addressed. There were supportive line managers; senior managers were well known around the hospital and staff felt they could approach them easily with concerns or suggestions. They described it as like a large family. They told us they were proud of the reputation, teamwork, quality of care and cleanliness. Therapy staff told us of suggestions they had made or were researching to improve the quality of care.

Public and staff engagement

- The hospital held an open day each year where prospective patients could come to look around, including visiting the operating theatres.
- There was proactive engagement of staff, including through team meetings, monthly open meetings with senior managers and regular emails from the hospital manager. There was also a monthly electronic staff bulletin.
- Staff felt confident in raising concerns with management or bringing ideas for improvements.
- There was an annual staff survey, which was overdue. Staff told us things had changed as a result of the previous survey.
- There were plans to re-instate a staff forum, with representatives from all departments (not including senior staff) but this had not yet happened.

Innovation, improvement and sustainability

- Staff were focused on continually improving the quality of care. They told us that senior managers were proactive in looking at improvements and that staff were allowed to make changes where they benefitted the patient. One example was the physiotherapy team had researched and recommended to surgeons an improved treatment for patients with a specific knee problem. This recommendation was accepted and implemented within the treatment centre.

Outstanding practice and areas for improvement

Outstanding practice

- Patient feedback was overwhelmingly positive about the caring attitudes of staff, who went the extra mile to provide high quality care.
- Staff were highly motivated to offer care that was respectful and promoted people's dignity. They took the initiative in seeking solutions to meeting individual patients' needs.
- There was an ethos of teamwork and supportive management, with effective communication throughout the treatment centre.
- Emergency equipment, including portable oxygen and suction, was kept in the lift used to transport patients between the ward and theatres. This meant that in an emergency patients could be treated without delay.

Areas for improvement

Action the hospital MUST take to improve

- The provider must ensure that all notifiable incidents resulting in harm to patients, including safeguarding incidents, are reported to the Care Quality Commission, so that action can be taken where needed.

Action the hospital SHOULD take to improve

- The WHO surgical checklist should be updated.
- There should be continued efforts to improve staff hand hygiene practices.
- There should be sufficient, suitable storage space for theatre equipment
- There should be an effective formalised system to ensure sufficient out of hours nursing staff when patients have to return unexpectedly to theatre.
- All staff should comply with the requirements of the Mental Capacity Act 2005, when caring for someone who lacks or may lack the capacity to make decisions about their care and treatment.
- There should be a greater staff uptake of dementia awareness training.
- There should be a clear system to ensure ward staff are aware when patients have specific nutritional needs or need assistance with eating.
- Nursing staff should receive regular clinical supervision.
- All staff including administrative and clerical, should have an annual performance appraisal.
- People attending as outpatients should be advised in advance about the opportunity for a chaperone to accompany them during their appointment.
- Patients should be given information about how to travel to the treatment centre by public transport and about the availability of provided transport
- Patient information leaflets should be available in large print and formats other than written English.
- Information should be available in each area to inform patients how they can raise concerns and complaints.
- The risk register should be strengthened to include ownership of actions and their timely review.
- Comments, concerns and complaints should be reported regularly through the hospital's governance structure so that systematic and consistent learning can be shared.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider did not always notify the Care Quality Commission of important incidents affecting the health, safety and welfare of people using the service.**