Curis Healthcare Limited

Joseph House

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?	Good

Summary of findings

Overall summary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available 6 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Joseph House

Joseph House is operated by Curis Healthcare Limited. The clinic is a private cosmetic surgery location which was opened in December 2021. The service provides operations, such as breast augmentation, transition surgery, wound dressing, liposuction, and hair transplants. Joseph House is based in Shirley, Solihull.

The service had a reception, call centre, 5 consultation rooms, 1 theatre, 1 recovery area, a ward area, toilet, shower facilities for patients, changing facilities for staff and a meeting room. The service also had a separate entrance which was used for staff and any deliveries.

The service accepted self-referrals from patients.

The service did not provide services for NHS funding patients or patients under the age of 18.

This was the location's first inspection since registration. The service has no previous CQC enforcement actions.

The service had 2 registered managers, 1 that oversaw the operations of the service and 1 who oversaw the clinical operations of the service.

The service was registered to provide the following regulated activity.

- Surgical procedures.

Activity – Between August 2022 and January 2023

The service had carried out 616 surgical cosmetic procedures, 576 of these were day cases and 40 were overnight stays which were pre planned. They also carried out 93 hair transplant procedures.

The service had carried out 894 outpatients' appointments and these were face to face.

The service had 2 company directors and a non-executive director, clinical director, lead anesthetist consultant surgeon, registered nurses, 3 medical secretaries, 3 administration staff, patient care co-ordinators, call centre manager, healthcare workers, 2 house keepers and 4 tele sales staff. The accountable officer for controlled drugs was the nominated individual.

How we carried out this inspection

We carried out an announced fully comprehensive inspection, looking at all the key questions: Is the service safe, effective, caring, responsive and well led.

The surgery core service inspection was carried out by an inspector and a specialist advisor with a nursing background in surgery and cosmetic surgery. An inspection manager oversaw the inspection.

Summary of this inspection

During the inspection we spoke with 17 staff and looked through 7 staff records which included directors, managers, consultants, anaesthetic consultant, registered nurse, operating department practitioner, house keepers, healthcare assistance and medical secretary.

During the inspection we looked at 5 patient records and spoke with 3 patients who were using the service on the day.

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.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Good

Mandatory training

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

Staff received and kept up to date with their mandatory training.

Staff competed mandatory training to meet the needs of the patients that were using the service. The services overall compliance rate was 95%.

Training was identified for both clinical and non-clinical staff. The training that had been completed included basic life support, immediate life support, health and safety, infection prevention and control (IPC), moving and handling people, equality, diversity, and inclusion.

The mandatory training was comprehensive and met the needs of patients and staff.

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

The service had competed training in mental health, dementia and learning disabilities in care. Training compliance was 87%.

Managers monitored mandatory training and alerted staff when they needed to update their training.

The service used a system relating to training, and the monitoring of training. This identified when staff needed to update their training and which training should be completed. The system emailed the staff member and the manager to inform the staff member that the training needed to be completed.

Safeguarding

Good

Surgery

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

Staff received training specific for their role on how to recognise and report abuse.

All staff had received safeguarding level 2 training and the registered managers and nominated individual received training in level 3.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

There was an equal opportunities policy in place, and the staff were able to give examples of how they had protected patients. Staff told us that they would ensure patients with complex needs had either the patient's carer or an additional staff member providing support to the patient.

Staff knew how to identify adults and children at risk of, or suffering, significant harm.

Staff knew how to identify risks and safeguarding events for adults that used the service, staff knew who the safeguarding lead was and how to report concerns to them. The service had not had any safeguarding incidents since the service opened.

The service had Mental Capacity Act and Deprivation of Liberty Safeguard policies in place that could be accessed by staff.

The service provided an independent service for staff to gain support in relation to their own mental health and wellbeing.

Staff ensured that all patients were chaperoned through the building to their appointments and during their appointments if requested.

The service displayed a poster relating to the information of female genital mutilation and how to identify this. Staff compliance for female genital mutilation training was 83%. The service had a slavery and human trafficking policy, where it stated how to identify this, how to safeguard the patient and how to report any concerns.

The service had a policy in place that stated that children were not allowed on site. If any patients arrived with their children, they were asked to leave and rebook their appointment.

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.

Ward areas were clean and had suitable furnishings which were clean and well-maintained.

The bay and recovery area were well maintained and well equipped.

The service generally performed well for cleanliness.

Good

Surgery

The service had a service level agreement in place relating to the decontamination of surgical equipment. This was collected every morning by an independent organisation and clean equipment was returned for them to use that same day.

The service had completed hand hygiene audits from January to December 2022. These included checks on staff hand washing and whether staff were bare below the elbow. Staff completed a second audit to ensure that hand wash basins were clean and that there was hand sanitiser at each basin.

The service completed quarterly IPC audits. These included checks of the environment, waste disposal, sharps handling and the disposal of sharps. Audits identified the trends, previous findings, and actions. The IPC lead was the clinical director, who regularly attended the service.

All equipment was visually clean. We observed equipment being cleaned after patient contact. To identify that a piece of equipment had been cleaned, the service had a process in place of using “I am clean” stickers. However, these were not visible on the day of inspection. This meant that the service was not following their own policy.

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

The service had risk assessments and policies for IPC, a legionella policy, cleaner’s handbook and daily check list, and a clinical local cleaning policy in place.

Staff completed daily checks on the resuscitation trolley. These were cleaned, checked, documented, and signed as stated within the services policy.

Daily theatre, bay and recovery cleaning schedule were completed and checked.

Staff followed infection control principles including the use of personal protective equipment (PPE).

The service gave the option for patients to wear masks or not, in accordance with the government guidance and in line with the service policy. The service ensured that hand sanitizer was available for all staff, patients, and visitors to use.

All staff that entered the theatre and clinical areas were observed to be wearing scrubs and face masks and were bare below the elbow.

The service had a Control of Substances Hazardous to Health (COSHH) cupboard. This was identified as a yellow cupboard which was locked and situated in a locked store cupboard. The service also had a risk assessment and COSHH policy.

Staff worked effectively to prevent, identify and treat surgical site infections.

The services completed surgical site infections and wound care audits quarterly over the last 12 months and had a 0.8% score for surgical site infections.

The service completed Methicillin Resistant Staphylococcus Aureus (MRSA) swabs on patients and results were documented on patient’s records.

Good

Surgery

The service had standard operating procedures in place for receiving laboratory samples, handling requests and microbiology support. Specimens that needed to be tested were sent to the services sister service which was based in London.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called.

Patient had access to call bells whilst in the bay and the service completed daily checks to ensure they worked.

The design of the environment followed national guidance.

During the inspection, we identified 1 of the 4 patient beds within the bay could not be accessed using the resuscitation trolley as there was not enough space. This posed a risk to the patient in that bed space.

We identified concerns relating to the lack of space between each bed within the bay area. This did not meet Department of Health guidance Health Building Note (00-09). However, the service responded within 24 hours by removing a bed. This created a 3-bedded bay with adequate space between each bed to ensure the resuscitation trolley could fit in an emergency.

Next to the bay, there was an assessment room with a hospital bed and call bell. The room could be used for patients staying overnight. The service had a policy in place to ensure all overnight stays were planned and that male and female patients were not booked for overnight stays together to prevented mix sex breaches.

There was a disabled toilet with shower facilities, as well as a male and female toilet which were situated upstairs. The service had male and female changing rooms and showers for staff to use.

Staff carried out daily safety checks of specialist equipment.

The service had an anaesthetic machine which was checked daily. The related logbook was completed in accordance with the Anaesthetic Association of Great Britain and Ireland guidance.

All equipment had been electrical appliance tested and there was an inventory of all medical equipment. There was a service level agreement in place for an independent company to complete checks of equipment.

All rooms within the service had temperatures gages on the wall, and temperatures were taken daily and recorded.

The service had suitable facilities to meet the needs of patients' families.

Family members were able to support patients for their appointments. For aftercare, each patient was treated individually, and patients were encouraged to rest. However, if patients requested or became anxious, then family members could visit.

Good

Surgery

The service had enough suitable equipment to help them to safely care for patients.

All equipment and consumables were stored on racks and off the floor. Oxygen cylinders and electrocardiogram (ECG) monitors were portable. All equipment checked were within the required date range for use.

The service had risk assessments in place for the environment and equipment, these included lighting in the theatres, the use of oxygen, PPE, and lone working.

The service had enough fire equipment, which included a fire slide at the top of the stairs and fire extinguishers. These had a security tag placed on them which identified that the fire extinguishers were full and had not been used. All emergency fire exits within the building were clear. The service completed quarterly fire audits. Policies were in place providing guidance about what staff should do in the event of any concerns relating to gas, water, or electricity.

Audits covered all aspects of health and safety. These were completed quarterly, and identified actions required to improve compliance.

The service had CCTV which covered the communal areas and car park. The service also had security barriers at the entrance of the car park that raised to prevent people accessing the car park when the service was closed.

Staff disposed of clinical waste safely.

Clinical waste was disposed of correctly and was stored in a locked compound at the rear of the building, situated on the car park. There was a service level agreement in place for an external company to dispose of the clinical waste.

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.

The service used National Early Warning Scores (NEWS) on all patients, these were completed on paper documents and then transferred to an electrical copy. NEWS were regularly monitored and clearly documented within the patient's records. The service had a policy in place for patients at risk of deterioration.

Anaesthetists were trained in advance life support and all staff were trained in basic life support and immediate life support.

The service monitored all patients. Patients were assessed before their surgery to ensure they were fit for their operation. If patients deteriorated the service responded by calling the on-call staff and would support the patient to the local NHS trust by calling 999.

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

Good

Surgery

During the day there was evidence that medical secretaries completed a pre operation form and checked the GP summary, then identified any concerns relating to the patients past or current medical and emotional conditions. Once they had gathered the information, we observed calls made to the patients to gather information, such as name, date of birth, weight, height, allergies, medication, and medical history. Once this call had taken place staff then emailed the patient, including information that had been discussed in a call so patients could read this in their own time and advise of any errors or amendments.

Once this information was gathered it was logged within the patient's records. This ensured that the consultants could access this information and see what questions had been asked.

Staff discussed and encouraged patients to stop drinking alcohol and smoking for a length of time before the surgery took place.

The service did not continue with the pre operation process until a GP patient related summary had been received.

Staff knew about and dealt with any specific risk issues.

Staff completed regular patient risk assessments including NEWS, sepsis and venous thromboembolism screening. Appropriate actions were taken in response.

The service completed World Health Organisation (WHO) surgical safety checklists. The checklist was stored within the patient's records. We observed the completion of 2 WHO checklists for 2 patients receiving surgery on the day of our inspection. These were completed correctly and were stored in the patient's records.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide.

Staff completed pre operation information and gained a summary of health from the GP. This highlighted any concerns from the patient's history relating to their mental health. During the pre-operation, a discussion with the patient took place and any mental health concerns were discussed and recorded. This ensured the consultant was aware to assist the patient to make a decision about whether it was appropriate for the surgery to take place, or if provide additional support if the patient needed it.

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

The service completed discharge information for the patient to take away with them. They informed the patients GP of the procedure that had taken place.

Staffing

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

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

Good

Surgery

The service had enough staff on shift each day to ensure that patient were kept safe. However, we raised concerns with the staffing allocation and patients' acuity during the night. The service identified 1 resident medical officer (RMO) and a registered nurse (RN) to 1 patient and if there were 2 patients then a healthcare assistant would be part of the night shift. Following our inspection, the staffing requirements were reviewed and updated to ensure that when 2 patients were staying overnight, 2 RNs would be on duty as well as the RMO. There was also a manager on call if required. Risk assessments were in place and patients staying overnight were always planned.

The service had medical staff that had practicing privileges, there was a robust system in place for consultants that were also working within the NHS. The service had a policy in place and checklist lists for practising privileges. Consultants were required to complete a practicing privileges application annually.

The service kept staff records electronically, the 6 that were reviewed during the inspection had the following information. Disclosure and Barring Service checks, application forms, 2 references, professional registration checks and full employment history.

The manager could adjust staffing levels daily according to the needs of patients.

This included bringing in more staff if patients required additional support.

The service had low vacancy rate.

The service had 1 vacancy for an operating department practitioner. This was due to the current staff member completing training and development for a new role within the service.

The service had low sickness rates.

The service sickness rate was 3%. Sickness was identified on the staff rota with cover recorded.

The service had low rates of bank and agency nurses.

The service used bank and regular agency staff to cover annual leave or rest days. The percentage of agency staff between the months of August 2022 and January 2023 was 14.5%.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service.

The service always had a consultant on call during evenings and weekends.

The service had a rota for nurse and theatre staff to be on call during the evenings and weekends.

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. Staff recorded all cosmetic implants on the Breast and Cosmetic Implant Registry (BCIR).

Good

Surgery

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

All patient records were comprehensive, and all staff could access patients' records. The patient records were easy to navigate through and information was very easy to locate. All records were kept safe and secure and stored electronically and all staff were able to access theses during the day and at night.

The service completed monthly audits of the patient's medical records. Where there had been concerns, such as staff not signing documentation, staff had been contacted to ensure any errors were rectified.

The service documented all cosmetic implants on the BCIR. These were also recorded within the theatre register, which we observed during the inspection.

Records were stored securely.

All patient records were stored electronically and securely.

Medicine

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

Staff followed systems and processes to prescribe and administer medicines safely.

The service had a system in place for the prescribing and administering of medication.

The service completed quarterly medicines management audits in January, April, July and October 2022.

Procedures for safe management of medicines were effective and systems to ensure the safe storage of medicines were in place. For examples, medicines required to be stored at specific temperatures were kept in a locked fridge and fridge temperatures were documented.

The service had an antimicrobial policy in place.

The service provided training for administration of medication and 92% of staff had completed this.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

The service used a medicine management log to monitor patients' medications. We reviewed 5 patients records, all patients were administered medication on discharge, with a letter for their GP and a discharge letter.

Staff completed medicines records accurately and kept them up to date.

All medication records were up to date and signed by 2 staff members.

Staff stored and managed all medicines and prescribing documents safely.

All medications were stored correctly in a lockable cupboard. Controlled drugs were stored correctly in a locked cupboard. The controlled drugs register was completed in accordance with company policy.

During patient's pre operations assessments patients were asked about their weight, height, and allergies. Within the first appointment, patient's weight and height were checked and documented.

Staff learned from safety alerts and incidents to improve practice.

The service had a process in place to identify safety alerts. All information was stored in a file, this identified what the safety alert was and what actions were to be completed. Information was then shared with staff during team meetings.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them.

Staff had a good understanding of how to report incidents and knew who to gain support from if they needed assistance during an incident.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

The staff had raised and recorded 76 incidents since the service first opened. Staff identified if incidents were clinical or non-clinical and recorded what had happened, what action had been taken in response and any learning taken from the incidents. The service also graded the level of harm there had been to the patient.

The service had not reported a never event.

Staff reported serious incidents clearly and in line with the service's policy.

The service had a policy in place for reporting serious incidents. However, the service had not had any serious incidents since it was registered.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

The service had a process and policy in place relating to duty of candour.

Staff had a good understanding of the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Duty of candour should be discharged if the level of harm to a patient is moderate or above.

Staff met to discuss the feedback and look at improvements to patient care.

Good

Surgery

The service had identified themes from incidents. For example, medication errors. These were raised and documented within the team meeting with staff. This also identified what lessons had been learned and how the service planned to implement any changes

Is the service effective?

Good

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. The service met cosmetic surgery standards published by the Royal College of Surgeons.

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

The service provided care to patients in line with National Institute for Health and Care Excellence guidance.

The service met cosmetic surgery standards published by the Royal College of Surgeons.

The service had a terms and conditions form which all patients completed before their procedure. The service ensured that they had received the GP summary identifying the patient's history. This enabled them to address any concerns prior to the patient's pre operation assessment.

Processes were in place to reduce the risk of discrimination, all staff were trained in equality, diversity, and inclusion. For example, a patient in their 70's came to the service for a procedure and received the surgery, it was identified and explained to the patient that all patients over 60 years of age required an electrocardiogram (ECG), to ensure they were well enough to undergo surgery. Also, if a patient came to the service for gender reassignment, the service followed specific procedures to ensure the patient was protected. For example, they ensured the person had completed their 2-year program in accordance with national guidance, and checked any prescribed medication was being taken. They also discussed the patient's expectations and ensured the patient received appropriate support.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

The service had a mental health policy in place and patients' mental wellbeing was discussed during pre-operation checks. Mental health and wellbeing were also discussed with the consultant within face-to-face meetings with the patient.

The service shared examples with us of where they had refused surgery due to concerns about a patient's mental health and had advised them of how they could access additional support.

Nutrition and hydration

Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Good

Surgery

The service ensured that patients followed the nil by mouth recommended practice. This was clearly documented within patient records.

The service provided a choice of drinks for patients after their surgery and when requested. The service did not have facilities to prepare food for patients. However, staff ordered food of the patient's choice from an outside company which was delivered to the service. This met patient's dietary needs as recorded in their pre operation assessment.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

The service assessed patient's pain and they received pain relief when requested. These were clearly identified within patient's records.

Staff prescribed, administered, and recorded pain relief accurately in line with the service's policy.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

Outcomes for patients were positive, consistent, and met expectations, such as national standards.

The service participated in relevant national clinical audits.

The service complied with the Competition and Markets Authority legal requirement to submit private patient episode data to the Private Healthcare Information Network.

The service documented feedback from patients, all comments viewed were positive and identified staff by name to thank them. The feedback also identified how patients were feeling following their surgery and how supported they had felt. Some of the feedback we reviewed reflected how the surgery had a positive effect on patient's individual morale and wellbeing.

Managers and staff used feedback to improve patients' outcomes.

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

The service completed quarterly audits over the last 12 months on patients' feedback. These were completed in December 2022, with 28 feedback comments received and reviewed.

The service completed quarterly venous thromboembolism, fasting times and consent, patient satisfaction questionnaire and wound infection audits.

Managers used information from audits to improve care and treatment.

Managers shared and made sure staff understood information from audits so that any learning could be implemented.

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.

The service ensured that staff received an induction, this included bank and agency staff.

Managers supported staff to develop through yearly, constructive appraisals of their work.

The service ensured that all staff had appraisals, these were last completed in December 2022 and were recorded at 100% completion rate.

Managers supported nursing staff to develop through regular, constructive supervision of their work.

Managers conducted supervision with staff. All clinical staff had received supervision in December 2022 or January 2023. The service had a policy and procedure in place relating to staff supervision which outlined expectations of staff and line managers.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

The service ensured that regular staff meetings took place, the dates of these were recorded on the staff rota, so all staff were aware. Minutes were available for staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

The service had identified staff who had expressed an interest in further career progression. These staff had been supported and enabled to have the time away from their usual duties to undertake this development.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

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

Managers identified poor staff performance promptly and supported staff to improve.

There were clear process in place for managers to follow if they were concerned about staff performance. The nominated individual shared examples with us of when they had taken action to address concerns with staffing. The service had a disciplinary policy in place.

Good

Surgery

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients.

The service shared examples of when they had liaised with other professionals relating to patient care. These included where they had sought advice or given direction about what was required before the patient were able to progress with their surgery. If the patients were not physically and mentally fit, then any planned surgery was postponed until the patient had been reassessed and confirmed as fit for surgery. Where, following reassessment, the patient had not been deemed as fit for surgery this was discussed with the patient and the reasons for the service's refusal to undertake surgery clearly explained.

Six-day services

Patients could contact the service 6 days a week for advice and support after their surgery.

The service opened 6 days a week, with shorter hours on a Saturday.

The service provided telephone out of hours support to patients on weekday evenings and weekends.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in the service

The service provided health and wellbeing information to patients during the pre-operation assessment discussions. This included advise about the impact of smoking and drinking alcohol on their health.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff had received training in the Mental Capacity Act (MCA) and equality, diversity and inclusion.

The service provided MCA training and 96.8/% of staff had completed this.

Good

Surgery

Staff could access and describe the providers MCA policy to get accurate advice on MCA.

The service contacted all GPs for a summary of health for each patient. This identified if there were any mental health concerns and if required staff held discussions with patients to gain more information to assess if they were well enough to complete their surgery.

The service ensured that patients understood the potential impact and risk of their procedure and were given a cooling off period of at least for 14 days between the decision to have surgery and the procedure taking place.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff had a good understanding of gaining consent from patients before any surgery took place.

Staff made sure patients had considered all relevant information so they were fully informed and could consent to treatment. For example, a patient who was diagnosed with attention deficit hyperactivity disorder had capacity but struggled to listen to lots of information. The service contacted the patient's GP to ask for additional information about how they could best support the patient.

Staff clearly recorded consent in the patients' records.

Is the service caring?

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.

Staff were welcoming when a patient came into the service, drinks were offered on arrival.

We observed a surgical procedure where privacy, dignity and respect were maintained throughout.

During the inspection we noted patients' feedback of the service.

"I have had an amazing journey with them and the staff at Joseph House are amazing and are like a big happy family."

"The staff on the day were so warm and caring and understanding of my nerves."

"All of the staff have been caring, polite and friendly."

Good

Surgery

“Thank you so much for the care and attention you gave me during my surgery. You are all so professional but bubbly at the same time, I felt so at ease.”

Patients told us staff treated them well and with kindness.

Staff followed policies and kept patient care and treatment confidential.

Staff understood and respected the individual needs.

Staff received chaperone training and were able to support patients who attended the service alone for their 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 supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Patient feedback reflected that staff had supported patients with anxieties about their surgery and people felt they were made to feel comfortable, and their anxieties had reduced before and after their surgery.

Staff did not undertake training on breaking bad news and demonstrated empathy when having difficult conversations.

The service did not provide specific training for staff in how to break bad news to patients. However, staff and consultants showed empathy to patients when discussions took place relating to their surgery.

Staff understood the emotional and social impact that a person’s care, treatment, or condition had on their wellbeing and on those close to them.

The service had a good understanding of the impact of surgery on patients and were involved with patients and those close to them to support their wellbeing.

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 ensured that patients had the information they needed to make decisions relating to their surgery. This was evidenced from the start of the process at the pre–operation assessment where information was gathered, consultations were held both before and after the operation.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Good

Surgery

Staff supported patients to make informed decisions about their care.

We observed a consultation. Staff gave advice and had an open discussion with the patient, so they were able to make decisions relating to their care.

Patients gave positive feedback about the service.

Is the service responsive?

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.

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

Staff identified any additional support that patients may need and checked if patients had someone to support them. If no-one was available, the service added additional staff to the rota to ensure that the patient received the right care and support.

Access to the service was on the ground floor which enabled disabled access. Other disabled facilities included a disabled toilet and shower facilities located on the ground floor.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

The service had access to a translation service. Staff identified at the patient's first call with the service if they required communication support. For example, if English was not their first language. Once this support had been identified then a message was placed on the patients file to ensure that an interpreter was available for all other appointments.

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

Patients were given the choice of what food they would like in relation to their cultural and religious preferences.

The service recognised that patient's may choose to fast due to their religion. The service asked that patients informed the team of this during consultation, to ensure they were able to provide safe advice relating to wound healing.

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.

Good

Surgery

The service did not monitor waiting times as all patients were able to book an appointment at a time which was best suited to their own needs.

The service recorded all the appointments that had to be cancelled. Themes relating to cancelled appointments included cancelling or rescheduling the appointment due to childcare, not being ready for the surgery, not stopping smoking and being nicotine positive, having cold symptoms or blood pressure being too high. When this happened, the service offered support and advice to the patients about the next steps they needed to take to ensure that they were ready for their next appointment.

The service aimed to support patients to rebook their appointment within 6 weeks. However, this was dependent on the patient's availability.

Managers and staff started planning each patient's discharge as early as possible.

The service planned patients discharge and if they required an overnight stay, these were all planned in advance. All discharges were between 7.30am and 9am. Within patient records we reviewed, we saw all patients received discharge letters, medication and a fit note if required.

Staff supported patients when they were referred or transferred between services.

The service had examples of where they had worked with other services and there had been communication to ensure the needs of the patients were met.

The service had a policy and procedure in place for any patients who required transferring to an NHS trust. However, to date, this had not been required since the service had been registered.

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 had a system for referring unresolved complaints for independent review.

Patients, relatives, and carers knew how to complain or raise concerns.

The complaints procedure was displayed in the reception area for people to access. The service had a process and policy in place for the management of complaints.

If complaints were received there was a policy in place for staff to follow. This included contacting

Managers investigated complaints and identified themes.

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

Managers shared feedback from complaints with staff and learning was used to improve the service.

Good

Surgery

Managers discussed complaints with staff within the team meetings, which helped to identify improvements. These were recorded on the minutes from the meeting, which included discussions relating to complaints and any identified themes. For example, in December 2022 there were 3 complaints received, although no themes had been identified. If no complaints had been received before a meeting, this was also recorded.

The service had recently reviewed their complaint process. They had made improvements when complaints were made, they no longer emailed patients with a response but booked phone calls with them, so patients were able to fully express their concerns. Mangers informed us that since this change had been made, patients felt like they were listened too, and this helped resolve any complaints.

Staff shared examples of how they used patient feedback to improve daily practice.

Is the service well-led?

Good

Leadership

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

The service had a staff structure which clearly identified people's roles and areas of responsibility.

Within the staff structure the service had 3 directors, and a nominated individual who split their time between 2 services. There were 2 registered managers who were based on site, 1 responsible for clinical side of the service and 1 registered manager who was responsible for the operational aspects of the service.

The directors and managers had a good understanding of the service and the issues that may arise. During the inspection we identified concerns relating to staffing for night shifts on the ward. The management team were responsive to these concerns and took immediate action to address the issue raised.

The staff told us that directors and managers were visible and approachable to the patients and staff.

The managers encouraged staff to develop professionally and shared examples of where they had supported staff to build on their own confidence and to progress in their professional roles.

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.

Good

Surgery

The service had a vision and strategy in place. The service's mission and core vision was 'to provide first-class independent healthcare for the community in a safe, comfortable, and welcoming environment; one in which we would be happy to treat our own families.'

During the inspection we spoke with the directors of the service, and they reflected on their first year of the service being registered. They spoke openly about what had gone well and what could have been done differently. They explained they were outcome driven and wanted to provide the best service for patients. They told us they would like to further establish the service over the next 12 months, with the possibility in the next 5 years to expand the service in a different part of the country.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service had an open culture where staff could raise concerns without fear.

Staff told us that they enjoyed working at the service and they felt valued. Staff that we met were very welcoming, helpful, and friendly.

One staff member stated, "working with this staff team makes the job better."

The service had a positive culture and the staff worked well as a team to deliver good standards of care to the patients.

Staff were very focused on care for the patients and their outcomes and ensured their time with the service was positive.

Nineteen staff completed the last staff survey in January 2023. Out of the 19 staff there were only 2 respondents that expressed they did not feel valued at work. All other respondents reflected they would refer a friend to work in the service, and that they received positive feedback from managers. A positive theme was that staff felt the best thing about working at the service was that they got to work as a team, and they enjoyed their interaction with patients. The staff survey also identified that staff could see themselves still working for the service in the next 2 years.

Governance

Leaders operated effective governance processes throughout the service. 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 service level agreements, and these were well managed.

The nominated individual chaired medical advisory committee meetings. There was an agenda which identified what was discussed and any actions taken from the meeting.

The nominated individual chaired quarterly governance meetings. There was a set agenda and a log of actions taken from the meetings. Minutes reflected those actions had been completed.

Good

Surgery

All staff had a good understanding of their role and accountability. All staff received supervision and appraisals. The service completed team meetings that were identified on the rota, to ensure staff had the opportunity to plan their attendance. Minutes were available.

Staff were employed in specific roles with job descriptions and responsibilities. Staff at all levels understood their roles and responsibilities.

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.

Thirteen risks were identified on the service risk register. No high risks were identified. All identified risks were reviewed and changed were made to the register as required.

Managers and senior managers were able to explain what their 3 top risks were for the service and how they were mitigating these. The top 3 risks identified were, risk of theft to clinical waste and oxygen; not receiving supply's due to global conflicts; and risk of complaints progressing to stage 3 and referral to independent adjudicator.

The service identified incidents and risks within team meetings with staff, and they discussed the learning from these.

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 secure.

The service collected reliable data and completed audits. These resulted in action plans where necessary. The service ensured they monitored themes and trends.

The service completed audits of which surgeries had been conducted in the last year. The service also monitored cancelled appointments and the reasons for these.

All patient records were stored securely and electronically. Only staff working at the service were able to access them.

The service had a policy and process in place relating to information management.

Engagement

Leaders and staff actively and openly engaged with patients, staff, to help improve services for patients.

The service used a chat room to engage with patient's where they could leave their feedback or ask any questions and gain additional support from other people who had also had similar surgery.

The service engaged with staff with a staff survey and the management team reviewed these responses and identified areas to make changes or hold open discussions with staff.

Good

Surgery

The service had links with the local NHS trust.

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.

The service had continued learning and improving in the first 12 months since registration. For example, for future new services the provider planned to have a bigger bay to create more space for patients staying overnight.

The staff team worked well together with managers and were able to discuss areas for improvement, and had the skills required to implement change.

Managers encouraged staff to bring forward innovative ideas and suggest changes. Where changes had been agreed staff were encouraged to be involved in making the improvements. For example, staff completing room temperature checks every morning, identified that the rooms were always cold first thing in the morning. They made the suggestion of moving the times to mid- morning to get a more reflective reading, this idea had then been implemented by the service