

Orwell Cardiothoracic Private Patient Unit







Quality Report

Essex Cardiothoracic Centre
Nethermayne
Basildon
Essex
SS16 5NL
Tel: 01268 242044
Website: www.orwellppu.co.uk

Date of inspection visit: 23 and 30 August 2016
Date of publication: 02/12/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?		Good	
Are services well-led?		Good	

Summary of findings

Letter from the Chief Inspector of Hospitals

Orwell Cardiothoracic Private Patient Unit is operated by Ramsay Health Care UK Operations Limited. The service has eight beds and provides level two care to patients following surgery. All surgical procedures, intensive care and high dependency care is provided by the NHS trust working in the Essex Cardiothoracic Centre. There are service level agreements in place between the Ramsay Healthcare service and the NHS trust to provide these services as well as medical staff cover where required.

The service provides surgery services for patients with cardiothoracic conditions. We inspected surgery as part of this inspection.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 23 August 2016, along with an unannounced visit to the hospital on 30 August 2016.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We rated this service as good overall. We found the following in relation to surgery:

- There were good incident reporting, investigation and feedback systems. There was evidence of learning from incidents and changes to clinical practice to improve patient safety.
- The unit had good processes in place to monitor how safe it was by using its own clinical dashboard and quarterly audit tool.
- Infection control procedures were in place.
- National Early Warning Scores (NEWS) were being used which helped staff to recognise, respond to and escalate patient deterioration and risk.
- Policies and procedures were developed taking into account relevant national best practice guidance including those issued by the National Institute for Clinical Excellence (NICE) and relevant royal colleges such as The Royal College of Nursing (RCN).
- Staff were seen to provide compassionate, kind and dignified care. Patients said they were happy with the care they had received and felt cared for and listened to by staff. Patients felt involved in the decision making processes around their care needs and, where appropriate, staff involved and listened to patients' family and friends.
- Systems and processes were in place to ensure care and treatment was tailored to meet the needs of different people. Staff ensured that patients received relevant information so that they could make an informed decision about their treatment.
- The unit had a clear vision and set of values in place and staff were aware of these.
- There was an effective governance structure in place and learning and improvement from incidents, complaints and audit outcomes was evident.
- Where we raised concerns, the management team took appropriate action promptly to resolve the issues. This included ensuring that the night shift was appropriately staffed.

However we also found:

- At the time of our inspection, there was no documented evidence of local induction for agency staff. We were told by the management team that they were in the process of designing an induction checklist for use with agency staff; however this was not yet in place.

Summary of findings

- Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards knowledge amongst nursing staff was limited and none could give appropriate examples of the practical application of the MCA or of Deprivation of Liberty Safeguards.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating Summary of each main service

Good



We rated surgery services at Orwell Cardiothoracic Private Patient Unit as good. All domains were rated as good.

There were good incident reporting, investigation and feedback systems. There was evidence of learning from incidents. The unit had good processes in place to monitor how safe it was by using its own clinical dashboard and quarterly audit tool. Policies and procedures were developed taking into account relevant national best practice guidance. Staff were seen to provide compassionate, kind and dignified care. Systems and processes were in place to ensure care and treatment was tailored to meet the needs of different people. The unit had a clear vision and set of values in place and staff were aware of these. Where we raised concerns, the management team took appropriate action promptly to resolve the issues. However, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards knowledge amongst nursing staff was limited and should be improved. The provider should embed induction processes for bank and agency staff.

Summary of findings

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Good



Orwell Cardiothoracic Private Patient Unit

Services we looked at

Surgery

Summary of this inspection

Background to Orwell Cardiothoracic Private Patient Unit

Orwell Cardiothoracic Private Patient Unit is operated by Ramsay Health Care UK Operations Limited. The Orwell Cardiothoracic Private Patient Unit is a private patient facility situated within the Essex Cardiothoracic Centre located at Basildon University Hospital. The unit is a dedicated facility managed and staffed by Ramsay Health Care. The unit opened in May 2008 and consists of eight single rooms with en-suite facilities.

The unit admits a mixture of interventional cardiology and cardiothoracic patients, including angiography, angioplasty, electro physiological cases, ablation and pacemaker/defibrillator insertion. The unit also undertakes cardiac and thoracic surgical cases. Cardiac

surgical procedures include valve replacement or repairs, coronary artery bypass grafting and thoracic aneurysm repair. Thoracic surgery undertaken includes lobectomy, thoracotomies, pleurectomies and bullectomies as well as a range of other pulmonary procedures.

The hospital has had a registered manager, who has been in post since June 2008.

This was the first inspection using the CQC's power to rate independent healthcare services. The announced part of the inspection took place on 23 August 2016, and the unannounced inspection took place during the evening of 30 August 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and another CQC inspector, with specialist expertise in surgery nursing. The team had off site support and guidance available from doctors who specialise in cardiology and cardiothoracic care.

Information about Orwell Cardiothoracic Private Patient Unit

The hospital has one ward and is registered to provide the following regulated activities:

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

During the inspection, we visited the Orwell Cardiothoracic Private Patient Unit. We spoke with seven members of staff including the registered manager, clinical team leader, registered nurses and support staff. We also reviewed four healthcare records. We spoke with two patients of the four on the unit. We were unable to speak to more patients due to the nature of their conditions and the procedures they had undergone. We reviewed patient feedback from patient surveys to support our findings on patient experience.

The service had been inspected twice previously in 2013, and 2014. No concerns were identified with compliance against the regulations during these inspections.

Activity

- In the reporting period April 2015 to March 2016, 2,264 people received care at the unit, of whom 1,017 were inpatient and day cases, and 1,247 were follow up attendances.
- People who used the service were private patients, who self-funded or had private medical insurance cover.
- The service did not provide care to NHS patients.
- The service employed 37 doctors to work under practising privileges. The service employed nine

Summary of this inspection

nurses, six support staff, and six other staff including the service manager and other bank/ agency staff. The officer for controlled drugs (CDs) was the registered manager.

- Track record on safety
- Nil Never events
- 40 clinical incidents, of which 37 were graded as no or low harm, one moderate harm, and one severe harm.
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA)
- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli
- Three complaints

Services accredited by a national body:

- No outside accreditations

Services provided at the hospital under service level agreement:

- Bereavement services
- Cardiac catheter laboratory services
- Cardiac diagnostic & imaging services
- Cardiothoracic critical care (level 2 & 3)
- Chaplaincy services
- Equipment maintenance
- Facilities management excluding meal/beverage service and laundry service
- Infection control services
- Medical cover
- Outpatient services
- Pathology and histology

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good



- There was a good incident reporting, investigation and feedback system.
- The unit had good processes in place to monitor how safe it was by using its own clinical dashboard and quarterly audit tool.
- Infection control procedures were in place.
- Staff recognised how to respond to patient risk and there were arrangements to identify and care for deteriorating patients.
- Staffing levels were sufficient.

However:

- The induction processes for bank and agency staff were not embedded.

Are services effective?

Good



- Policies and procedures were developed using relevant national best practice guidance.
- Suitable arrangements were in place to manage patients' pain.
- Patients had access to appropriate nutrition and hydration.
- Patient outcomes were monitored in a variety of ways. Results from local clinical dashboard and national audit programme (data combined with the NHS trust) compared favourably to other specialist centres in the region.
- Staff were supported with learning and development to ensure they were competent in their role.

However:

- Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards knowledge amongst nursing staff was limited and should be improved.

Are services caring?

Good



- Staff treated patients with kindness, dignity, respect and compassion.
- Patient survey results for the period April 2016 to September 2016 were consistently good.
- Staff ensured that patients received relevant information so that they could make an informed decision about their treatment.

Summary of this inspection

- Patients and their relatives were provided with emotional support by the staff and reassured by them before and after their procedure.
- Patients felt involved and listened to throughout the treatment process.

Are services responsive?

Good



- Services were planned and delivered to meet the needs of patient groups they served.
- Bed occupancy was low and enabled access to the service without delay.
- Interpreter service was available as required, and there was extensive patient literature available in a variety of languages.
- There was an effective complaints system in place with which staff were familiar. There was evidence that people's concerns and complaints were listened and responded to and used to improve service quality.

Are services well-led?

Good



- The unit had a clear vision and set of values in place and staff were aware of these.
- The senior management team was proactive and looked for opportunities to improve patient care.
- Staff were encouraged and empowered to raise concerns, and felt there was an 'open door' policy.
- There was an effective governance structure in place and learning and improvement was evident.

Detailed findings from this inspection

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

Notes

Surgery

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

Are surgery services safe?

Good 

Incidents

- There was an incident reporting policy in place. An electronic incident reporting system was used to report and track incidents and staff we spoke with were aware of how to use the system and report incidents according to the policy.
- For the reporting period April 2015 to March 2016, the service reported no never events. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- The service reported a total of 40 clinical incidents during April 2015 to March 2016, of which one was graded with a major impact and two were graded as moderate.
- We reviewed the root cause analysis (RCA) of the serious incident and the outcome of the investigation. This investigation was jointly conducted with the NHS trust, as the incident took place during surgery in their theatre. This was comprehensively completed with lessons learnt and recommendations for improvement identified.
- The medical advisory committee (MAC) reviewed clinical incidents. The MAC meeting minutes showed actions and learning outcomes from incidents. Staff told us that learning outcomes from incidents were discussed in quarterly staff meetings and also information shared through email.

- Although managers were aware of the principles of duty of candour and could explain to us when this would be applied and why it was necessary, staff we spoke with were not aware. 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 service users (or other relevant persons) of specific notifiable safety incidents and to take subsequent relevant action in terms of apologising where the provider is at fault and showing how lessons have been learnt.
- Mortality and morbidity was discussed jointly with the NHS trust every three months. We reviewed meeting minutes of the last joint governance meeting in May 2016 which showed that mortality was discussed.

Clinical Quality Dashboard or equivalent

- All patients at the Orwell Cardiothoracic Private Patient Unit had a venous thromboembolism (VTE) risk assessment on admission. This was monitored through the Orwell quarterly audit program. We reviewed the VTE audit report for the last three quarters and the unit scored 100% for all three quarters.
- During our inspection we reviewed a total of eight patient records and the VTE, falls and pressure area risk assessments were completed accordingly.
- There were no incidences reported of hospital acquired VTE or pulmonary embolism (PE) for the period April 2015 to March 2016.

Cleanliness, infection control and hygiene

- No cases of hospital acquired infections for Methicillin-resistant Staphylococcus Aureus (MRSA), Clostridium difficile (C.diff) or E-Coli were reported by the hospital from April 2015 to March 2016.

Surgery

- All areas we visited were visibly clean and tidy. The unit had a service level agreement (SLA) with the NHS trust for domestic cleaning and collection of waste. There were cleaning schedules in place and records confirmed that these cleaning schedules were practised. We observed that 'I am clean' green stickers were in use within the unit.
- We saw that staff practised good hand hygiene, and all staff used personal protective equipment, such as aprons and gloves, appropriately and wore their uniforms bare below the elbows.
- Auditing of hand hygiene was part of the quarterly audit programme. We reviewed the results of the observational hand hygiene audit for the last three quarters and there was 100% compliance.
- Hand sanitiser and hand washing facilities were available throughout the hospital and there were notices reminding people to clean their hands. There were sufficient supplies of personal protective equipment available for staff throughout the hospital.
- As part of the SLA in place, the NHS trust provided the service with infection control support and advice through the local infection control nurse in conducting infection control audits and risk assessments. Staff also had access to the trust's infection control key worker meetings and training to keep up to date with local infection control procedures and policies.
- Sterile equipment was supplied by the NHS trust under a service level agreement (SLA).
- The unit had procedures in place to screen for methicillin-resistant staphylococcus aureus (MRSA). At pre-assessment only patients admitted from another healthcare setting or with other risk factors would be swabbed to test for the presence of these bacteriaemia. Should MRSA have been identified, patients were treated with antibiotics before commencing their surgery.
- Staff completed annual infection control training in electronic format as part of the mandatory training program. Records showed that 82.35% of staff had completed their infection control training, against a target of 80%.
- The Orwell Cardiothoracic Private Patient Unit had a service level agreement (SLA) with the NHS trust for the use of the theatre. Although surgical site infection (SSI) data was collected by the trust, the Orwell Cardiothoracic Private Patient Unit carried out an internal audit to show actions taken to avoid SSI,

pre-operative and perioperative, as part of the quarterly audit programme. We reviewed the audit report for November 2015 and February 2016; in both, the score was 100%.

Environment and equipment

- Resuscitation equipment and a chest opening kit were available on the ward. Both were checked and in date, with intact packaging where needed and stored appropriately.
- We reviewed the associated daily check records from 1 May to 23 August 2016. Most records for this period were completed correctly. However, there was no evidence of checks performed on 13 occasions for the resuscitation equipment and 15 occasions for the chest opening kit during this period. When we spoke to the management team, we were told that those missing checks must have been from when the unit was shut due to no patients being admitted. However they were unable to confirm this.
- There was a service level agreement (SLA) with the NHS trust for facilities management which including maintenance of electrical equipment and Portable Appliance Testing (PAT). All equipment we checked across the unit was within its service date and clearly labelled with the next date of service.
- The unit was bright, clear of clutter and well organised.
- There were adequate storage facilities and suitable levels of equipment for safe monitoring and effective treatment.
- Appropriate waste management systems were in place with the use of clinical and non-clinical waste bins and separate sharps bins. Yellow clinical waste bags were used, there were foot-operated waste bins, and sharps bins which were assembled correctly, signed and dated and not over-filled throughout the unit.

Medicines

- There was an up-to-date medicine management policy in place and staff were working in line with the policy.
- There was a treatment room which was locked using numerical key pad. All medication was stored appropriately in locked cupboards or fridge, in accordance with manufacturer guidance.
- Access to medication was controlled by the nurse in charge holding the key on their person at all times.

Surgery

- Controlled drugs (CD) were appropriately managed. CD registers were accurate and correlated with the stock in the unit. We checked the CD register from 20 July to 23 August 2016, and all records showed that CDs were checked at least daily, sometimes twice a day.
- Medication fridge temperatures were checked on a daily basis and evidence of recording was seen with monitoring of temperatures to ensure medications were stored appropriately. We reviewed the records for the month of August 2016. The records showed daily checks were done.
- The fridge recorded minimum and maximum temperatures throughout the day. The daily maximum temperature recorded from 1 to 23 August 2016 was 11 degrees centigrade although when staff checked the actual temperature recorded was between two and five degrees centigrade per day. The maximum reading was above the allowable range of two and eight degrees centigrade, which meant that the efficacy of the medicines was being maintained.
- However it was not escalated as per service policy. We reported this to the management team and they said that they were waiting for delivery of a new medicine fridge in the next few days. However, when we returned on our unannounced visit on 30 August 2016, the fridge was not replaced. Although the 'actual temperature' was within the range of two and eight degrees centigrade, the maximum temperature was still showing as 11 degrees centigrade for the last seven days.
- Quarterly medications audits took place including reconciliation within 24 hours, safe and secure storage, medicine management and/or prescription, and controlled drug audits. We reviewed audits from the last four quarters (April to 2015 to March 2016) and found that they were 100% compliant, as per General Medical Council (2008) Good Practice in Prescribing Medicines, Nursing and Midwifery Council (2007) Standards for Medicines Management and DH (2007) Safer management of controlled drugs: a guide to good practice in secondary care (England).
- We reviewed three medicine records of patients who were in the unit. We found that medication was prescribed in accordance with the British National Formulary (BNF), was clear and legible, and patient allergies were documented and administered safely.
- There was an appointed controlled drugs accountable officer (CDAO) who supervised management and use of controlled drugs within the unit.
- There was a SLA in place with the NHS trust for pharmacy services including daily visits from the pharmacist, a weekly pharmacy stock item delivery, and supply of prescribed medication for inpatients and on discharge.

Records

- Current patient records were easily accessible within a lockable cupboard in the nurses' station. We saw a SLA which was in place with the NHS trust, for the use of a dedicated space on-site for safe record storage solely used by the Orwell Cardiothoracic Private Patient Unit.
- We reviewed eight sets of patient records during the inspection. Nursing records, including risk assessments for VTE, falls, pressure area and nutritional status were completed in full as required and plans of care were clearly documented.
- Pre-operative assessments were complete and accurate in all records reviewed.
- The Orwell Cardiothoracic Private Patient Unit carried out quarterly medical records audit, in line with the guidance of General Medical Council (2013) Good Medical Practice, Nursing and Midwifery Council (2009) Record keeping: Guidance for nurses and midwives, Chartered Society of Physiotherapy (2012) Record Keeping Guidance, Royal College of Physicians (2009) Writing medical notes: best practice for doctors in all specialities and Royal College of Surgeons of England (2008) Good Surgical Practice.
- We reviewed the medical record audits for the last three quarters and the actions that were taken. The audits showed that in general the medical records were well written and documented.
- Medical records audit from April 2016 also showed that there were two allergy declarations missing from drug charts and the action was to email all consultants and nurses reminding them to complete the allergy section. We saw that this was actioned and an email sent to all consultants.
- At the time of our visit all patient records were in paper format. However, the management team told us that a new Electronic Patient Record (EPR) system was being rolled out although the system was not yet live. Minutes from the April 2016 MAC meeting showed that the 'go live' trial date had been set for September 2016 with the intention of full implementation in November 2016.

Safeguarding

Surgery

- No safeguarding concerns had been raised for the period April 2015 to March 2016.
- All staff we spoke with were aware of their responsibilities to raise safeguarding concerns and provided examples of situation in which this might occur.
- We saw a poster displayed by the nurses' station, with up-to-date contact details for the safeguarding lead.
- Staff received regular safeguarding training. Training records showed that 100% of clinical staff had undertaken their safeguarding adults training to level two.
- Two members of the senior management team were trained to level three safeguarding adults.
- An SLA was in place with the NHS trust to access the services of safeguarding leads for both adults and children.
- There was lack of awareness about female genital mutilation (FGM) amongst staff. At the time of inspection FGM awareness was not covered as part of the mandatory safeguarding training. However, the service had only treated two patients under the age of 18 years of age within the last five years. The management team told us that they had escalated it with senior managers within Ramsay Health Care and that the safeguarding training course was being reviewed to reflect current guidelines.
- The service did not review or audit their safer surgery checklists to ensure they were consistently completed to the expected standard. The audits of the safer surgery checklist were undertaken by the NHS trust, which was appropriate as they undertake the procedure.
- The service used the National Early Warning Score (NEWS) to assess patients. NEWS is a nationally recognised scoring system to establish the stability and deterioration of a patient based on predetermined parameters for observations such as pulse, temperature, pain and blood sugar.
- The early warning scores were completed appropriately in accordance with the guidance. Escalation plans accompanied the NEWS assessments and were appropriately implemented. We observed a healthcare assistant completing observations for a patient who then escalated to the nurse in charge as the readings were out of range. We saw the nurse using the NEWS calculation and the score was three; the nurse called the outreach team immediately.
- Another member of staff was able to give an example of how the NEWS score was used to increase observation when a patient's blood pressure reading was below the range. The NEWS score was two; therefore observations of this patient were measured and recorded hourly and the trigger algorithm at the back of the NEWS chart was followed.

Mandatory training

- Staff were aware of their responsibility to undertake and complete mandatory training. Mandatory training was delivered through an electronic learning system.
- Mandatory training included fire safety, health and safety, infection control, safeguarding adults, manual handling, basic life support, data protection and equality and diversity. At the time of our inspection mandatory training compliance data provided stood at 80% for 2016 across the mandatory training subjects, which were delivered as block training. The provider target for training was 80%.
- In the event of a patient cardiac arrest, there was a dedicated telephone number for staff to ring.
- Patients were assessed using the Waterlow score pressure ulcer risk assessment tool, at pre-admission and were reassessed throughout their inpatient stay. Waterlow score is a common assessment tool used in hospitals which provides a risk based score against a set of predetermined standards to establish the likelihood of pressure damage occurring.
- The provider's policy stipulates that any member of staff who is part of the resuscitation team must be trained to Immediate Life Support (ILS) standards or above. As of October 2016, data provided showed that 75% of nursing staff were trained in ILS and the remaining were booked to complete in November 2016.
- In addition nursing staff who were Band 6 (five staff members) or higher were trained to Advanced Life

Assessing and responding to patient risk (theatres, ward care and post-operative care)

- The World Health Organization (WHO) Five Steps to Safer Surgery checklist was in use. We saw that these were present and complete in patient records. We reviewed four completed checklists and they were all completed correctly.

Surgery

Support (ALS). Training data from October 2016 shows that 60% (three) were trained with the two remaining staff, who were new, booked to attend before the end of October 2016.

- Basic Life Support training was provided to all health care assistants and data provided showed that 50% of the staff had completed their annual training for 2016 and the remaining were booked to complete the course in November.
- The service was also supported in the event of any cardiac arrest or patient deterioration by the NHS trust resuscitation team. Theatres provided under the SLA agreement could also be used 24 hours per day in the event of an emergency.

Nursing and support staffing

- There were nine whole time equivalent (WTE) registered nurses and six WTE health care assistants (HCA) within the unit. Theatre staffing was covered by a service level agreement (SLA) with the NHS trust.
- The number of staff on each shift was dependent on the expected number and acuity of patients. Acuity was monitored on a daily basis by senior nursing staff using an adapted safer nursing care tool, to meet patient dependency. Staffing levels were increased or decreased in line with the dependency score.
- Staff were on flexible contracts which meant that they would often be called to cover shifts where dependency had increased or be told that they were not needed when dependency had decreased.
- The use of agency nurses was variable during the reporting period of April 2015 to March 2016, with agency use ranging between 8% and 45% of total staffing.
- All checks for registration, identity and competencies of agency staff was conducted by the recruitment agency. Local induction of the unit was carried out by the service. However, at the time of our inspection, there was no documented evidence of local induction for agency staff. We were told by the management team that they were in the process of designing an induction checklist for use with agency staff.
- The management team told us that the agency staff were previous Ramsay Health Care employees who

worked in the service previously but had to go back to their NHS post from which they were seconded from. Therefore, records of competency and induction were available from when they were permanent members of the service, but not since.

- A member of staff told us that staffing at night was unsafe. The rota showed that the unit was staffed with only two registered nurses at night. Two staff members confirmed that sometimes one of the nurses have to leave the unit either to prepare a meal for a patient or go for their break to rooms which are off the unit. In such events only one nurse is left on their own to look after potentially eight patients, two of which could be critically ill. Staff also told us that if they were off the unit one would not hear the emergency buzzer from the unit. We reported this to the management team and received assurance that they will increase the number for night staffing immediately.
- When we returned on the unannounced visit, during a night shift, the staffing numbers had been increased to three, with two registered nurses and one HCA. The nurse in charge told us, following our announced visit all staff were told to never leave one member of staff alone on the ward. This meant that staffing at night time had improved and was safer for patients.

Surgical staffing

- There were 37 doctors working at the Orwell Cardiothoracic Private Patient Unit on practicing privileges.
- There was no resident medical officer (RMO) employed by the unit. A service level agreement (SLA) was in place with the NHS trust to provide medical cover for the unit 24 hours per day.
- Individual consultants were responsible for patients during their inpatient stay and were contactable 24 hours a day.

Emergency awareness and training

- The Orwell Cardiothoracic Private Patient Unit linked into the NHS trust's local resilience and emergency planning arrangements. This was embedded in the contract between the unit and the NHS trust.
- The management team explained that weekly fire alarm testing was carried out and the backup generator was also tested quarterly.

Surgery

Are surgery services effective?

Good 

Evidence-based care and treatment

- Policies and procedures for the service were developed centrally by the Ramsay Health Care developmental team and took into account best practice guidance including those issued by the National Institute for Clinical Excellence (NICE) and relevant royal colleges such as The Royal College of Nursing (RCN).
- We reviewed a number of policies and procedures and eight patient records. These reflected people's needs were assessed and care was planned and delivered in line with recognised evidence-based, guidance, standards and best practice.
- We saw that updated policies and procedures were issued when there was a change in guidance. For example, we noted that the Orwell unit had adapted their NEWS chart to reflect the changes made in the Royal College of Physicians (2015) National Early Warning Score (NEWS) standardising the assessment of acute-illness severity in the NHS NICE/Royal College guidelines. These updates and changes were notified to staff through the Ramsay Health Care governance system.
- Ramsay Health Care have an extensive audit programme which the Orwell unit take part in, to ensure that the services provided are effective and evidence based. These audits measure effectiveness against the standards obtained from guidelines issued by the National Institute for Clinical Excellence (NICE) and relevant royal colleges.

Pain relief

- The Orwell Cardiothoracic Private Patient Unit was meeting standards as set out in the Faculty of Pain Management core standards for pain management services in the UK guidance, published 2015.
- Access to specialist pain management team was provided through a service level agreement (SLA) with

the NHS trust for the provision of anaesthetist to review patient-controlled analgesia (PCA) or paravertebral blocks if needed. After 8pm (out of hours), the SLA also covered for the provision of an outreach team.

- If support was required for pain management in a terminally ill patient, an SLA was in place to access the expertise of the Macmillan team in the NHS trust.
- We observed that patients' pain assessments were being undertaken and documented as part of routine observations.
- We reviewed three inpatient prescription cards and found pain medication documentation was completed in full, legible and appropriate doses prescribed. Evidence of regular and appropriate administration of medication was seen in line with the prescription.
- The Orwell Cardiothoracic Private Patient Unit conducted prescribing audits every six months. The audit covered pain management in the unit and included evidence of the pain assessment tool was used, appropriate analgesia was administered in line with score, variances and actions are recorded in the patients' pathway in relation to pain management. We reviewed the audit findings for November 2015 and May 2016, and 100% was scored in all the parameters.

Nutrition and hydration

- Staff told us that there were no set meal times in order to accommodate the patient's needs following medical procedure/treatment. Food and drink was available 24 hours a day from a self-choose varied menu.
- Patients with special dietary requirements were highlighted at pre-assessment and their needs were catered for throughout their stay.
- Staff told us that food could be provided according to the person's needs, for example, taking into account allergies, intolerances and religious dietary requirements.
- Water jugs were provided and we saw that they were full and within reach of the patient in the two rooms we checked.
- In line with the Association of Anaesthetists of Great Britain and Ireland (AAGBI) preoperative fasting guideline patients were advised not to have fluids for two hours and solid food for six hours prior to surgery.

Surgery

The service was able to phase and flex the food and fluid intake based on the time of the patient's surgery. Information on fasting was sent or given to patients during the preoperative assessment or consultation.

- We saw the Malnutrition Universal Screening Tool (MUST) being used to identify patients at risk of malnutrition. Review of patients' records also showed that fluid charts were completed to assess the hydration status of the patient.

Patient outcomes

- There was no unplanned transfer of care to another hospital or any unplanned readmission within 28 days of discharge in the reporting period from April 2015 to March 2016.
- The unit audited 10 areas using the Ramsay Health Care Clinical dashboard. These included VTE compliance, medical records, care of the deteriorating patient, nutrition and hydration, consent process, pre-admission/discharge planning, medicine management and prescribing audit.
- We reviewed VTE audit results for August 2015, November 2015, February 2016 and May 2016. The audit showed the unit achieved 100% compliance for VTE assessments for three out of the four audit reports we reviewed. In the August 2015 audit the unit scored 87% and action plans were put in place to remind all staff that all patients are required to have a VTE assessment before any procedures are completed.
- We also reviewed the medical record audits for July 2015, October 2015, January 2016 and April 2016. The audit showed that notes were well written, legible, signed and designation was present. The audit report showed 100% compliance for July and October 2015. The reports from January and April 2016 showed 99% compliance, whereby records for post discharge calls were missing in three sets of notes and allergy declarations from two sets of notes were missing from the drug charts. An action plan was put in place with a completion date, to send an email to all consultants and nurses reminding them to complete allergy section and record post discharge calls.
- Outcome data from the Orwell Cardiothoracic Private Patient Unit was reported in national audits as part of the Essex Cardiothoracic Centre (ECTC). The most recent risk adjusted survival rate data published in December

2015 by the Society for Cardiothoracic Surgery in Great Britain and Ireland, compared the ECTC at 98.28% to other specialist centres in the region and better than the national average of 97.28%.

Competent staff

- New nursing staff worked thorough a competency pack, which was signed off once they have worked through the competencies. Staff also told us that new members of staff were supervised for the first two weeks.
- Data provided by the unit showed that staff appraisal rates for the year January to December 2015 was less than 75% against a Ramsay Healthcare target of 100%. However, in context the service employed 15.0 WTE staff, which equated to 11 staff being appraised and four staff members not being appraised. Of those not appraised, there were records that showed that two were new, one was awaiting an appraisal and two were on maternity leave.
- The appraisals that were completed were supported by individual learning plans. We spoke with staff who felt these plans supported their learning and development. Staff told us that they were encouraged to undertake additional learning and were supported to pursue learning in areas of medicine which interested them. One member of staff told that they were given the opportunity to do their NVQ Level 3 training funded by the Ramsay Health Care.
- There was a procedure in place for the granting and monitoring of practising privileges for consultants.
- The medical advisory committee (MAC) reviewed practicing privileges of consultants. Discussions of temporary suspension of consultants practicing privileges were seen within MAC meeting minutes where consultants failed to produce evidence on competence.
- We reviewed the data for nurse staff revalidation and saw that there was 100% re-validation of the nursing staff. Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the professional body they remain fit to practice
- Revalidation of doctors was at 11%. Of those with privileges who had not had their revalidation through the registered body, many had not been called for revalidation at the time of the inspection. Revalidation was monitored through the practicing privileges process and also through the SLA with the NHS trust who provided the medical staff.

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Multidisciplinary working

- The Orwell Cardiothoracic Private Patient Unit had in place service level agreement (SLA) with the NHS trust for the provision of a number of services including of medical cover, pharmacy, therapy, chaplaincy and bereavement services.
- We saw staff of all disciplines working alongside each other. We observed that there was a good rapport between staff and specialties.
- We saw in the patient record, following discharge by the consultant, a GP discharge summary/letter was completed with a copy offered to the patient, and a copy sent to the GP within 24 hours.

Seven-day services

- Orwell cardiothoracic centre provided a seven day service. This was supported by detailed service level agreements (SLA) with the NHS trust. We reviewed a number of the SLAs and seven day service was embedded within them.
- Staff told us that all consultants were contactable 24 hours seven days a week, throughout their patients' stay.

Access to information

- Nursing and medical documentation was easily accessible. Staff we spoke with told us that when information was needed it was readily available either as paper records or electronic records on the NHS trust's intranet.
- Test results, including x-rays, were held electronically, and accessed through the trust's intranet.
- Service level agreements (SLAs) were in place to facilitate staff to access the NHS trust's intranet system to review electronic patient test results and local trust policy.
- Patients were provided with appropriate information to inform them about their stay in the hospital. This included a letter and leaflet about the unit.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The Orwell Cardiothoracic Private Patient Unit used a two-staged informed consent process, whereby stage one was initiated by the consultant within a satisfactory period of time to allow the patient to make decisions to

proceed, or to ask further questions and to receive further information. This was followed up by the nursing staff, in the second stage of informed consent process, prior to anaesthesia/treatment.

- Nursing staff we spoke with had a good understanding of consent and when consent was required.
- We reviewed seven consent forms. Risks and benefits were discussed with patients and clearly documented on the consent forms and were legible.
- Three out of the seven consent forms, although signed by the patient, did not have the boxes ticked stating that the patient agreed with the treatment. This was escalated with the management team, and when we returned on the unannounced visit staff told us that they were reminded to double check that the consent forms were completed in full.
- Ramsay Health Care policy for Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was in place. MCA and DoLS training was not classified as mandatory training.
- Staff told us that they received training in MCA and DoLS as part of their mandatory training. Staff we spoke with had limited knowledge of mental capacity assessment or DoLS. Two members of staff we spoke with could not provide examples of when a Deprivation of Liberty Safeguards application may be needed and there was confusion between safeguarding requirements and that of the MCA. No specific training data on MCA and DoLS was detailed in the mandatory training information provided.

Are surgery services caring?

Good 

Compassionate care

- Throughout our inspection, staff were seen to provide compassionate, kind and considerate care. Staff took the time to interact with patient and their relatives in a professional, respectful and considerate manner.
- Staff explained procedures to patients and consent was sought prior to any interventions.
- One patient described staff as "very polite and caring" and another patient described the nursing staff "helpful and amazing".

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- We looked at the patient satisfaction survey for the first two quarters of 2016 and found the results were consistently positive. Overall, service satisfaction for the first and second quarter of 2016 was 100% and 92.3 % respectively. The survey also showed for both quarters that 100% of patients agreed that staff considered their dignity and privacy throughout their stay in the unit.

Understanding and involvement of patients and those close to them

- Staff explained procedures to patients in a calm and non-rushed way, allowing time for the patient to ask any questions about uncertainties or worries they may have.
- One patient said they received “very good” information prior to the procedure and following their treatment.
- A patient told us that the consultant and the nursing staff took time explaining and providing sufficient information about the procedure, to allow them to make an informed decision to proceed with their treatment.
- There was evidence in the patient record that reflected people understood their care and were involved in the planning. There was documentation showing patients have been asked about their understanding of the procedure, including risk and benefit, and a valid informed consent obtained prior to any interventions.
- Data from the patient satisfaction survey for the first two quarters of 2016 showed that 100% of patients responded stated that they were involved in decisions about discharge.

Emotional support

- A service level agreement was in place to provide a chaplaincy service for patients and relatives to access throughout their stay. Staff were able to contact the chaplaincy service 24 hours a day seven days a week if a patient or their relative required spiritual or pastoral care.
- Staff spent time with patients before and after their medical procedure, to check on patients’ well-being. Staff supported and reassured patients about their treatment throughout their time in the unit.

- The service had an arrangement with the NHS trust to access counselling and support services for patients through the NHS service. This was available to both patients and their relatives.

Are surgery services responsive?

Good 

Service planning and delivery to meet the needs of local people

- The Orwell Cardiothoracic Private Patient Unit provides interventional cardiology and cardiothoracic services for self-funding or medically insured patients.
- For the period April 2015 to March 2016, 1017 patients were admitted as inpatient or day case.
- The unit operated an open visiting culture, allowing relatives to visit patients as they wished.

Access and flow

- Admission to the Orwell Cardiothoracic private Patient Unit is consultant led. The unit does not audit patient waiting times, however the management team told us that the unit does not have a waiting time. Once a consultant reviews a patient, there was a timely access to assessment, diagnosis and urgent treatment. There were no delays in accessing surgical interventions once the diagnosis had been made. The unit received information from the consultant regarding the type of procedure a patient will receive and the management team arranged a slot in the relevant department according to the service level agreement that is in place with the NHS trust. Patients were able to arrange their surgery at a convenient time for them.
- Surgery was predominantly elective and planned in advance; there was only one unplanned return to theatre between April 2015 to March 2016.
- The service had a low bed occupancy rate. For the reporting period April 2015 to March 2016 the provider reported out of the 2912 level 2 critical bed days available in the unit, 165 bed days were used, giving an occupancy rate of 6%. The management team told us due to the low bed occupancy rates patients had access to a bed as planned.

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- At the time of discharge, information was given to patients, including information on how to contact the hospital for clinical advice following discharge and also a feedback form is given to the patient to comment regarding their stay at the unit.
- The management team told us, following comments received from patients regarding not receiving enough written materials on discharge, the unit is in the process of producing an extensive range of discharge booklets to ensure a high standard and consistency in the information given to the patients.
- On discharge the patient's GP was sent a copy of the discharge letter, and a copy was also given to the patient, detailing treatments received and any follow up required. This promotes a joined up approach to post-operative care.

Meeting people's individual needs

- The hospital was compliant with mixed sex accommodation requirements. Patients were accommodated in individual rooms with en-suite facilities.
- Staff were able to provide patients with their individual dietary requirements. Patients' dietary requirements were assessed on admission.
- Staff confirmed that they had access to translation services for patients and were arranged following initial assessment. The hospital's website also provided further information about translation services available for patients and those close to them.
- Patient information leaflets were available throughout the unit and available in multiple languages.
- Food was provided to patients 24 hours a day. There were no set meal times, to cater for individual needs.
- All areas of the unit were accessible to people who were wheelchair users.
- Tea and coffee making facilities were available on the ward for all patients and visitors.
- Dementia awareness training was not provided as a separate part of the mandatory training programme. However, the management team told us that Ramsay Health Care was in the process of updating the contents of the electronic mandatory training programme and dementia awareness training would be included.
- We spoke with three staff members who had awareness of Dementia, and could articulate how they would meet the needs of a patient with dementia.

Learning from complaints and concerns

- The unit had policy and procedures in place to manage patient complaints.
- There were no complaints received by CQC about this service. The unit reported that they received three written complaints in the period from April 2015 to March 2016.
- Learning points from complaints and concerns were shared with staff in quarterly staff meetings and via email from the management team. Any significant concerns that were raised were also discussed at ward meetings.
- Staff told us, following complaints from patients regarding the quality of food on offer, management changed suppliers and regularly monitored the response to the patient survey outcomes.

Are surgery services well-led?

Good 

Vision and strategy for this core service

- The visions and values of the Orwell Cardiothoracic Private Patient Unit reflected Ramsay Health Care's national vision and values. The unit aimed to be 'The healthcare provider of choice for cardiac patients in Essex'.
- The values were based around five core areas: integrity, ownership, positive spirit, innovation and teamwork.
- Staff were aware of and understood the vision and values. Nursing staff were proud and passionate about the care they were able to provide to patients.
- The management team shared with us actions being taken to meet the strategy which included looking at recruitment and retention and developing staff.

Governance, risk management and quality measurement

- The unit held bimonthly Medical Advisory Committee (MAC) meetings. The unit submitted minutes from the last three MAC meetings from 2015 and 2016 for review. The minutes show the MAC had good oversight of issues and concerns across the unit. Each meeting was structured around a similar format, and included: a

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review of previous meeting minutes, a summary of regulatory compliance, an overview of practicing privileges and a review of all complaints/incidents that have been received.

- There was good oversight of consultant practicing privileges by the MAC. We saw evidence of temporary suspensions being issued in MAC meeting minutes due to delays in providing documentation, despite several reminders. The MAC was also aware and discussed new consultants that wanted to start practicing at the unit. The management felt that the system works.
- The Orwell Cardiothoracic Private Patient Unit did not have its own clinical governance group but met jointly with the NHS service clinical governance group. Therefore concerns specific to the service were not being discussed in detail at the clinical governance meeting. This was evident from the minutes that we reviewed that there was no evidence of reviews for example of clinical data, incidents, complaints and audit. However, the working relationship with the NHS service was very positive.
- The management team told us, and we saw from the MAC meeting minutes, that they were in the process of establishing an independent clinical governance group solely for the Orwell unit. At the time of our visit, the committee had elected a clinical governance lead and the leadership team was in discussion to set the terms of reference for the group in a meeting planned for September 2016.
- We reviewed the risk register for the unit, dated March 2016 and noted that risks were being identified and mitigated. There were separate risks identified for each area of the unit. We could see these risks were being reviewed on a regular basis, review dates and action required identified.
- During our inspection we identified that staffing levels during the night were not appropriate and staff felt that

patient safety might have been compromised. This had not been identified through any governance process within the service; however, this was swiftly resolved by the provider during the inspection process.

Leadership / culture of service

- The unit was managed by a dedicated and proactive senior management team. This included the general manager, who was the registered manager, matron who was the team lead and medical advisory committee chairman.
- Staff spoke highly of the management team and felt there was a clear 'open door' culture. Staff told us that they were able to raise any issues they have with the management team and they felt that the managers do try to address the concerns.
- Staff spoke of a strong team ethos across the unit. One member of staff told us that he feels 'valued and appreciated within the team'.

Public and staff engagement

- Patient opinion was gathered using various methods including 'We value your opinion' survey which is offered to all patients at the end of their stay. There is also system in place within the patient registration form to seek consent for a third party company to email the patient for any feedback.
- Staff were engaged through ward meetings, quarterly team meetings and regular email bulletins from the management team.

Innovation, improvement and sustainability

- There was a strong local focus on staff development with a number of staff attending externally run courses. Ramsay Healthcare provided opportunities for employees to strengthen existing skills and develop new ones through further training and mentorship programmes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- Improve processes for the local induction for agency staff.
- Improve staff knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.