58 Queen Square Limited

58 Queen Square

Inspection report

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

Ratings

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

Summary of findings

Overall summary

This was the first time we rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff managed safety well. Staff understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well.
- Staff provided good care and treatment. They gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and made sure they had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff had training in key skills but did not always keep this up to date.
- Staff did not all have knowledge needed to ensure the consent process was followed and understood for all patients.
- The arrangements for governance did not always operate affectively.

We rated this service as good in safe, effective, caring, and responsive. Well led required improvement.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

- Staff had training in key skills but did not always keep this up to date.
- Staff did not all have knowledge needed to ensure the consent process was followed and understood for all patients.
- The arrangements for governance did not always operate affectively.

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Summary of findings

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Summary of this inspection

Background to 58 Queen Square

58 Queen Square Limited is a small independent acute hospital offering minor plastic surgery services to both private and NHS patients on direct referral via the hospital trusts. There are no inpatient beds at the hospital.

They are located in a Georgian, Grade 2, five storey listed building in the heart of Bristol. The premises has been redesigned into a private clinic with a fully functioning operating theatre located in the basement.

The service has one operating theatre and four fully equipped consulting rooms. There is one waiting room and three rooms to accommodate administrative personnel. There are also four bathrooms, one staff kitchen and one staff changing room.

The main services provided by this hospital was Skin Cancer, Reconstructive and Aesthetic Plastic Surgery.

How we carried out this inspection

We carried out a comprehensive unannounced inspection of the service under our regulatory duties. The inspection was carried out over two days. The inspection team comprised two CQC inspectors and a specialist advisor. A Specialist Advisor is someone who has up-to-date and credible clinical and professional knowledge and experience of similar services. The inspection was overseen by an Inspection Manager who was available for off-site support.

We spoke with four patients and eight staff whilst on site; and reviewed ten sets of notes.

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

Outstanding practice

We found the following outstanding practice:

A surgeon at the practice had created an innovative technique for taking biopsies of lesions with ill-defined border.

Areas for improvement

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

Action the service MUST take to improve:

- **The service must ensure all policies are reviewed and updated in line with current and most up to date guidance, best practice, and legislation. Terminology within each policy must be consistent with that detailed in respective codes of practice and sector requirements.** *Regulation 17 Good governance 17(2)(d)*

Summary of this inspection

maintain securely such other records as are necessary to be kept in relation to—Records relating to the management of regulated activities means anything relevant to the planning and delivery of care and treatment. This may include governance arrangements such as policies and procedures, service and maintenance records, audits and reviews, purchasing, action plans in response to risk and incidents.

- **The service must ensure the safeguarding policy is updated in line with best practice guidance, legislation, and current terminology. They must ensure the policy includes all forms of abuse and considers Female genital mutilation (FGM) and Child sexual exploitation (CSE).** *Regulation 17 Good governance 17(2)(d) maintain securely such other records as are necessary to be kept in relation to—Records relating to the management of regulated activities means anything relevant to the planning and delivery of care and treatment. This may include governance arrangements such as policies and procedures, service and maintenance records, audits and reviews, purchasing, action plans in response to risk and incidents.*

- **The service must ensure their incident reporting policy is clear and staff understand its content.** *Regulation 17 Good governance 17(2)(d) maintain securely such other records as are necessary to be kept in relation to—Records relating to the management of regulated activities means anything relevant to the planning and delivery of care and treatment. This may include governance arrangements such as policies and procedures, service and maintenance records, audits and reviews, purchasing, action plans in response to risk and incidents.*

- **The service must ensure they have a sepsis policy**. *Regulation 17 Good governance 17(2)(d) maintain securely such other records as are necessary to be kept in relation to—Records relating to the management of regulated activities means anything relevant to the planning and delivery of care and treatment. This may include governance arrangements such as policies and procedures, service and maintenance records, audits and reviews, purchasing, action plans in response to risk and incidents.*

- **The service must ensure their mental capacity act policy is updated in line with the code of practice.** *Regulation 11: Consent. 11(1) Care and treatment of service users must only be provided with the consent of the relevant person. Policies and procedures for obtaining consent to care and treatment must reflect current legislation and guidance, and staff must follow them at all times.*

- **The service must ensure staff have an adequate understanding of the Mental Capacity Act, 2005 and have templates or tools to support them to feel confident completing MCA assessments if they need to**. *Regulation 11: Consent 11 (1) Providers must make sure that staff who obtain the consent of people who use the service are familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and are able to apply those when appropriate, for any of the people they are caring for*

Action the service SHOULD take to improve:

- **The service should ensure staff keep up to date with mandatory training.** *Regulation 12: Safe care and treatment. 12(2)(c). ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.*

- **The service should consider their compliance with the accessible information standard. They should consider gaining access to translation services, having communication aids & tools, and improving staff communication skills.**

Summary of this inspection

- **The service should consider how they can improve the knowledge of all staff around local safeguarding processes and procedures.**

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

Good

Surgery

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

Is the service safe?

Good

This was the first time we rated this service. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff but not all staff had kept up to date.

All staff had access to mandatory training modules through an electronic platform and some face-to-face training. The mandatory training was comprehensive and met the needs of patients and staff. Examples of modules completed included sepsis management, safeguarding, consent, infection control and mental capacity act. However, staff did not all complete annual refreshers in line with policy and training requirements. For 15 out of 40 modules the staff compliance was less than 70%. The hospital manager told us there had been new staff in the past 6 months which had some impact on the training compliance. The training compliance was lower than the services target of 80%. The compliance levels in several modules were very low which could significantly impact the safety for patients. For example, for the clinical team, clinical governance, clinical audit, and sepsis awareness were particularly low with 60% completion rates respectively. We would have expected the training compliance to have at least met the service's training target. Some of the clinical team also had evidence of training completed at the substantive NHS trust posts which provided some higher level of safety and assurance to the hospital manager.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff received updates and reminders from the electronic system. Managers kept a spreadsheet of refresher dates for e-learning and face to face modules which they followed up with staff when they were due within 1 month.

Managers also monitored training records and renewals for staff employed under practising privilege (granting practising privileges is a well-established process within the independent hospital healthcare sector where a medical practitioner is granted permission to work in a private hospital or clinic in independent private practice, or within the provision of community services). If training was nearing renewal a reminder email was sent and a request for updated certificate once complete. If the training lapsed a letter was sent advising that practising privileges would be paused until new certifications was provided.

Good

Surgery

Safeguarding

Systems, processes, and standard operating procedures mostly kept people safe. Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, but they did not consistently know how to apply it.

Staff received training specific for their role on how to recognise and report abuse. The service provided levels 1, 2 and 3 safeguarding adults, and safeguarding children and young people training to staff through the e-learning portal. There was a safeguarding lead who was known by all staff. The service had made no safeguarding referrals for the previous year.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff gave examples of showing sensitivity to patients' identities and ensuring equality for all. They talked about inclusivity in the assessment processes and were all committed to surgery being the right thing for each person.

All staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff explained they would have supportive conversations with patients for whom they had concerns. They advised they would escalate to the senior member of staff on duty and the hospital manager if further action were required.

Not all staff knew how to make a safeguarding referral. They were not all aware of local safeguarding processes. However, all staff knew who to escalate any concerns to at the service. Staff advised they would reach out to managers in the service for support and to give direction for next steps. The managers and safeguarding lead had good knowledge of local safeguarding procedures and processes and knew how to make safeguarding referrals.

The service had a safeguarding policy titled: protecting vulnerable adults and children. This policy had not been updated in line with current legislation and best practice guidance. For example, 'vulnerable adult' is no longer used in the legislation, instead 'adult at risk' or 'adult at risk of harm' is favoured. The policy did not contain all recognised forms of abuse such as self-neglect, organisational abuse, and modern slavery. There was no detail in this policy of, and no separate policy for female genital mutilation (FGM) or child sexual exploitation (CSE). We raised this with the service during the inspection and they addressed this promptly. These areas were covered in safeguarding training modules and some staff had awareness of them.

Cleanliness, infection control and hygiene

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

All areas were clean and had suitable furnishings which were clean and well-maintained. An external cleaning contractor for environmental cleaning attended each day Monday to Friday, with additional weekend sessions where appropriate. They kept records of what had been cleaned. Records were reviewed by a staff member each morning alongside spot checks. The theatre team completed daily cleaning and cleaning after each patient. This was recorded on daily check records. On the first day of our inspection, the cleaning form was complete before the day commenced. However, this was not the case on the second day and staff advised this was an error.

The service generally performed well for cleanliness. The service completed cleaning audits every month and consistently scored 100%.

Good

Surgery

Staff used records to identify how well the service prevented infections. The service completed audits of any patients who contracted infections. These were consistently very low. They also benchmarked their data against other local services and found they had consistently low infection rate when compared with similar services.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff wearing gloves, masks and aprons when greeting every patient. They followed appropriate handwashing techniques before and after each patient contact. Theatre staff wore scrubs and followed aseptic techniques for each patient. There were posters detailing correct hand washing technique throughout the service. Hand hygiene audits were complete every month, the service consistently score 90% and above. Where there were missed opportunities for hand hygiene, these were discussed in team meetings and followed up through action plans. The audits were available on the service's electronic storage drive and could be accessed by all staff.

Staff cleaned equipment after patient contact. We observed staff cleaning couches and electronic equipment after each patient. The used suitable clinical wipes and disposed of these in appropriate waste bins in the clinic room.

Staff worked effectively to prevent, identify, and treat surgical site infections. The service had no surgical site infections to report. Staff explained what patients should look out for with their wound before they went home. They provided leaflets that explained about healing and infections. Out of hours, patients were encouraged to contact 111 or attend their local emergency department if they were concerned. During normal working hours patients could contact the services usual telephone system. The contact number for the service was rerouted out of hours to one of the surgeons who acted as an on call for any concerned patients. During working hours, the service provided a nurse led clinic for suturing removal and wound checks. Private Patients could call the service and be seen in this service if they had concerns. Alternatively, patients were able to send photographs of the wound for review by the nurse before travelling. NHS patients pathway was via their local GP or referring hospital.

Environment and equipment

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

The design of the environment followed national guidance. The service achieved 24 air exchange cycles in theatre. This environment helped to mitigate against risk of cross infection. The system was reviewed annually, and all records for servicing and maintenance were up to date.

Staff carried out daily safety checks of equipment. The service completed daily checks in theatre which included daily monitoring of room temperature and fridge temperature. We sampled four months of daily check compliance and there were no gaps.

All daily check reports, including resuscitation equipment was complete and stored on the electronic recording system. This was accessible to all staff using a bar code that they could scan to show checks had been done and to access the documentation. We sampled five consumables from the resuscitation trolley and five from storage cupboards in consulting rooms and found them all to be within their usage dates.

The service had suitable facilities to meet the needs of patients' families. There was a waiting room on the ground floor where patients' families could wait while they were in the appointment or having their surgery. Refreshments were available, along with reading materials and background music.

Good

Surgery

The service had enough suitable equipment to help them to safely care for patients. The service had an annual maintenance and servicing schedule which included all equipment. This was up to date during our inspection.

Staff disposed of clinical waste safely. The service used heavy duty clinical waste bags. This was to mitigate any risk of clinical waste spill from theatre or consulting room to the top floor where the clinical waste was stored. The bags were 100% guaranteed tear proof and were viewed as essential due to the number of stairs through the building, and the distance needing to be navigated whilst carrying the weight. An external provider attended on Tuesday and Fridays to collect and dispose of clinical waste.

We observed two clinical waste bins and two sharps' bins during this inspection. All were labelled and signed as required and none were overfilled.

The service completed weekly checks for fire safety. All fire safety equipment was serviced and in date at the time of our inspection. The service had recently purchased a stair evacuation trolley for use in a fire.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff told us the service contacted 999 in the event of a deteriorating patient. Staff shared key information to keep patients safe when handing over their care to others. They would complete SBAR (Situation Background Assessment Recommendation) model if the patient was moved to another service. We saw examples of templates staff could access if required. The service had emergency equipment and resuscitation trolley on site and would stabilise until the ambulance arrived. At reception, staff had access to a panic button which called all staff to support in an emergency event. Staff completed risk assessments for each patient on admission / arrival. Risk of Venous Thrombo Embolism (VTE) was considered as part of consultation risk assessment for NHS patients who attended just for their procedure, risk assessments were carried out on admission but also as part of pre operation assessments within their NHS clinic setting. For private patients VTE risk was assessed at consultation and reviewed throughout patient journey with the surgeon. Staff knew about and dealt with any specific risk issues.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. We reviewed three sets of notes where concerns were raised about patient's mental health. The surgeon had subsequently recorded and requested psychological assessment prior to progressing any further with consideration for surgery. The service had access to mental health support through the local NHS trust if this was required.

Staffing

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

The service had enough staff to keep patients safe. The theatres had three employed staff and two additional nurses who ran follow up and wound review clinics at the service. The nurses were flexible and were able to support theatre on occasion if they were short staffed. Staff told us they did not worry about staffing levels. The team always pulled together to support each other if needed and the service was always fully staffed.

The ward manager could adjust staffing levels daily according to the needs of patients. Staffing in theatre was always a minimum of two. One runner who also communicates with the patient during the procedure and someone to be part of the aseptic surgical team with the surgeon. The number of staff matched the planned numbers. We reviewed the staffing for the year leading up to our inspection which showed no gaps in staffing.

The service had low vacancy, turnover and sickness rates. Staff were proud to work for the service and were complimentary of the culture they worked within and the ethos of the team. Most staff had worked for the service for 10 years or more.

Managers limited their use of bank staff and requested staff familiar with the service. The service had a bank list of professionals who were well known to all staff and the service. Managers made sure all staff had a full induction and understood the service. The service did not use any agency staff.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Patient records were paper files, although the service was taking steps to transition to an electronic system. Surgeons dictated some of their notes which were typed by medical secretaries who also worked for the service. There were no delays in staff accessing patient records. Records were clear and legible. We reviewed 10 sets of notes during this inspection and found every entry initialled dated and signed by the practitioner making the entry.

Records were stored securely. They were filed in lockable cabinets as soon as entries and letters were included and complete. There were no delays in letters being present in patient files.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff stored and managed all medicines and prescribing documents safely. Staff completed medicines records accurately and kept them up-to-date.

We checked records and medicine stores and found complete records showing when medicines had been used. Stock present was consistent with recorded stock levels.

The service ordered and procured their medicines from a local NHS trust pharmacy. This was a reliable process although there was one medicine which they had to procure from another trust due to challenges with national stock since the pandemic.

We observed the correct storage of medical gas cylinders. Fridge and ambient temperature were checked in theatre. We reviewed daily check records and found no gaps. Staff did not prescribe medicines to patients regularly. Where they did this was antibiotics to prevent infection where risk of infection was identified as high. When prescribing this, the service did so in line with local guidelines.

Staff learned from safety alerts and incidents to improve practice. The theatre manager checked safety alerts 3 days each week. Safety alerts were reviewed to consider if they were

Good

Surgery

Incidents

Staff recognised what incidents and near misses might be and knew how to report them. Managers shared lessons learned from other services with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The service had no serious incidents and no never events. Staff were aware of the services reporting policy but advised that they would ask for manager or leader support if they needed to report something. The policy was not clear and easy for staff to interpret. It included lots of different categories and definitions that could make it difficult for staff to identify which type of event or incident they were reporting. As the policy was not clear, it also left the risk of something not being categorised and therefore not reported.

The service had clear guidance on how to report any product failures. Staff told us product failures would be feedback through ordering systems of the appropriate provider. The service also recorded these through incident forms and event registers.

The service was registered for Central alerting system (CAS) alerts. Staff advised that the alerts used to come through email but now comes on their electronic system which is easier. The hospital manager and theatre manager monitored these and checked any relevant actions had been implemented every day.

Managers shared learning with their staff about never events that happened elsewhere. We reviewed practice meeting minutes where incidents occurring at other local services were discussed due to the impact on the service. There were clear lines of review and action plans set to keep on top of any changes.

Staff were aware of the services reporting policy but advised that they would ask for manager or leader support if they needed to report something. The policy itself was not clear and easy for staff to interpret. It included lots of different categories and definitions that could make it difficult for staff to identify which type of event or incident they were reporting. As the policy was not clear, it also left a risk of something not being categorised and therefore not reported.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. We reviewed the complaint register for the service which clearly showed honesty and transparency in responses to patients, action plans and subsequent follow ups and outcomes.

Is the service effective?

Good

This was the first inspection for this service. We rated it as good.

Evidence-based care and treatment

Managers did not always check to make sure staff followed and understood guidance. The service mostly provided care and treatment based on national guidance and evidence-based practice. The service met cosmetic surgery standards published by the Royal College of Surgeons.

We reviewed policies of the service during this inspection and found there was no sepsis policy and no mental capacity act policy. The serious incident policy was unclear, and the safeguarding policy was not updated in line with current

legislation and guidance. We raised this as a concern during the inspection and the hospital manager acted immediately. However, other policies we reviewed were in line with national guidance and best practice. This included, bust was not limited to, the medicines management policy, information governance and data protection policy, and equality, diversity and inclusion policy.

At handover meetings and when recording in patient notes, staff routinely referred to the psychological and emotional needs of patients, their relatives, and carers.

Nutrition and hydration

This was not applicable to this service as it was very short and day case surgery only. Refreshments were available in the waiting area for patients and family members.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Whilst observing a patient in theatre we saw pain levels being checked before, during and after the procedure was complete. Pain relief was provided and expectations around pain were discussed with the patient throughout the procedure and before they left the service. Staff prescribed, administered, and recorded pain relief accurately.

Patient outcomes

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

Outcomes for patients were positive, consistent, and met expectations, such as national standards. Data from the last 6 months showed a surgical site infection rate of less than 1% at the service. The data for the same period around non complete excisions was also 0%. Patients who accessed the service through NHS pathways frequently requested to return to this service for any subsequent procedures.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service had an annual audit schedule which was completed by a mixture of managers and staff. The audit schedule included monthly audits of patient notes and patient feedback, quarterly complications, cleaning audits, annual incidents and infection control audits. Managers used information from the audits to improve care, treatment, and patient outcomes. Managers shared and made sure staff understood information from the audits. All staff told us the reasons for the audits that were completed and were positive about making sure the experience was right for every patient.

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work. Staff were positive about the appraisal process. They explained a new

process was introduced to review progress twice yearly. This was a part of action plan to address appraisal completion rates and mandatory training completion rates. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The new process was intended to support staff to ensure they could access any further development they wanted to explore and review training completion.

We reviewed appraisal completion rates and found all appraisals were up to date and had been completed.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Minutes from team meetings were available on the services storage drive and were accessible to all staff. Updated information was also shared to all staff through email.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff worked with GP's and local NHS trusts to provide a holistic approach to their consultation, assessment, and treatment. The service also worked with psychology, pathology, and oncology services at a local trust to ensure patient experience and treatment is person centred and the best option for the patient.

Staff referred patients for mental health assessments when they showed signs of having mental ill health or depression. Surgeons told us they would pause patient consultations where they had concerns about the patient's motivations for surgery or the patient's mental health. We also observed two sets of patient records where concerns about the mental health of the patient had caused the surgeon to request psychological assessment prior to the consultation continuing.

Seven-day services

Patients could contact the service five days a week for advice and support after their surgery. Out of normal working hours, patients were encouraged to contact 111 or attend their local emergency department if they had concerns.

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff explained they considered smoking status and weight as part of their assessments. We also observed some assessments where surgery was delayed pending weight loss or smoking cessation for at least 5 weeks. Staff told us they directed patients to local services to support with healthy eating and smoking cessation where appropriate.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported some patients to make informed decisions about their care and treatment. They followed national guidance and ensured that patients gave consent in a two-stage process with a cooling off period of at least 14 days between stages.

Staff did not all understand how and when to assess whether a patient had the capacity to make decisions about their care. Staff were not aware of a mental capacity act policy and did not all know who could complete an assessment of mental capacity if needed

Good

Surgery

Staff did not consistently understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004. They did not consistently know who to contact for advice. Not all staff could describe and show how to access the policy and get accurate advice on Mental Capacity Act. Staff were not all able to articulate the principles of the Mental Capacity Act and they were not all aware of the MCA policy for the service.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Surgeons insisted on patients attending for at least two consultations before proceeding with any surgery. This was to ensure all available information was given to the patients, and to ensure they had time to process this and ask questions. Staff clearly recorded consent in the patients' records. We reviewed 10 sets of notes which were all signed by the patient evidencing consent.

Is the service caring?

Good

This was the first inspection for this service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff taking time to talk to people in a calm and reassuring way, staff told us they enjoyed the work they did. The reception team were able to talk to patients who were nervous whilst they were waiting to be seen for their consultation or procedure.

Patients said staff treated them well and with kindness. Patients told us staff listened to them and they felt able to ask for support or help if they needed it. Staff were skilled at listening and showed empathy and understanding.

Staff followed policy to keep patient care and treatment confidential. Patients we spoke with told us that dignity and privacy was always respected. For example, in theatre staff were meticulous about ensuring patients were covered or always draped. They were careful to only expose the areas that were necessary for the procedure.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff told us their work had to be the right decision for the person. They explained they would request additional support and psychological assessment where they had any concerns about patient motivation for procedures. We observed staff talking about a patient for whom they had concerns. They were kind understanding and compassionate in their discussion and the actions they took.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. Feedback from patients was consistently positive. Patients and their families said staff were attentive caring and went over and above to make sure they felt comfortable and had whatever they needed.

Good

Surgery

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff were knowledgeable about surrounding services including at local NHS trusts and within the wider community. Staff gave examples of services they had signposted patient and family members to for support groups and for other clinical needs.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff demonstrated empathy when having difficult conversations. Staff told us there were occasions where patients became frustrated upset and angry whilst at the service. They explained that this was often because the patient was nervous about a procedure. Staff explained how they would reassure patients and keep them updated whilst they waited. Theatre staff explained that someone was always available in theatre as the runner. This staff member also acted as a communicator with the patient.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. All staff bought into the service's holistic approach. Records showed additional support provided and suggested to patients. Staff looked at a person as a whole when considering any procedure. Staff told us "We treat the person with a condition not just a condition." Staff gave people time to ask questions and discuss all options. Consultants would not proceed with any procedure unless a patient had attended for at least two consultation appointments. The first was a charged appointment but all subsequent appointments were not charged. The service did this as they wanted to be certain that any procedure was the right thing for each patient.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff provided patients with explanations before, during and after their procedures. Patients were also provided with information leaflets before and after their procedure

Staff talked with patients, families, and carers in a way they could understand. For example, staff told us about one patient who was hard of hearing. Staff worked with the patient to understand how to alter their tone and the speed of their speech to make it easier for the patient to hear what they were saying.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There was a feedback box at the front of the building and in the waiting area for patients and their families to leave feedback forms if they choose. Patients could fill them out with personal details or anonymously. We observed staff indicating where the feedback forms were if patients would like to give feedback.

Patients gave positive feedback about the service. Feedback was consistently higher than 85% for all aspects of patient experience. Patient feedback was audited monthly for and trends and learning that could improve practice and the patient experience.

Is the service responsive?

Good

Surgery

Good

This was the first inspection for this service. We rated it as good.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

Staff made sure patients living with mental health challenges received the necessary care to meet all their needs. We reviewed three sets of notes where, during consultation, the surgeon identified concerns for the patient mental health. The records clearly documented referrals for psychological assessment and subsequent reports. When we discussed these with the surgeon, they advised that their focus was always what is best for the patient. They explained they would not proceed with any surgery if they had doubts about the patient motivations or the patient mental health.

Staff were skilled verbal communicators. We observed them providing reassurance and showing understanding when communicating with patients. However, staff did not have communication skills to support patients who may be hard of hearing, sight impaired or have other communication needs. They did not have access to communication aids, such as photographs or PECs (picture exchange communication system) style tools. Staff did not receive any training to improve their communication approach.

The service had information leaflets available in languages spoken by the patients and local community. Leaflets were provided following consultation and following treatment. These included information regarding wound care and pain relief but were only available in English. Leaflets could also be provided in large print if required. The service also had access to magnifiers to support patients who were sight impaired and a hearing loop for patients who were hard of hearing. The service did not have access to translation services.

Access and flow

People could access the service when they needed it and received the right care.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service completed a 6 monthly audit of patient waiting times. This audit captured if waiting times were due to patient choice or for other reason. For example, if a procedure was delayed due to the patient wanting to proceed after period of festivities, this would be recorded as part of this ongoing audit record. The data was reviewed every month alongside any waiting list spreadsheets to ensure any last-minute gaps in surgery lists could be filled.

Managers and staff worked to make sure patients did not stay longer than they needed to. The service managed theatre lists well. The theatre team, including the consultant worked together to review lists every day and accommodate additions where clinical need was identified.

Good

Surgery

Managers worked to keep the number of cancelled appointments and treatments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. The number of patients leaving the service before being seen for treatments was low. Staff told us the demand for the service had increased significantly over the past year. They explained this was due to the service supporting the local NHS trust.

Learning from complaints and concerns

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

Patients, relatives, and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. There were feedback forms at the entrance to the building and in the patient waiting areas. There was a suggestions box where any feedback forms could be left. Patients had the option to add their contact details or leave forms anonymously.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service had received two complaints in the previous year. We reviewed the complaint detail and actions. The hospital manager had followed complaints process and responded to the patient within directed time frames. They had listened to the patient to better understand what had gone wrong and included the patient's suggestion in action planning and discussions. The complaint was closed when the patient was content with the outcome.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. For example, patient feedback indicated the start of the patient journey had been disjointed due to the setup of the reception and waiting areas. Staff told us the leaders took this seriously and arranged for the reception and waiting areas to be redesigned and arranged so there was more privacy for patients and the reception team had better access and control of the entrance and exit areas. The reception telephone calls were also moved to the admin floor upstairs to maintain a calmer and more manageable environment at the front desk.

Is the service well-led?

Requires Improvement

This was the first inspection for this service. We rated it as requires improvement.

Leadership

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

Good

Surgery

Leaders had high levels of experience and made time for all aspects of the service and its staff. There were clear lines of management responsibility within the service, all staff told us they felt there was a neutral hierarchy. All staff and leaders were all committed to making patient care and treatment individualised and ensuring the right options were provided for each patient. Leaders told us surgery was only performed if it was the right option for the patient.

Staff told us leaders were visible and approachable. They all had open door policies and were easy to speak with.

The service had recruitment processes that ensured staff were selected fairly. Personnel files were kept up to date and included Disclosure and Barring service certificates. The service had a policy that required Disclosure and Barring service (DBS) checks to be reviewed every three years. The service had some succession planning underway due to ageing workforce; however, further work was required to ensure this was followed through and monitored.

Leaders in the service were aware of the top risks on the services risk register. They understood how these impacted the service and were sighted on actions that had been taken to mitigate the risk. They were also sighted on actions that were outstanding and could relay how the remaining risk was being managed. For example, the reporting of pathology at a local trust had converted to electronic recording. This meant that surgeons needed to manually enter a patients file to check if results had been returned. New monitoring processes were being developed to ensure actions weren't delayed but a wider system risk remained. As services were provided to this trust which linked to this new recording, the service had considered this risk as part of the wider system. The risk was on the risk register and known by all leaders we spoke with. Another example was given around photographing specimens taken for biopsy. As specimens had been misplaced in the past, the service now photographed them to ensure there was a record trail which could be followed up if there were delays.

Vision and Strategy

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

The service had a clear set of values and a vision that was developed alongside staff views, patient needs and the requirements of the wider system. The values of quality, passion, trust, integrity, professionalism, and teamwork were evident in all conversations we had and observed. They were also evidenced in patient records and in the feedback given by patients. The value of trust and integrity stood out during the inspection. The service state "we only do what is best for you." We observed this through conversation with surgeons, nurses, reception staff and medical secretaries who all articulated the services person-centred approach to all consultations and treatment. They told us about holistic approaches to patients 'treating the person with a condition not just the condition;' and told us how ethical and moral practice was common conversation during multidisciplinary case conferencing about patient needs.

The values and vision were complimented by a strategy of business aims and objectives that supported the service 'To improve our patients'/clients' health, self-esteem, self-image and confidence, by offering professional services of the highest quality,' and 'To deliver a service of the highest standard in line with all professional standards.

The strategy was aligned to local plans in the wider health and social care economy. Services were planned to meet the needs of the population through collaboration with local NHS trusts and similar service providers in the region.

Good

Surgery

Culture

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

Staff length of service was testament to the positive culture, encouragement, support, and value they told us they experienced. Staff told us their views were valued and they were included in planning and decision making.

Leaders encouraged and modelled teamwork and supportive relationships within the organisation. They were inclusive and encouraging of the views of everyone. Leaders were passionate about the wellbeing of patients and staff. They were focused on sharing the ethos of ethical and moral practice and modelled this in their defensible decision making. Dignity and respect were areas of the service's culture that all staff spoke passionately about.

Leaders and staff at all levels lived the visions and values of the service. They were committed to providing high quality care that was right for each patient. Staff told us how leaders encouraged them to look at the patient in relation to all that they do and what does and does not matter to them. Staff advised that this approach had really enabled them to be passionate about patient care.

Staff were proud and passionate about the service they provided and the organisation as a whole. The talked about there being no hierarchy and everyone being involved and encouraged to give suggestion and challenge poor practice where they saw it.

The service had an equality, diversity, and inclusion policy. The service had a diverse team who all told us how they felt privileged to work at an inclusive and kind service. All staff received training in equality, diversity, and inclusion.

Governance

Leaders mostly operated effective governance processes, throughout the service and with partner organisations. However, governance around policies and their review was not always effective. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had clear clinical governance policy which all staff were aware of. The service's medical advisory committee (MAC) met every 3 months to review incidents and concerns; and a MAC chair. The MAC were also present at monthly board meetings and MAC discussions recorded as part of these meetings also. There was a proposal being considered to introduce monthly MAC meetings and have them follow the monthly board meetings. This was to ensure formalised approach, to capture more frequent MAC minutes and for ease of all involved as they would be present for board meetings already.

There were fortnightly team meetings for staff and medical committee meetings for reviewing items such as complications audits.

For service level agreements, the service had governance meetings quarterly. However, if a meeting is required more urgently these are arranged. Examples were given in relation to complaints, reviewing blood thinners guidance, issues with length or time requested for procedure. The meetings were structured to ensure complications were followed up through investigation and root cause analysis. An action plan and lessons learned were then followed up at the next meeting.

However, the service had some gaps in policies. Not all policies were updated in line with most current legislation, guidance, terminology, and best practice.

For example, there was no sepsis policy for the organisation, which could prevent staff from responding to a patient with signs of sepsis appropriately.

The safeguarding policy used old terminology and was not aligned to current legislation or guidance. It was titled vulnerable adults and children policy. The terminology around 'vulnerable adult' was favoured by 'adult at risk' or 'adult at risk of harm' in 2014 alongside the introduction of The Care Act, 2014. The policy did not include modern slavery, self-neglect, or organisational abuse, and did not reference Female Genital Mutilation (FGM) or Child Sexual Exploitation (CSE).

The policy for Mental capacity Act, 2005 was not fit for purpose and did not include a mental capacity assessment tool for staff. This could prevent staff from identifying and supporting patients who may lack the mental capacity to make their own decisions about their care and treatment.

The serious incident policy was unclear and confusing. This could impact staff ability to categorise any incident they encounter and prevent service improvements from being identified and actioned.

We raised concerns about these policies with the hospital manager during the inspection and the service acted promptly. New policies were shared after the inspection was complete and no concerns were identified with the new policies.

Management of risk, issues, and performance

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

All staff appraisals were up to date when we checked during our second day of inspection. Appraisal requirements were linked to the electronic data management system where mandatory training and personnel records were stored. The nominated individual reviewed performance and mandatory training as part of the appraisal process. All staff received a mid-point review each year. This was introduced to review mandatory training adherence.

During the second day of inspection, we reviewed the services Disclosure and Barring service (DBS) policy and DBS risk assessment. The policy required DBS checks to be recomplete every three years. Two months prior to due date the hospital manager received a reminder through electronic system. They also monitored these dates on their outlook calendar and a spreadsheet. The nominated individual showed us how DBS information was stored as evidence in personnel files. This included capturing information from interview matrixing. All staff files included curriculum vitae, reference requests and DBS certificates.

There were processes for feeding back about any product failures. The service feedback through ordering systems, skin products fed back through reporting system of provider. Incident forms and event registers were kept ensuring information is captured and stored. The hospital manager monitors safety alerts alongside the theatre manager to ensure any products of concern are removed with immediate effect.

The service completed legionella testing weekly and reviewed reports quarterly.

Good

Surgery

Information Management

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

The service complete audits regularly and in line with an annual audit plan. This included annual health and safety, incident and infection control audits, quarterly cleaning, infection control and complications audits, and monthly patient notes, patient feedback and handwashing audits.

All audit and information data were stored on the services electronic recording system. This meant staff could access it any time and information could be reviewed and analysed with ease. The

Engagement

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

The service collected feedback from patients regarding three areas of the journey. Theatre feedback, nurse consultation feedback and generic feedback. This feedback was reviewed monthly, and examples were given where feedback had been used to change the patient experience for example patient feedback had been consistently showing good experience of patient journey as opposed to very good experience of patient journey. This was explored further by the service to understand what was hindering a very good experience. They found that the layout of the reception and waiting areas was hindering the front door experience of patients. as a result, the reception and waiting areas when we designed so that the door could be seen by the reception staff and all calls were taken upstairs in the office area. the feedback from patients after this change has been reviewed. Patients said they found the patient journey calmer, and more welcoming since the changes have been made.

Staff surveys were completed annually and reviewed.

The service collaborated with local NHS trusts and similar providers to benchmark their performance and to ensure the service was supporting the wider system through service level agreements and meeting the needs of the wider population.

Advertising for the service was in its infancy. Most of the work is through word of mouth – non advertised. The hospital manager advised that work is ongoing to update the website. A staff member has now joined and is doing more work through social networking channels to promote the business more. Looking at promotional product imaging on website to make changes and open to wider audience. All in line with non -broadcast advertising and direct & promotional marketing, Committee of advertising practice (CAP) guidance which must be followed by all advertisers, agencies and media.

Learning, continuous improvement and innovation

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

Good

Surgery

Surgeons told us how the team worked together to ensure patients receive the care and treatment they need in the most efficient and timely way. We were told how nurses who ran consultation clinics could get immediate second opinions from the surgeons whilst the patient was at their appointment. We saw examples of this during wound reviews.

Surgeons at the service are part of national and international associations and some new and innovative practice takes place on site. For example:

The service offer cryotherapy for keloid.

The service is an introducer for electrochemotherapy.

A surgeon at the service introduced a new biopsy technique for skin melanoma.

The service also offers sentinel lymph node biopsy.