

East Kent Medical Services Limited

Spencer Private Hospital

Quality Report

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2015
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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected 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 hospital

Good



Surgery

Good



Outpatients and diagnostic imaging

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Spencer Private Hospital (Margate) is an independent hospital that is one of two sites run by East Kent Medical Services Ltd.

The Spencer Private Hospital (Margate) opened in 1998, and is built on the site of the local NHS trust to which it is physically linked via a corridor.

The Care Quality Commission (CQC) carried out a comprehensive inspection on 3rd and 4th February 2015 and undertook an unannounced inspection on 14th February 2015.

We inspected this hospital as part of our second wave independent hospital inspection programme, using the Care Quality Commission's new inspection methodology.

This location has been given a shadow rating. Shadow ratings apply to inspections which are undertaken during the development of our approach and before our final methodology is confirmed and published.

The hospital has 22 ensuite private bedrooms on the first floor and five outpatient consulting rooms, two physiotherapy rooms and an endoscopy unit on the ground floor.

Services for Operating Theatres, Intensive Care, High Dependency, Coronary Care, Pathology, Medical Records, Estates and Maintenance, Supplies, X-ray and diagnostic imaging, Pharmacy and Medical Gases are procured by the hospital from the local NHS trust under a service level agreement (SLA).

Referrals are received from self-funding patients, patients with medical insurance and NHS patients through a contract with the local NHS trust. The majority of the hospital's work is NHS-funded through Choose and Book, commissioned by the Clinical Commissioning Group (CCG).

The hospital provides a small amount of medical in-patient care and children and young person's services including minor surgery.

75% of the hospital's case mix is adult elective surgery, predominantly orthopaedic.

For the purpose of the comprehensive inspection we undertook an on-site review of surgery and outpatient services and have included our findings of the small volume of medical care, children and young person's services and end of life care within these core services. The hospital does not provide maternity or termination of pregnancy services.

The on-site element of the inspection involved a team of specialist clinical advisors (experienced healthcare professionals) and CQC inspectors.

Prior to the on-site inspection, the CQC considered a range of quality indicators and we sought the views of a range of partners and stakeholders.

The inspection team make an evidence-based judgment to ascertain if services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led.

Summary of findings

Overall the rating for the Spencer Private Hospital (Margate) was good. The service was rated good in all five domains in both its inpatient and outpatient services.

Our key findings were as follows:

- CQC had received no complaints, safeguarding concerns or alerts or whistle-blower enquiries in the last 12 months.
- East Kent Medical Services Ltd had a robust process for appointing medical staff to the service under practicing privileges arrangements.
- Robust Clinical Governance processes were in place with no never events occurring within the last year.
- Serious incidents including anaesthetics, surgical site infections and all mortality and morbidities were being monitored and reported. These were low and lessons were learnt.
- There was a robust complaint management process that included Duty of Candour. East Kent Medical Services Ltd is a member of the Association of Independent Healthcare Organisations (AIHO) which gives access to the Independent Sector Complaints Adjudication Service (ISCAS) for Non-NHS patients and the provider liaises with the local Clinical Commissioning Group (CCG) for patients whose care is funded by the NHS.
- Patients completed a patient experience survey upon discharge. These showed a high level of satisfaction. Areas requiring improvement were fed back to the appropriate staff at departmental meetings and changes implemented.
- MRSA and C. Difficile is monitored and there have been no hospital- acquired cases in the last 12 months.
- East Kent Medical Services Ltd has an admission policy that sets out safe criteria for people using the service.
- There were systems for the effective management of staff that included an annual appraisal, including medical staff with practising privileges.
- East Kent Medical Services Ltd carried out a number of audits to monitor and improve services including collecting Patient Reported Outcome Measures (PROMS) for Hip and Knee replacement surgery and infection control data.
- There was an organisational risk register for all risks including Clinical, Health and Safety and financial risks.
- East Kent Medical Services Ltd uses an advance recovery programme for orthopaedic surgery. The NHS Institute for Improvement and Innovation introduced an enhanced recovery programme to improve patient outcomes and reduce the patient's recovery time after surgery. This is designed to reduce complications, improve the patient experience and reduce the time patients stay in hospital. Spencer Hospitals (Margate) were one of the top three Independent Providers for their Enhanced Quality and Enhanced Recovery in Kent, Surrey and Sussex.
- There is a Business Continuity Plan in place; this includes an agreement for the transfer of patients between the local NHS Trust and the hospital in the case of an emergency.
- East Kent Medical Services Ltd is accredited with ISO 14001 Environmental Standard and management systems.
- East Kent Medical Services Ltd is accredited to ISO9001 quality management systems.
- East Kent Medical Services Ltd is accredited as an Investor in People.
- East Kent Medical Services Ltd exceeds the national standard for Harm Free Care.

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

The provider should:

- Review the arrangements for the storage of all medicines and ensure they are stored securely and at the recommended temperatures to maintain their efficacy.

Summary of findings

- Review the arrangements for delivering safeguarding training to staff against the intercollegiate framework for safeguarding children which recommends face to face training at level 3.
- Ensure that care pathway documentation be reviewed to include references to NICE or Royal College of Surgeons Guidelines.
- Be able to demonstrate that cosmetic surgery is carried out in line with the professional Standards of Cosmetic Practice, Royal College of Surgeons (RCS Professional Standards).
- Develop care pathway documentation that is made available for patients having cosmetic surgery.
- Audit DNA CPR forms to ensure these are meeting appropriate standards.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe.

Systems were in place to manage risk, report incidents and monitor safety. Incidents were reported, investigated and lessons learned. There were robust infection prevention and control procedures in place and the hospital facilities were clean, tidy and appropriately equipped. Robust arrangements were in place to respond to a deteriorating patient or those who needed a higher level of care than planned. There were sufficient numbers of competent medical and nursing staff on duty to meet the needs of patients.

We found the medicines fridge was unlocked, which compromised the safety and security of medicines stored within it. The manager took immediate action to secure the fridge when this was raised with staff at the time. Staff did not record room temperatures which meant the hospital was unable to demonstrate that unrefrigerated medicines had been stored at the correct temperature to maintain their efficacy.

Staff were aware of the policies and procedures to protect children and vulnerable adults. All levels of safeguarding training were provided through electronic learning. This did not meet the requirements of the intercollegiate framework for safeguarding children, specifically at level three where face to face training was recommended.

Good



Are services effective?

The service was effective.

Patients were assessed, treated and cared for in line with professional guidance. There were effective arrangements in place to facilitate good pain management and the monitoring of this. The nutritional needs of patients were assessed and patients were supported to eat and drink according to their needs.

Patient surgical outcomes were monitored and reviewed through formal national and local audit.

Staff caring for patients undertook training relevant to their roles and completed competence assessments to ensure safe and effective patient outcomes. Staff received feedback on their performance and had opportunities to discuss and identify learning and development needs.

Consultants led on patient care and there were arrangements in place to support the delivery of treatment and care through the

Not sufficient evidence to rate



Summary of findings

multi-disciplinary team and specialists. Care and treatment was evidence based. However, there was variable practice between consultants with on going work on post-operative protocols being undertaken by the physiotherapy department.

There was multi-disciplinary working both internally and with the NHS trust in relation to the service level agreements.

Are services caring?

The service was caring.

Staff were attentive and made efforts to spend time with patients and treat them with dignity and respect. Patients spoke highly of the compassionate care they received at all times from staff. They told us that they felt cared for and were well informed about their treatment. Reviews indicated that patients had positive experiences of care at Spencer Private Hospital (Margate). The hospital's Patient Experience surveys in 2013/14 found that 99.5% of patients would recommend Spencer Private Hospital (Margate) to friends and family. The survey runs from January to December.

During the inspection all patients' privacy and dignity were protected. Staff took a holistic approach to patient care and supported any patient anxieties or concerns.

Good



Are services responsive?

The service was responsive.

Services were planned and delivered in a way that met the needs of the people using the service. Systems were in place to capture concerns and complaints raised within the department. These were reviewed; action taken and lessons cascaded to all in the organisation. We saw that the service used lessons learned from complaints received to improve the service to patients and their families. Patients were seen quickly in the outpatients department and the booking process was efficient and effective.

Good



Are services well-led?

The service was well-led.

Staff stated that all managers were visible, approachable and provided clear leadership.

The hospital's management team was highly visible and the vision and mission statements for the service were well known and understood by all staff at all levels. There were robust, integrated governance arrangements in place to minimise risks to patients, visitors and staff, and to ensure the quality of the service. There was an open culture and all staff in the organisation felt valued. The departments were well-led. Staff were well informed about the

Good



Summary of findings

current service and about the challenges and plans for the future. Staff were well supported and actively encouraged to develop and progress within the organisation. Staff were able to both raise concerns and put forward ideas for improvement and innovation.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Why have we given this rating?

Surgical services were safe, caring, effective, responsive and well-led. Incidents were reported and dealt with appropriately and themes and outcomes were communicated to staff. Patient areas were clean, tidy and appropriately equipped.

There was sufficient competent medical and nursing staff on duty to meet the needs of patients.

Nursing, medical and other healthcare professionals were caring and patients were extremely positive about their care and experiences.

Patients were assessed, treated and cared for in line with professional guidance. There were effective arrangements in place to facilitate and monitor good pain management.

Patient surgical outcomes were monitored and reviewed through formal national and local audit.

Staff were attentive and caring and spent time with patients treating them with dignity and respect.

There were very few complaints arising from patient experiences in surgical services. Information about the hospital's complaints procedure was available for patients and their relatives and the service reviewed and acted on information about the quality of care that it received from complaints.

Staff were aware of the hospital's vision and there were good arrangements for monitoring the quality of the service provided. There was strong leadership and an open culture where staff felt valued.

Outpatients and diagnostic imaging

Good



Overall, the care and treatment received by patients using the outpatient department was safe, effective, caring, responsive and well-led.

Patients were very positive about the care they received and care and consideration given to them by staff.

Safety processes were in place and monitored. Staff were well trained and worked to protocols and pathways, however not all were linked to national guidance.

Patients were provided with good information throughout their care and treatment. The booking arrangements were efficient and patients knew who to contact.

Patient feedback was encouraged and acted upon. Staff feedback was also encouraged and acted upon. Staff felt

Summary of findings

well qualified and able to develop and progress within the organisation. There was an open culture where staff were able to discuss both concerns and innovations with their manager and senior management who were visible and approachable.

Good 

Spencer Private Hospital

Detailed findings

Services we looked at

Surgery; Outpatients and diagnostic imaging.

Detailed findings

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Detailed findings from this inspection

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Background to Spencer Private Hospital

The Spencer Private Hospital (Margate) is a 22 bedded independent hospital that is one of two sites run by East Kent Medical Services Ltd.

In December 2012 the local NHS trust re-purchased the shares in Healthex (the holding company of East Kent Medical Services Ltd), they originally held in 2008 and then sold in 2009 because of limits on private purchase income by Monitor.

The Board of East Kent Medical Services Ltd is made up of two executive directors and seven non-executive directors five of whom are local NHS trust directors. The Board is chaired by a retired orthopaedic consultant.

The Spencer Private Hospital (Margate) opened in 1998, and is built on the site of the local NHS trust to which it is physically linked via a corridor.

We inspected this hospital as part of our second wave independent hospital inspection programme, using the Care Quality Commission's new inspection methodology.

The hospital has 22 en-suite private bedrooms on one floor and five outpatient consulting rooms, two physiotherapy rooms and an endoscopy unit on the ground floor.

Operating Theatres, Intensive Care, High Dependency, Coronary Care, Pathology, Medical Records, Estates and Maintenance, X-ray and diagnostic imaging, Pharmacy and Medical Gases are provided by the local NHS trust under a service level agreement (SLA).

Referrals are received from self-funding patients, patients with medical insurance as well as NHS patients through a contract with the local NHS Trust. The majority of the hospital's work is NHS-funded through 'Choose and Book', commissioned by the Clinical Commissioning Group CCG.

East Kent Medical Services Ltd provides a small amount of medical in-patient care and children and young person's services.

75% of the case mix is adult elective surgery.

For the purpose of the comprehensive inspection we undertook an on-site review of surgery and outpatient services and have included our findings of the small volume of Medical care, Children and young person's services and end of life care within these core services. The hospital does not provide maternity or termination of pregnancy services.

Our inspection team

Our inspection team was led by: Inspection Manager, Elaine Biddle, Care Quality Commission.

Detailed findings

The team included CQC inspectors and a variety of specialists including: a consultant surgeon, diagnostic radiographer, senior manager from another provider and nurses including paediatric nurses.

How we carried out this inspection

The inspection team make an evidence based judgment on five domains to ascertain if services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led.

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning groups (CCG), NHS England, Local Area Team (LAT), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We carried out the announced inspection visit between 3rd and 4th February 2015. An unannounced visit was carried out on the 14th February 2015 to assess the quality of service at weekends, the levels and type of staff available and the care provided.

We held focus groups with a range of staff including nurses, doctors, therapists, administrative and clerical staff, We also spoke with staff individually as requested. We talked with patients and staff. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

Facts and data about Spencer Private Hospital

The Spencer Private Hospital (Margate) is registered to carry out the regulated activities of:

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

Lynne Jane Orrin is the nominated individual, registered manager and controlled drugs accountable officer.

The hospital is linked to the local NHS trust via a corridor.

The Spencer Private Hospital (Margate) consists of:

- 22 en-suite private bedrooms.
- Five outpatient consulting rooms and two physiotherapy rooms.
- Endoscopy unit.

Core services carried out by the hospital are :

- Medical care
- Surgery
- Children and young people's services
- Endoscopy
- Outpatients and diagnostic imaging

Many services are purchased through service level agreements with the local NHS Trust. Services provided by the NHS trust.

The hospital procures the following services from the local NHS trust under an SLA:

- Operating Theatres
- Intensive Care, High Dependency, and Coronary Care
- Pathology
- Medical Records

Detailed findings

- Estates and Maintenance
- Supplies
- X-ray and diagnostic imaging
- Pharmacy
- Medical Gases.

The Spencer Private Hospital (Margate)

Qualified Nursing Establishment 16.92 whole time equivalent (WTE)

HCA Establishment 1.36 whole time equivalent.

The current establishment, supported by bank staff is achieving five nursing hours for each patient per patient day.

Harm Free Care - in 2014 East Kent Medical Services Ltd exceeded the National Standards by achieving 100% Harm Free Care in urinary infections, 99.9% Harm Free Care in venous thromboembolism (VTE), 100% Harm Free Care in pressure sores, and 99.9% Harm Free Care being recorded in falls. This is better than expected in comparison to similar providers.

Our ratings for this hospital

Our ratings for this hospital are:

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

Notes

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

Are services safe?

Our findings

The service was safe. Systems were in place to manage risk, report incidents and monitor safety. Incidents were reported, investigated and lessons learned. There were robust infection prevention and control procedures in place and the hospital facilities were clean, tidy and appropriately equipped. Robust arrangements were in place to respond to a deteriorating patient or those who needed a higher level of care than planned. There were sufficient numbers of competent medical and nursing staff on duty to meet the needs of patients. The medicines fridge

on the wards was unlocked, which compromised the safety and security of medicines stored within it, particularly as the clinical room was unlocked. Staff did not record room temperatures which meant the hospital was unable to demonstrate that unrefrigerated medicines had been stored at the correct temperature to maintain their efficacy. Staff were aware of the policies and procedures to protect children and vulnerable adults. All levels of safeguarding training were provided through electronic learning. This did not meet the requirements of the intercollegiate framework for safeguarding children, specifically at level three where face to face training was recommended.

Are services effective?

Our findings

The service was effective. Patients were assessed, treated and cared for in line with professional guidance. There were effective arrangements in place to facilitate good pain management and the monitoring of this. The nutritional needs of patients were assessed and patients were supported to eat and drink according to their needs. Patient surgical outcomes were monitored and reviewed through formal national and local audit. Staff caring for patients undertook training relevant to their roles and completed competence assessments to ensure safe and

effective patient outcomes. Staff received feedback on their performance and had opportunities to discuss and identify learning and development needs. Consultants led on patient care and there were arrangements in place to support the delivery of treatment and care through the multi-disciplinary team and specialists. Care and treatment was evidence based. However, there was variable practice between consultants with on going work on post-operative protocols being undertaken by the physiotherapy department. There was multi-disciplinary working both internally and with the NHS Trust in relation to the service level agreements.

Are services caring?

Our findings

The service was caring. Staff were attentive and made efforts to spend time with patients and treat them with dignity and respect. Patients spoke highly of the compassionate care they received at all times from staff. They told us that they felt cared for and were well informed about their treatment. Reviews indicated that patients had

positive experiences of care at the Spencer Private Hospital (Margate). The hospital's Patient Experience surveys in 2013/14 found that 99.5% of patients would recommend Spencer Private Hospital (Margate) to friends and family. The survey runs from January to December. During the inspection all patients' privacy and dignity were protected. Staff took a holistic approach to patient care and supported any patient anxieties or concerns.

Are services responsive?

Our findings

The service was responsive. Services were planned and delivered in a way that met the needs of the people using the service. Systems were in place to capture concerns and complaints raised within the department. These were

reviewed; action taken and lessons cascaded to all in the organisation. We saw that the service used lessons learned from complaints received to improve the service to patients and their families. Patients were seen quickly in the outpatients department and the booking process was efficient and effective.

Are services well-led?

Our findings

The service was well-led. Staff stated that all managers were visible, approachable and provided clear leadership. The hospital's management team was highly visible and the vision and mission statements for the service were well known and understood by all staff at all levels. There were robust, integrated governance arrangements in place to minimise risks to patients, visitors and staff, and to ensure

the quality of the service. There was an open culture and all staff in the organisation felt valued. The departments were well-led. Staff were well informed about the current service and about the challenges and plans for the future. Staff were well supported and actively encouraged to develop and progress within the organisation. Staff were able to both raise concerns and put forward ideas for improvement and innovation.

Surgery

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

Information about the service

The hospital has 22 en-suite private bedrooms on the first floor which are used for surgical inpatients and day patients.

Operating Theatres are provided by the local NHS trust under a service level agreement (SLA). Spencer Private Hospital (Margate) employs three WTE theatre staff (a theatre manager, a theatre nurse and an operating department practitioner), however where more theatre staff are required these are provided by the NHS through the SLA.

Referrals are received from self-funding patients, patients with medical insurance and NHS patients through a contract with the local NHS trust.

The majority of East Kent Medical Services Ltd is adult elective surgery. Cosmetic surgery is also provided. A small number of children are treated in the hospital, mostly for minor surgery.

In the full year ending 30th September 2014 there were 3,393 patient visits to theatre, including:

- 132 hip replacement and 129 knee replacement procedures.
- 360 other limb surgery procedures.
- 1,189 abdominal surgery procedures.
- 131 pelvic surgery procedures.

We carried out an on-site inspection of the Spencer Private Hospital (Margate). We talked with nine patients. We

interviewed and held focus groups with staff including nurses, allied healthcare professionals, resident medical officer (RMO), consultants, support staff and managers. We observed care and treatment and reviewed clinical records. Prior to the inspection, we reviewed performance information about the hospital.

Surgery

Summary of findings

Surgical services were safe, caring, effective, responsive and well-led. Incidents were reported and dealt with appropriately and themes and outcomes were communicated to staff. Patient areas were visibly clean, tidy and appropriately equipped.

There were sufficient competent medical and nursing staff on duty to meet the needs of patients.

Nursing, medical and other healthcare professionals were caring and patients were extremely positive about their care and experiences.

Patients were assessed, treated and cared for in line with professional guidance. There were effective arrangements in place to facilitate and monitor good pain management.

Patient surgical outcomes were monitored and reviewed through formal national and local audit.

Staff were attentive and caring and spent time with patients treating them with dignity and respect.

There were very few complaints arising from patient experiences in surgical services. Information about the hospital's complaints procedure was available for patients and their relatives and the service reviewed and acted on information about the quality of care that it received from complaints.

Staff were aware of the hospital's vision and there were good arrangements for monitoring the quality of the service provided. There was strong leadership and an open culture where staff felt valued.

Are surgery services safe?

Good



The surgery service provided at The Spencer Private Hospital (Margate) was safe.

Systems were in place to manage risk, report incidents and monitor safety. There were robust infection prevention and control procedures in place and the hospital facilities were visibly clean, tidy and appropriately equipped. Robust arrangements were in place to respond to a deteriorating patient or those who needed a higher level of care than planned. There were sufficient numbers of competent medical and nursing staff on duty to meet the needs of patients. We found the medicines fridge was unlocked, which compromised the safety and security of medicines stored within it. The manager took immediate action to secure the fridge when this was raised with staff at the time. Although fridge temperatures were recorded daily, we noted they were consistently at the top end of the recommended temperature (8 degrees centigrade). Staff did not record clinical room temperatures which meant the hospital was unable to demonstrate that unrefrigerated medicines had been stored at the correct temperature to maintain their efficacy. All levels of safeguarding training were provided through electronic learning. This did not meet the requirements of the intercollegiate framework for safeguarding children, specifically at level three where face to face training is recommended.

Incidents

The hospital had policies and procedures in place for dealing with untoward incidents and policies were readily available for staff to access on the hospital's intranet. The system depended on staff completing paper records (unplanned occurrence forms) although we were told plans were in place for the introduction of an electronic reporting system in April 2015.

Unplanned occurrence forms were reviewed by the hospital's quality assurance lead nurse who initiated any necessary investigation and produced a quarterly report for the clinical governance team who reported to the East Kent Medical Services Ltd Medical Advisory Committee (MAC). The report was made available for all staff.

Surgery

The top three incidents recorded in the hospital were; extended length of stay, theatre list delay and transfer to another hospital. The extended length of stays related to day cases converting to overnight stays due to theatre time only being available in the evening, and in the patients' clinical interests they were not discharged late in the evening. Theatre delays were of only 10-15 minutes due to the previous NHS list running over and a second theatre not being provided by the NHS as per the service level agreement. This is being managed by the hospital management with the trust. Transfers to other hospitals included those transferred to the trust for clinical reasons as per the service level agreement.

We saw evidence that East Kent Medical Services Ltd reported appropriately to the Strategic Executive Information System (STEIS) for patients receiving NHS funded care and to the Care Quality Commission (CQC) for privately funded patients.

East Kent Medical Services Ltd recorded 15 clinical incidents between November 2013 and October 2014. One of these was a serious incident in theatres requiring investigation (SIRI).

An incorrect prosthesis was opened for a patient having a left knee replacement. The Consultant Surgeon identified the error, discarded the implant from the surgical field and the correct prosthesis was used. Both East Kent Medical Services Ltd and the NHS trust implemented a revised prosthesis checking protocol in February 2014. East Kent Medical Services Ltd theatre induction and competencies were also reviewed and revised.

East Kent Medical Services Ltd had not reported any 'Never Events' between November 2013 and October 2014. ('Never Events' are serious, largely preventable patient safety incidents that should not occur if the available preventative measures had been implemented).

A quarterly staff bulletin had been commenced to discuss clinical incidents and the lessons learnt from these.

In 2013 East Kent Medical Services Ltd joined the Private Healthcare Information Network (PHIN). This is a collaboration involving almost all Independent hospital providers, which publish standardised and directly comparable information drawn from records of both private and NHS treatment.

There was one unexpected death between October 2013 and September 2014. This involved a death from a venous thromboembolism VTE post discharge following major surgery. A root cause analysis (RCA) showed that the episode of care did not deviate from acceptable practice and this episode of VTE was not preventable.

Reviews of morbidity and mortality were included in Clinical Governance Committee meetings.

Safety thermometer

East Kent Medical Services Ltd gathered information as part of the NHS Patient Safety Thermometer initiative. This included falls, pressure sores, catheter and urinary tract infections for all patients treated in the hospital.

At Spencer Private Hospital (Margate) 97% patients were assessed for venous thromboembolism (VTE) exceeding the NHS benchmark of 95%. The hospital reported two occurrences of hospital acquired VTE between October 2013 and September 2014.

In 2013-2014 Spencer Private Hospital (Margate) reported 100% harm free care in urinary infections, 99.9% harm free care in VTE, 99.9% harm free care in pressure sores and 99.9% harm free care in falls.

We saw that a notice board displaying information about the last month's 'harm free' data was prominently placed in the corridor where patients, visitors and staff could see it.

Patient care records included a range of risk assessments to identify patients at risk and identified measures to reduce the incidence of pressure ulcers or falls such as pressure relieving mattresses or bed rails.

Cleanliness, infection control and hygiene

The hospital had policies and procedures in place to manage infection control. This included infection prevention, decontamination and waste disposal. The policies were readily available on the hospital's intranet and the staff we spoke with knew how to access them if needed.

We saw that adequate hand-washing facilities and hand sanitising gel were available. We observed staff washing their hands between seeing each patient, and using sanitising gel. The 'bare below the elbows' policy was observed by staff during clinical interventions. We saw evidence of hand hygiene audits.

Surgery

East Kent Medical Services Ltd reported no MRSA, Staphylococcus Aureus, C. Difficile or post-operative wound infections between October 2013 and September 2014. This indicated that the hospital's policies and procedures for managing infection control were effective.

The hospital's Clinical Governance Committee received the monthly reports of any infection reported through unplanned occurrence (incident) forms.

We observed that staff complied with the hospital's policies for infection prevention and control. This included wearing the correct personal protective equipment, such as gloves and aprons.

We observed that the ward areas including patients' rooms were visibly clean and well maintained. Throughout the hospital the general environment was in good repair which reduced the risks of infection.

A labelling system was in use to indicate that equipment had been cleaned and was ready for use. The equipment we looked at was visibly clean.

During the surgical pre-assessment appointment all patients due to be admitted for surgery were swabbed for potential infections such as MRSA. Patients were not admitted for surgery if an infection was identified. They were treated and operations were re-scheduled once the patient was clear from infection.

The hospital used outsourced sterile supplies services which collected used equipment and delivered sterile sets back to the hospital. We saw that there was an appropriate flow of dirty equipment to the dirty sluice area where the used equipment was packed and taken outside for collection. This reduced the risk of contamination.

Staff were 100% compliant with infection control training.

We saw ancillary staff undertaking thorough cleaning of the bedroom areas between patients.

Patients we spoke with told us the cleanliness of the hospital was always kept to a high standard.

Environment and equipment

The hospital did not have its own operating theatres but used the theatres and equipment in the adjacent NHS

hospital under a service level agreement. There were arrangements in place to check that the routine checks of theatre equipment had been made prior to starting the hospital's operating lists.

Theatres were accessible via a corridor connecting the Spencer Private Hospital (Margate) with the adjacent NHS trust. We found the corridor was cold and dirty. The adjacent NHS hospital was responsible for maintaining the corridor. Spencer Private Hospital (Margate) staff told us that it was an on going problem, but the issue was addressed and the corridor cleaned on each occasion it was raised with the trust. The corridor did have heating but the temperature issue was managed by ensuring patients had adequate blankets or heating aids when being transported along corridors.

The rooms and theatres in which surgical patients received investigations, treatment and care were safe.

Resuscitation equipment was available on the ward so that patients of all ages could be immediately resuscitated. Equipment was visibly clean, regularly checked and ready for use.

There was a Broselow Bag for resuscitation of paediatric patients. The Broselow System is designed specifically for children, and is colour coded according to the child's weight. Each child's weight was recorded on admission.

Staff confirmed there was suitable and sufficient equipment available in the NHS theatres to support the type of surgery undertaken.

Medicines

We saw that locks were installed on all cupboards and the fridge containing medicines and intravenous fluids. Keys were held by nursing staff. However the clinical room was not locked.

We found the medicines fridge was unlocked, which compromised the safety and security of medicines stored within it. The manager took immediate action to secure the fridge when this was raised with staff at the time. Fridge temperatures were recorded daily, but we noted they were consistently at the top end of the recommended temperature (eight degrees centigrade).

Surgery

Staff did not record clinical room temperatures which meant the hospital was unable to demonstrate that medicines had been stored at the correct temperature to maintain their efficacy.

We found that controlled drugs (CD) were regularly checked by staff. We audited the contents of the CD cupboard against the CD register and found it was correct.

Medicine administration records were completed accurately in the patient records we looked at.

The pharmacy service was provided under a service level agreement with the adjacent NHS hospital, and included daily audit of medication charts, weekly audit of stock control and three monthly meetings reviewing consultant notes, unlicensed drug use, cost and drug usage and incidents.

All qualified nursing staff had completed training in the oral administration of medicines and management of syringe drivers in the last 12 months.

Records

The hospital used a paper-based records system for recording patients' care pathways. These were documents that covered the patient's journey from admission through surgery to discharge. There were different care pathways available for the different types of surgery undertaken at the hospital; for example gynaecology, hip and knee replacement.

NHS records were available for patients whose treatment was funded by the NHS. Staff at Spencer Private Hospitals (Margate) had full access to the local NHS trust intranet to access patients' NHS medical records and test results. This meant that each patient had a full clinical history of their NHS care and any relevant investigations and test results to inform their care within the independent hospital.

We looked at the pre-assessment information and saw that any tests and investigations undertaken were clearly documented and the patients' medical and social history was recorded prior to them being admitted for surgery.

Risk assessments were available and completed during pre-assessment and then followed up on the ward.

We noted theatre records were fully completed and included completed World Health Organization (WHO) surgical safety checklists.

We examined six sets of patient records at Spencer Private Hospital (Margate) during our inspection. The records gave an easily accessible record of the patients' journey through the hospital including the procedures and the interventions undertaken. The records we examined were stored securely and clearly showed the input of the various specialisms including the anaesthetists and physiotherapists.

Safeguarding

The hospital had safeguarding policies and procedures readily available for staff on the intranet.

Staff spoken with were aware of their responsibilities to protect vulnerable adults and children. They understood safeguarding procedures and how to report concerns.

The hospital liaised with the safeguarding leads for adults and children with neighbouring NHS trusts.

All staff undertook mandatory training for safeguarding adults and children.

All levels of safeguarding training were provided through electronic learning. This did not meet the requirements of the intercollegiate framework for safeguarding children, specifically at level three where face to face training is recommended.

Mandatory training

Staff confirmed to us that mandatory training included sessions related to patient safety, such as; manual handling, life support, fire, infection prevention and control, as well as mental capacity.

We saw training records that demonstrated 100% compliance with mandatory training.

There were systems in place to enable staff to maintain and develop skills relevant to their area of work.

Assessing and responding to patient risk

Patients were assessed in a nurse-led pre-assessment clinic prior to their surgery.

We were told that the criteria for surgery excluded patients with high anaesthetic risks and were limited to patients meeting the American Society of Anesthesiologists (ASA) classification of Physical Health 1 and 2; healthy patients or those with mild systemic disease.

Children under the age of 3 years are not admitted. Children's surgery is predominantly ENT surgery.

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Risk assessments were undertaken and recorded for risks related to mobility and falls, moving and handling, pressure areas, venous thromboembolism and nutrition.

Staff told us they used the World Health Organisation 'five steps to safer surgery' checklist. The six records we looked at all included completed surgical safety checklists.

We saw that early warning scoring tools for adults and children (EWS/PEWS) were in use to assist staff to identify any deterioration in patients.

There was a resident medical officer (RMO) on site 24 hours per day, seven days a week, provided by two employed doctors on a rota system, to support patients if nursing staff raised concerns.

There was a formal agreement in place for patients to be transferred to the adjacent NHS hospital if they required high dependency or critical care (level 1-3). There were 10 unplanned transfers of inpatients to the neighbouring NHS trust hospital between October 2013 and September 2014 for a higher dependency of care or critical care under the service level agreement.

All nursing staff had completed Basic Life Support training. Both RMOs had completed Advanced Life Support (ALS) and Paediatric Intermediate Life Support (PILS) training. This meant that staff could commence appropriate resuscitation immediately and advanced life support equipment was on site on the ward.

Formal arrangements were in place with the adjacent NHS hospital to respond to emergency calls such as cardiac arrest using the '2222' emergency telephone call system, and the trust's resuscitation team would respond.

The hospital carried out around 40 cases of paediatric day surgery annually. East Kent Medical Services Ltd employed two paediatric nurses to care for children having surgery. Paediatric nurses had completed Paediatric Intermediate Life Support (PILS) training. Formal arrangements were in place for the transfer of children to the adjacent NHS hospital in the event that they required overnight care.

Nursing staffing

East Kent Medical Services Ltd used a staffing tool based on analysis of patient dependency and nursing activity for the different kinds of surgery undertaken. The tool was reviewed in 2013 and has been updated to reflect NICE and the National Quality Board recommendations. Safer

staffing guidance recommends that there should be no more than eight patients to every nurse. Although this is only required for the NHS. Spencer Private Hospital (Margate) had set a goal of a 1:5 nursing ratio. They were on average providing a 1:3 ratio. The NHS standard for skill mix is 65/35 qualified to non-qualified staff. This was being achieved at the hospital 100% of the time.

Spencer Private Hospital (Margate) inpatients department employs three whole time equivalent (WTE) nurse managers, one WTE Nurse team leader, 15.5 WTE nurses and 1.9 WTE care assistants (at November 2014).

The hospital undertakes elective surgery only which means the number of nursing and care staff hours needed on any particular day can be calculated and booked in advance. Employed staff worked their contracted hours flexibly to cover the rota and any gaps were filled by bank or agency nursing staff or overtime.

We looked at the inpatient staff rota for the month of January 2015 and found the system was implemented effectively to ensure there were sufficient numbers of nursing staff with appropriate skills on duty to meet the needs of patients on the ward. Staff confirmed there was always a minimum of two trained nurses on duty on each shift over each 24 hour period.

From June 2014 staffing data has been published internally on patient information boards in ward areas. The published data demonstrates levels of contracted staff, flexi bank staff agency usage and skill mix and the number of nursing hours per patient per day.

East Kent Medical Services Ltd nurse agency usage (inpatients) averaged 2% a month in the 12 months up to November 2014.

East Kent Medical Services Ltd employed three WTE theatre staff (a theatre manager, a theatre nurse and an operating department practitioner). The hospital does not have its own theatre and utilises the neighbouring NHS trust theatre under the service level agreement. The staff for theatre procedures are employed by East Kent Medical Services Ltd, however where more theatre staff are required these are provided by the NHS through the SLA.

There were no vacant nursing posts at the time of our inspection. Many of the nursing staff had worked in the service for a number of years.

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Paediatric nurses were on duty at all times when children were being cared for.

Surgical staffing

The hospital was consultant led. The hospital's practising privilege agreement documented that consultants review their patients a minimum of once daily and be available 24/7 for any advice or urgent review if required.

The SLA with the neighbouring NHS trust included urgent or emergency care that may be required 24/7; for example the resuscitation team and the critical care outreach team.

The hospital employed two Resident Medical Officers (RMO) who worked one week on, 24 hours a day seven days a week for one week and then handed over to the other RMO.

There was sufficient time for the incoming RMO to become acquainted with the patients and current issues before the outgoing RMO left the hospital.

The RMO told us they felt well supported by nursing staff and consultants; the Chair of the Medical Advisory Committee (MAC) was the nominated mentor for the RMO. The Matron/quality lead nurse monitored the RMO on a daily basis and the RMO met with each consultant daily.

A six monthly appraisal was carried out on the RMOs by the hospital manager and MAC chairman and a copy was provided to the supplying agency.

East Kent Medical Services Ltd maintained a Medical Advisory Committee (MAC) whose role included ensuring that any new consultant was only granted practicing privileges if deemed competent and safe to do so.

The role of the MAC included periodically reviewing existing practising privileges and advising the hospital on their continuation. They gave examples where practising privileges had been suspended or withdrawn as a result of concerns raised. This demonstrated that the MAC was an effective body for monitoring the competence of the consultants working at the hospital.

Major incident awareness and training

The hospital had a service continuity plan that informed staff of the actions they should take in the event of emergencies such as fire or power failure.

Are surgery services effective?

Not sufficient evidence to rate

Patients were assessed, treated and cared for in line with professional guidance. There were effective arrangements in place to facilitate good pain management and the monitoring of this.

The nutritional needs of patients were assessed and patients were supported to eat and drink according to their needs.

Patient surgical outcomes were monitored and reviewed through formal national and local audit.

Staff caring for patients undertook training relevant to their roles and completed competence assessments to ensure safe and effective patient outcomes. Staff received feedback on their performance and had opportunities to discuss and identify learning and development needs.

Consultants led on patient care and there were arrangements in place to support the delivery of treatment and care through the multi-disciplinary team and specialists.

Evidence-based care and treatment

Policies we looked at were current and referenced. Policies were accessible on the hospital intranet and where relevant, made reference to professional body guidance and published research papers; for example, the safer staffing policy.

We saw that the hospital had systems in place to provide care and treatment in line with best practice guidelines NICE guidance CG50: Acutely ill patients in hospital: Recognition of and response to acute illness in adults in hospital. For example: an early warning score system was used to alert staff should a patient's condition start to deteriorate.

Surgical specialties managed the treatment and care of patients in accordance with a range of guidance from the National Institute for Health and Care Excellence (NICE) and the Royal College of Surgeons. However, the care pathway

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documentation we looked at, which included total knee replacement, generic gynaecology and total hip replacement did not include references to NICE or Royal College of Surgeons Guidelines.

The service was unable to demonstrate that cosmetic surgery was carried out in line with the professional Standards of Cosmetic Practice, Royal College of Surgeons (RCS Professional Standards). We were told there was an identified lead consultant for cosmetic surgery and a Cosmetic Group met quarterly. There was no care pathway documentation available for patients having cosmetic surgery. Staff told us that the number of cosmetic surgery procedures was low and they relied on the instructions of individual consultants.

We found that the hospital conducted some documentation audits to provide assurance that staff and clinicians worked according to the evidence-based guidance. The programme of audits included medicine charts, consent and venous thromboembolism (VTE) assessment.

Pain relief

East Kent Medical Services Ltd had a comprehensive pain management protocol.

The surgical pathway documentation prompted staff to assess and record if the pain was being managed effectively. This was commenced in the pre-assessment clinic where actions to deal with pain management were specified on a pain chart.

Staff had access to a dedicated pain team from the adjacent NHS hospital, led by the anaesthetic department.

We saw prescription charts for patients contained pain relief where required and when administered by staff the relevant sections had been completed. Patients we spoke with told us arrangements were in place to manage pain relief.

Patient controlled analgesia (PCA) systems were available on the ward.

Records confirmed that nursing staff had received syringe driver training to enable them to provide continuous intravenous pain relief if required.

Patients we spoke with told us their pain relief was well managed.

Nutrition and hydration

Staff completed an assessment of patient nutritional status and needs as part of their initial assessment and updated this during their stay.

A nutritional risk screening tool was in use and had been completed in the six records we looked at.

Nausea and vomiting were formally assessed using a scoring system and recorded.

Pre-operative fasting guidelines for adults were aligned with the recommendations of the Royal College of Anaesthetists.

We observed that intravenous fluids were prescribed and recorded, as appropriate.

The hospital provided an appropriate menu for in-patients. The menu included a choice of food with any special dietary requirements catered for. The hospital did not directly employ dieticians but could access advice when required through a service level agreement with the neighbouring NHS trust. Catering staff told us a dietician had reviewed and approved the menus for nutritional content.

Patient outcomes

The hospital reported 2 unplanned re-admissions between October 2013 and September 2014, which was a rate of 0.1 per 100 inpatient discharges.

The WHO check list data is collected as part of the local CQUIN and a quarterly audit shows 100% compliance.

Patient Reported Outcome Measures (PROMS) for primary hip replacement showed an improvement in health for 8 out of 22 patients and a worsening in health for 1 out of 22 patients for the period January – March 2014 suggesting a poorer outcome than might be expected. However this only reflects the small number of private patients and is therefore on its own not statistically robust. The majority of hip replacement surgery at the hospital is carried out on NHS patients. Those results are recorded within the trust's reporting which currently does not separate the data to identify those patients by treated by the NHS hospital and those treated by the Spencer Private Hospital (Margate). The hospital is working with the trust to develop a

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mechanism for reflecting the results for all patients having primary hip replacement surgery, including those NHS funded patients, treated by Spencer Private Hospital (Margate).

An enhanced recovery pathway (ERP) was in place for patients admitted for orthopaedic procedures which meant early patient mobilisation, independence and earlier hospital discharge. The NHS Institute for Improvement and Innovation introduced an enhanced recovery programme to improve patient outcomes and reduce the patient's recovery time after surgery. This is designed to reduce complications, improve the patient experience and reduce the time patients stay in hospital. Spencer Private Hospital (Margate) were one of the top three independent providers for their Enhanced Quality and Enhanced Recovery in Kent, Surrey and Sussex.

There were four reported unplanned returns to theatre in 2013/14. We saw evidence that these had been investigated, no concerns had been identified, and explanations had been given to patients.

The hospital participated in national audits including National Joint Registry (NJR), Patient Reported Outcome Measures (PROMS) and Commissioning for Quality and Innovation (CQUIN) audits such as WHO Safer surgery Checklist and Harm Free Care to benchmark their practice nationally.

Competent staff

The hospital provided opportunities for staff induction, learning development and appraisal. Appraisal rates for all staff were 100%. Staff told us they were well supported through formal supervision and peer support. They told us they received the training and supervision necessary for them to do their job in addition to the mandatory training for all staff.

Nursing staff were required to complete competencies in various aspects of their roles, for example, medicine administration. We spoke with staff both individually and in groups and they told us they were supported with their learning needs. For example, two of the nursing staff had completed a 6 week critical care course.

The hospital used electronic learning to provide much of their mandatory training. This was supplemented with face to face learning especially where practical skills were indicated such as resuscitation training and manual handling.

There was a human resource (HR) process in place for checking General Medical Council and Nursing and Midwifery Council registration, as well as other professional registrations.

The role of the MAC included ensuring that consultants were skilled, competent and experienced to perform the treatments undertaken.

The MAC was responsible for undertaking routine reviews of each clinician's practising privileges which included reviewing the clinician's whole practice appraisal, incidents, general activity and complaint data. We heard examples of where clinician's practicing privileges had been revoked and saw incidents where practicing privileges were deferred pending further information. The chair of the MAC told us that concerns of poor practice would be reported to the GMC and the relevant NHS trust where the consultant was employed. This demonstrated that clinicians' skills, competence and experience were monitored by the hospital.

The cosmetic surgeon was on the specialist register for cosmetic surgery and vetted through the MAC to ensure they had the competency and skills to undertake cosmetic procedures.

The chair of the MAC provided mentoring for the RMOs. They received appraisals through the hospital's MAC which was fed into their General Medical Council (GMC) re-validation.

Information on comparative outcomes by clinician for orthopaedic specialities was reviewed on the National Joint Registry (NJR) website (available through NHS Choices website). We saw named consultants with practising privileges at East Kent Medical Services Ltd with indications of their outcomes as being within the expected range.

Multidisciplinary working

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Medical and nursing staff reported good working arrangements and relationships with the adjacent NHS hospital, from which several services, including theatre utilisation, were procured through service level agreements (SLA).

We observed effective team working among management, administrative, clinical, nursing and ancillary staff during our inspection.

Discharge letters were sent to the patient's General Practitioner (GP) with details of the procedure, follow up arrangements and any medication prescribed.

Arrangements were in place to continue patient care at home, such as where a patient had a stoma formed during surgery. This helped patients receive continuity of treatment and care.

Seven-day services

The hospital undertook elective surgery only, with lists planned in advance. The theatres utilised were in the adjacent NHS hospital and theatre lists were planned for the evenings and weekends when there was greater availability.

Consultant surgeons were on call 24 hours a day for the patients in their care.

There was 24 hour RMO cover in the hospital to provide clinical support to surgeons, staff and patients.

Seven day pharmacy and imaging services were provided by the adjacent NHS hospital.

Access to information

There were systems in place to ensure that information was available to enable staff to deliver effective care. For example, staff had access to NHS notes for patients receiving treatment commissioned by the NHS and staff had electronic access to pathology results. This meant that when the patient was admitted for surgery, the patient's full NHS history was available. We observed that all the necessary tests and results had been undertaken and the clinicians had the information and results to hand to ensure appropriate and continuous care.

Throughout the hospital we saw information for patients on the services offered by the hospital.

Patients told us they were given comprehensive written information about the surgical procedure undertaken. One patient said, "the information was very good, but I wish we'd been given it earlier so we'd have time to take it all in."

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

All staff received Mental Capacity Act (2005) training as part of their mandatory training.

We observed patients being asked for verbal consent to care and treatment. Patients told us that interventions were explained in a way that they could understand before they were carried out.

Staff we spoke with were clear about their responsibilities in relation to gaining consent from people, including those people who lacked capacity to consent to their care and treatment.

The hospital consent forms complied with current Department of Health guidance. Consent forms identified the procedure to be undertaken, its associated risks and there were documented records of the health care professional responsible for consulting the patient and also recorded signatures from patients indicating that they were providing consent to undergo any proposed procedure.

We looked at the recording of consent for those patients undergoing surgery at the time of our inspection and found they were fully completed. Patients spoken with told us they were given a copy of the completed form.

There were no Deprivation of Liberty Safeguards applications made by the hospital in 2013/14 or the year to date.

The hospital had provision for caring for people at the end of their lives and there was a 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNA CPR) policy in place.

The hospital followed the adjacent NHS hospital trust's resuscitation policy which included guidelines on DNA CPR orders. Staff showed us the red bordered DNA CPR forms they used, but there were none for us to review in patient records as there were no patients receiving end of life care on the ward during our inspection. Staff told us patients at the end of their life were often admitted with the forms already completed. DNA CPR forms were not currently audited due to the low number of patients receiving end of life care.

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Are surgery services caring?

Good 

The surgery service provided at The Spencer Private Hospital (Margate) was caring.

Staff were attentive and caring and made efforts to spend time with patients and treat them with dignity and respect. Patients we spoke with told us that they felt cared for and were well informed about their treatment. Reviews indicated that patients had positive experiences of care at Spencer Private Hospital. The hospital's Patient Experience surveys in 2013/14 found that 99.5% of patients would recommend Spencer Private Hospital (Margate) to friends and family.

Compassionate care

Spencer Private Hospital (Margate) scored 100% rating for patients' privacy, dignity and wellbeing in its Patient Led Assessments of the Care Environment (PLACE) assessment in 2013/14.

The hospital's Patient Experience surveys in 2013/14 found that 99.5% of patients would recommend Spencer Private Hospital (Margate) to friends and family. This is an annual survey. The results for 2014/2015 will be available in December 2015.

We observed that the nursing staff treated patients and their relatives with care and compassion. Staff were welcoming and attentive to relatives arriving on the ward to visit the patients.

Staff told us that they felt they had enough time to spend with patients and their relatives. This was supported by the views of patients and consultants we spoke with.

Staff made efforts to maintain patients' privacy and dignity. We observed that staff knocked on patients' doors before entering. One patient told us "they always knock before they come in." We also saw that staff locked their computer workstations before leaving their desks in order to help protect the privacy of patients' information.

One patient told us, "they are all very caring." Another said "they are very professional."

The Clinical Nurse Specialist supported patients with cancer. She ensured that they had full information about their condition and treatment, contact numbers for the hospital and for other external support.

Children were encouraged to bring in toys and games and personal items from home to make them feel comfortable. Understanding and involvement of patients and those close to them.

The patients we spoke with told us that staff introduced themselves when they first met the patient. We observed that all staff wore name badges.

Patients' care was personally led by their named consultant.

We saw that a range of information about the conditions treated and procedures offered at the hospital was available to patients. Patients we spoke with told us that they felt well informed about their treatment and involved in their care.

Patients who were responsible, either in full or in part, for settling their own charges received an estimate of these charges prior to their admission, and were kept up to date with any changes that occurred during their admission. Patients we spoke with told us they were aware of the charges they would have to pay.

We spoke with patients who had visited the hospital before. They told us they were very happy to return having had a positive experience previously.

Emotional support

Staff told us that they felt they had time to spend with patients and their relatives to provide whatever emotional support they needed.

The patients we spoke with confirmed that staff were attentive and caring.

The paediatric nursing sister was able to demonstrate her commitment to the service and a focus on family-centred care. The pre-assessment for children was very robust and admission was managed to ensure the child is cared for by the same nurse throughout their episode of care. The feedback from parents about the children's care was very positive

Pre-admissions assessments were thorough and included consideration of patients' emotional well-being.

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Are surgery services responsive?

Good 

The surgery service provided at The Spencer Private Hospital (Margate) was responsive.

Services were planned and delivered in a way that met the needs of the people using the service. There was an effective complaints procedure that staff were aware of and that was made available to patients. We saw that the service used lessons learned from complaints received to improve the service to patients and their families.

Service planning and delivery to meet the needs of local people

East Kent Medical Services Ltd planned and developed services to meet the needs of the local population of private and NHS patients. This was reflected in its Any Qualified Provider (AQP) status. The any qualified provider scheme gives patients more choice by allowing non-NHS organisations to provide services under any qualified provider contracts. Clinical commissioning groups (CCGs) determine the services to be commissioned as AQP. To qualify providers must meet the qualification criteria set for a particular service and their service then appears on choose and book for patients to select.

East Kent Medical Services Limited provides independent services and is also commissioned to provide care for NHS patients. The CCG commissioners confirmed that the service provided met the commissioning needs and were satisfied with the quality of care.

We saw where equipment had been updated or replaced, such as syringe drivers.

There was adequate parking and public transport for patients attending the hospital and hospital signage was clear.

In accordance with the hospital policy vulnerable people receive a full nursing assessment that explored the implications of their treatment on their home life and ability to maintain independence and carers were involved to ensure a partnership approach to the patient's care.

Translation services were available if required.

Access and flow

For 2013 - 2014 the average length of stay was 2.2 days.

The Spencer Private Hospital (Margate) theatre lists were carried out in the main and day case theatres in the neighbouring NHS trust. This meant that theatre lists tended to be carried out in the evenings and at weekends when the NHS theatres were less busy.

The frequency and timing of theatre lists for Spencer Private Hospital (Margate) patients were limited by the amount of time made available to Spencer Private Hospital (Margate) in the NHS theatres.

This meant that the hospital could not necessarily be flexible and offer choice to patients regarding the day or time of their treatment. However, the hospital management informed us that there had been no complaints from patients regarding the timing of their treatment.

At weekends when the main day case ward adjacent to the day case theatres at the neighbouring NHS trust was not being used for NHS patients, staff from Spencer Private Hospital (Margate) took over the day case ward and theatres and admitted, treated and discharged patients from there, in accordance with the service level agreement, rather than in the Spencer Hospital itself.

When procedures had to be cancelled or were delayed, this was recorded as an incident.

Patients were taken to theatre for their operations and brought back to Spencer Private Hospital (Margate) following their surgery by Spencer Private Hospital (Margate) staff.

Staff began planning for patients' discharge when they carried out the pre-admission assessment, gaining an understanding of their home circumstances and likely care needs. This was documented in patients' records.

There were few opportunities for patients, including children, and their families to mix with other patients but this had not been raised as an issue by patients.

Meeting people's individual needs

Patients who did not speak English had access to interpreters to discuss procedures and consent.

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All areas of the hospital were accessible to patients or relatives who used wheelchairs. There was a lowered section of the main reception desk in the ward area for use by people in wheelchairs.

The service was able to deal with patients whose needs changed. For example, one patient told us that they had felt ill following surgery, that the doctor had been called to visit them and referred them for a scan immediately.

The staff treated people as individuals. For example, we saw that the catering staff served tea to one patient in a mug rather than a cup and saucer because that was their preference.

When children were treated, the patient bedrooms were set up with suitable children's bed linen and children were given a teddy bear to keep.

Parents of children were able to stay with their child either in the same or an adjacent room if space allowed.

The paediatric sister was able to describe the how the service provided care for children with learning disabilities. Where children had difficulty in communication through traditional means measures were implemented that provided the child with every opportunity to communicate independently. Parents were involved in the child's care recognising the important role they played.

There was a vulnerable adult's policy in place to ensure that people suffering from dementia or who had any disability were treated in respect of their cognitive skills. This included assessment and care that took account of their needs whilst promoting their independence and respecting them as individuals.

Vulnerable people were treated in an honest, appropriate manner. They had a full nursing assessment that explored the implications of their treatment on their home life and ability to maintain independence. Where independence was not possible, carers were involved to provide a partnership approach to the patient's care.

Discharge planning for patients commenced at pre-admission assessment, where this was not possible it was done on admission. For vulnerable people there was assessment of the patient's current home circumstances and the implication their treatment would have on this. If treatment could further reduce the patients level of independence plans were made to address the challenges this would pose on discharge. There was good

liaison with the patient's entire care network. Also agencies such as Social Services, General Practice, Care Homes, District Nursing and admitting Consultants were involved in the planning of discharge.

Whilst in hospital vulnerable patient's special needs were met to maximise independence.

Where the patient's vulnerability made it difficult for them to speak staff provided the patient with opportunity to communicate as independently as possible using pictures or other means.

Carers were supported in the care of the patient, recognising their importance they made to the patient's life.

There were mechanisms to raise any concerns. Advice and assistance was available from the local NHS trust safeguarding team, social services and Police Public Protection Unit contacts.

Care was provided taking into consideration; Department of Health – The Vetting & Barring Scheme Guidance (2009), 'No Secrets' (2000), Human Rights Act (1998), and the Mental Capacity Act (2005), Deprivation of Liberties Legislation (2009). East Kent Medical Services Ltd Privacy and Dignity Policy and Kent and Medway Safeguarding Vulnerable Adults Policy (October 2010).

Learning from complaints and concerns

There was a complaints policy in place that detailed the different types of complaints and the process for managing complaints, including escalation of a complaint and appeals. The staff we spoke with were aware of the complaints policy and their roles in relation to complaints.

The patient guide in all patient rooms, as well as the Statement of Purpose, contained information on how to make a complaint. This information was also available on the hospital's website.

Although not all patients we spoke with were aware of the complaints procedure, they all told us that they would be happy to ask for it if they required it.

Complaints were reviewed at Management Review Meetings and at Quarterly Clinical Governance Meetings. These were reported to the East Kent Medical Services

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Limited Board of Directors along with Medical Association Committee (MAC) reports which included practising privileges, clinical governance reports, information governance reports and specialist updates.

The hospital received 50 complaints in 2014. This related to 1.6% of patient admissions.

We saw that appropriate actions had been taken as a result of complaints received to minimise the likelihood of a recurrence.

Are surgery services well-led?

Good



The surgery service provided at The Spencer Private Hospital (Margate) was well-led.

The hospital's management team was highly visible and the vision and mission statements for the service were well known and understood by all staff. There were robust, integrated governance arrangements in place to minimise risks to patients, visitors and staff, and to ensure the quality of the service. There was an open culture and all staff in the organisation felt valued.

Vision and strategy for this service

The Vision and Mission Statements for the service were displayed prominently in the ward area. Staff were aware of these and understood the vision and strategy for the service.

Governance, risk management and quality measurement

There was strong leadership from ward to board with robust governance by which East Kent Medical Services Limited provided patients with quality care, and that there were measures in place to facilitate this.

Clinical Governance covered; unplanned occurrence reports, accident and incident reports, patient complaints, patient experience surveys, clinical audit, risk management, continuous professional development, health and safety, evidenced based practice and clinical supervision.

All clinical departments reported to the hospital manager through the quality assurance lead nurse to the hospital manager, CEO and then to the board.

There were monthly head of department meetings with the Senior Management Team and minutes showed discussion and monitoring of finance, business development, human resources, clinical reports, health and safety and infection control. These were reported to the East Kent Medical Services Limited Board of Directors along with Medical Association Committee (MAC) reports which included practising privileges, clinical governance reports, information governance reports and specialist updates.

Clinical audit and quality also reported directly to the Clinical Governance Committee a subcommittee of the MAC. The designated consultant for clinical governance monitored this and advised on clinical strategy.

The Medical Advisory Committee (MAC) carried out checks prior to granting new consultants admitting privileges, including checks on their NHS practice. They also requested that consultants produce evidence annually of their registration, indemnity insurance in accordance with The Health Care and Associated Professions (Indemnity Arrangements) Order 2014, mandatory training and continuous professional development.

Those consultants without an NHS practice had annual appraisals by the MAC chair and MAC surgeon representative who were trained assessors.

External first assistants that are used by consultant surgeons in theatres were appropriately checked as required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. They had to have completed appropriate training for first assistant and be authorised by the provider.

Consultants told us they were able to raise any concerns they had with the representative of their specialty on the MAC to be discussed at MAC meetings.

There was a cosmetic surgery group which met on a quarterly basis to discuss cosmetic surgery cases. Information from this group was fed into the clinical governance process. The hospital management participated in industry networks for cosmetic surgery and integrated their standards into the service provided.

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The hospital participated in a number of national audits, including the National Joint Registry, Patient Reported Outcome Measures (PROMS), Friends and Family test, and Harm Free Care. Reports from these audits were made readily available to staff and patients.

The hospital also undertook a number of its own audits. For example, we saw recent audits of medication charts, consent, controlled drugs, theatre checklists and risk assessments.

Review meetings were held to address issues that were reported as a result of audits. All of the documentation we saw relating to audits was up to date, clear and signed by the relevant staff.

External Commissioning for Quality and Innovation (CQUIN) framework measures were monitored by local commissioners and they reported positively about the hospital.

Measures included VTE risk assessments, completion of the NHS Safety Thermometer, implementation of the WHO checklist and completion of early warning scores.

The RMO is monitored on a daily bases by the Matron/ quality lead. The RMO meets with each consultant responsible for the patients' care.

The NHS trust has non-executive directors on the East Kent Medical Services Ltd Board.

There are weekly meetings held with the NHS pharmacy lead.

If there are any issues around the services provided under the SLA with the local trust these are addressed directly with the appropriate NHS head of department. Any escalation is directly to the NHS senior management team. There is also a liaison group that manage any SLA concerns.

There are monthly meetings with the NHS trust to review the service level agreements and any issues that have occurred.

Leadership of service

There was strong leadership from ward to board with robust governance by which East Kent Medical Services Limited provided patients with quality care, and there were measures in place to facilitate this.

Patients' medical care was personally provided by their consultant.

The manager conducted walk rounds and introduced herself to patients and their relatives. One patient we spoke to told us that they had met the manager and knew her name.

The consultants we spoke with told us that the MAC was effective.

The lead nurse for quality was known to all staff and was visible and engaged with the staff.

The human resources manager met with staff at a weekly 'clinic' where staff could address any relevant issues.

Culture within the service

Staff told us that they felt well supported by management and that there was a "no blame culture" allowing them to learn from any incidents that occurred.

Staff felt valued by the service and seemed to enjoy their work.

Staff also told us that, where they made suggestions for improvements to the service, these were listened to by management and action was taken.

Public and staff engagement

All patients were asked to complete a satisfaction survey at the end of their stay.

Results of this survey for 2013/14 showed that 99% of respondents rated their experience as satisfactory or better.

Innovation, improvement and sustainability

Information from incidents was used to improve practice in a way that supported staff.

Outpatients and diagnostic imaging

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

Information about the service

The Spencer Private Hospital (Margate) is a separate building within the grounds of the neighbouring NHS trust.

The hospital has 5 outpatient consulting rooms, two physiotherapy rooms and an endoscopy unit. It provides outpatient clinics for a number of different specialties that include orthopaedics, ear, nose and throat, gynaecology, cardiology, urology, respiratory and pain management. All radiology services are provided by the neighbouring NHS Trust under service level agreements.

In the period January 2014 to January 2015 the hospital saw 6,542 patients for their first appointment and 19,899 patients for follow up appointments. We were provided with data showing an increase in outpatient activity of 14% since 2013.

During the inspection we visited the outpatient department and endoscopy treatment room and the physiotherapy department.

We spoke with eight patients, three nurses, one consultant, administrative staff, two physiotherapists, three health care assistants, two managers, two hotel services staff and external stakeholder. We observed the outpatient environment, checked equipment and looked at patient information. We also reviewed two patient medical records as well as performance information from the hospital.

Summary of findings

Overall, the care and treatment received by patients using the outpatient department was safe, effective, caring, responsive and well-led. Patients were very positive about the care they received and care and consideration given to them by staff. Safety processes were in place and monitored.

Staff were well trained and worked to protocols and pathways, however not all were linked to national guidance. Patients were provided with good information throughout their care and treatment. The booking arrangements were efficient and patients knew who to contact.

Patient and staff feedback was encouraged and acted upon. Staff felt well qualified and able to develop and progress within the organisation. There was an open culture where staff were able to discuss both concerns and innovations with their manager and senior management who were visible and approachable.

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services safe?

Good 

Care and treatment delivered by the outpatient department was safe. Incidents were reported, investigated and lessons learned. Cleanliness and hygiene were of a high standard and there was sufficient and well maintained equipment for patient care and treatment. Medical records were available for all outpatient clinics to protect patients from unsafe care

Staff were aware of the policies and procedures to protect children and vulnerable adults. Safeguarding training to level 3 was in place; however the paediatric nurses did not have face-to-face level 3 training in line with intercollegiate guidance. There were sufficient trained and competent nursing and medical staff within the department.

Incidents

There was a paper based incident reporting system in place with plans to move shortly to electronic reporting. All staff we spoke with demonstrated knowledge of the reporting system.

The hospital reported incidents were 1.3% of all admissions and outpatients for the Margate site for 2013/2014.

One serious incident (SIRI) involved three patients that were administered the incorrect vaccine for shingles in the outpatient department. The hospital had requested the shingles vaccine to be supplied from the local trust pharmacy, in accordance with the hospital patient group directive (PGD).

As a result a new policy for the development and implementation of PGDs was written. There was re-training of staff involved in medicine management and administration. A review of the NHS trust pharmacy standard operating procedures and communication to all pharmacy staff ensuring that all know that there are two different varicella zoster vaccines.

Policies and procedures were in place and staff were aware how to follow them.

Evidence was provided that demonstrated that incidents had been discussed at appropriate joint site meetings,

such as the Heads of Departments meetings. The minutes showed the outcome of investigation, action taken and lessons learned. One example is the implementation of the safer staffing record to monitor compliance to safer staffing guidelines of the National Quality Board. This had been put in place as the hospital had noted some correlation between number of incidents and the skill and number of staff.

The department manager told us that any incidents would be discussed at the department meetings.

Radiology services were provided by the neighbouring NHS trust under a service level agreement that was monitored via a liaison group made up of East Kent Medical Services Limited, trust representatives and one independent representative.

Mandatory training

Staff we spoke with said that the hospital provided mandatory training that was monitored by their managers and discussed at their 1:1 meetings.

We saw evidence of a variety of completed mandatory training such as health and safety, manual handling, fire and equality, diversity and human rights.

All nursing staff completed Basic Life Support and Paediatric Life Support training.

The paediatric nurses were trained to paediatric intermediate level (PILS).

Documentation provided showed all outpatient staff had completed mandatory training by 31st December 2014.

Safeguarding

Policies and procedures were in place for both children and vulnerable adults.

Staff we spoke with were able to describe the process for raising a safeguarding alert, including where to go for advice.

Children services were a consultant led specialist service. There was always a paediatric nurse present for consultations involving children.

We were provided with evidence that staff completed safeguarding training at all levels via e-learning. We saw evidence that this had been completed. However,

Outpatients and diagnostic imaging

e-learning does not meet the requirements of the intercollegiate framework for safeguarding children, specifically at level 3 where face to face training is recommended.

Cleanliness, infection control and hygiene

Clinical and non-clinical areas at the hospital were observed to be visibly clean and tidy.

The hotel services department was responsible for catering and housekeeping and cleaning schedules were in place. We saw colour coded cleaning equipment in line with NHS practice.

The hospital had scored very highly for cleanliness at the annual Patient Led Assessments of the Care Environment (PLACE). Managers could describe the training and checks in place for quality assurance. They spoke with pride about the high quality service provided by their department.

We observed that staff wore protective aprons and gloves and that these were available in the department.

Hand washing signs were displayed with sufficient soaps, towels and hand gel in place. Monthly hand washing audits were undertaken as part of the hospitals contractual agreements for quality assurance.

One patient at the visit told us, "I notice plenty of hand washing and cleanliness." Other patients spoken with after the visit were all very positive about the cleanliness.

The instruments used in the endoscopy clinic were being cleaned under a service level agreement with an NHS trust elsewhere under a different SLA and was being monitored by the Spencer Private Hospitals(Margate).

There was a joint site link nurse for infection control. Their role included working with the NHS trust infection control leads to ensure continued and on going up to date processes.

We saw evidence that the outpatient manager attended the hospital's infection control meetings as well as the heads of department meetings. The meetings covered both sites.

Environment and equipment

The hospital had an endoscopy unit.

The outpatient department consisted of a reception and waiting area, five consulting/treatment rooms, a

pre-assessment room and audiology room. Some of the consulting rooms were dedicated to specific specialties such as ENT and ophthalmology. The treatment rooms were clean, well lit and with appropriate flooring installed. The audiology service was contracted out for diagnostic tests and hearing aids.

There were properly labelled containers for sharps and clinical waste in use across the department. There were eye wash kits for splashes.

The hospital's refurbishment plan for the interior was underway at the time of the visit. We observed where areas had been painted and carpets cleaned. We saw this item on various minutes of hospital committees. Patients we spoke with were positive about the environment.

We observed that the resuscitation trolley was well equipped, visibly clean and stored in one of the treatment rooms. We saw evidence of daily checks, equipment services and calibration was in date. Emergency medicines were in place for adults and children together with appropriate algorithms.

PAT testing was in place.

There were emergency call bells in all clinical rooms.

We were provided with evidence of calibration and cleaning of clinical equipment within the department. Managing this was the responsibility of the registered nurses.

The hospital had a service level agreement with the NHS trust in respect of the building, grounds, mandatory and statutory maintenance and medical gases.

We met with a member of the NHS trust staff who described and showed us evidence of the checks, maintenance and assurance in place in respect of Spencer Private Hospital (Margate). They told us there was a programme for planned preventative maintenance in place. The annual fire risk assessments were in place. We saw that fire risk was on the hospital's risk register with current controls in place.

Medicines

All regular medicines were priced to aid budget management.

Outpatients and diagnostic imaging

Each consulting/treatment room had a cupboard with a minimal stock of medicines and a list of stock with expiry dates.

The stock in each clinic was checked daily to ensure essential medicines were available. There were pre-printed order forms that listed regular stock items. One named nurse was responsible for weekly orders.

A registered nurse checked and signed for medicines received from the NHS hospital pharmacy with a process in place for identifying any anomalies and the action taken.

Chemotherapy was not provided at the hospital.

Spencer Private Hospital (Margate) had a service level agreement with the neighbouring NHS hospital pharmacy. Staff said that medicine orders were filled by pharmacy on the day of request.

The department stores a minimal stock of controlled drugs, mostly for endoscopy. We observed that these were stored securely and disposed of appropriately, in line with the hospital's policy and best practice.

Staff demonstrated awareness of the policy, how to report incidents and how to escalate concerns. Staff were not aware of any concerns that they had needed to report.

Stocks were checked daily. We reviewed the stock and the controlled drug register which tallied.

We were shown the daily temperature checks for the medicines fridge with guidance on what to do should the temperature be out of range.

Prescription pads were kept locked in one of the consulting rooms. The pads were logged and tracked.

Current versions of the British National Formulary (BNF) were seen in clinic rooms. However, we did find two out of date versions and the paediatric BNF was also found to be out of date. This was discussed with the manager who removed them immediately so that only current copies were available.

The outpatient survey did not contain questions about medicines.

Records

The Spencer Private Hospital (Margate) holds its own patient records and these are stored securely on site.

For NHS patients, the NHS hospital records were requested prior to the clinic to ensure that up to date information was available.

We looked at two sets of records and found them to be well ordered and fully completed to a high standard. This included risk assessments, results and properly completed consent forms. Plans of care and patient information were also included.

Staff told us that records were available for clinics and could not remember an example where this had not been so.

Prior to archiving the private patient records these were scanned onto the hospital's computer system and the paper records shredded.

The results for the November/December 2014 notes audit demonstrated a high standard of record keeping.

Assessing and responding to patient risk

There was a process in place for managing patients who became unwell in the outpatient department. This included involving the patient's consultant and transporting the patient to the NHS hospital's A&E department nearby.

There were call bells in all consulting and treatment rooms.

There was a fully equipped resuscitation trolley with an emergency alarm button to alert the NHS hospital resuscitation team and the Spencer Private Hospitals (Margate) inpatient ward on the floor above. There was 24 hour, 7 days a week medical cover provided by two resident medical officers (RMO).

Nursing and therapy staffing

Registered nurses and health care assistants managed the outpatient clinics, including preparation of clinics, assisting with treatments and cleaning at the end of the clinic.

There was no formal acuity tool used. However, there was flexibility in the system to ensure that outpatient clinics were sufficiently staffed.

A paediatric nurse was present when children were seen in the clinic.

Registered nurses ran the pre-assessment clinics.

Outpatients and diagnostic imaging

There was a cancer clinical nurse specialist who worked across both sites and supported patients in clinic, particularly when they were receiving their results.

There were no vacancies for nursing staff at the time of the visit.

We were told that bank staff were occasionally used. The same recruitment process and training was undertaken as for permanent staff.

The physiotherapy department consisted of three full time and four self-employed physiotherapists seeing between 170 – 200 patients per week.

Medical staffing

There were 65 consultants with practising privileges at the Spencer Private Hospital (Margate).

The consultants were fully responsible for their patients while under the care of the hospital and this was included in their practising privileges terms and conditions.

We saw evidence of how the booking staff worked with each individual consultant's availability for outpatient clinics. There were appropriate processes in place to monitor and act on any patient deterioration or medical emergencies. There was also provision from the NHS under the SLA for urgent or emergency care that may be required 24/7; for example the resuscitation team and the critical care outreach team.

Major incident awareness and training

There was a major incident policy on the hospital's intranet and staff demonstrated awareness of the policy.

Major incident awareness formed part of the staff induction programme.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

Services provided by the outpatient department were effective. Care and treatment was evidence based. However, there was variable practice between consultants with on going work on post-operative protocols being undertaken by the physiotherapy department.

Staff were competent and there was a great deal of evidence of multi-disciplinary working both internally and with the NHS trust in relation to the service level agreements. The service did not operate a full seven day service, the outpatient department was flexible in appointments and physiotherapy and radiology were accessible seven days a week and radiology 24 hours a day. Staff understood the importance of informed and valid consent.

Evidence-based care and treatment

Staff had access to local policies and procedures on the hospital systems and understood how these impacted on patient care.

We saw examples such as the NICE guidelines for shoulder procedures and the care pathway for total hip replacement.

We were made aware of varied practice in some orthopaedic post-operative care amongst the different consultants. There was on going work by the physiotherapy manager towards standardising these.

The hospital was working towards Joint Advisory Group (JAG) accreditation. (The JAG sets standards for quality assurance of processes and staff).

JAG ensures the quality and safety of patient care by defining and maintaining the standards by which endoscopy is practised. The hospital is in the very early stages of working to get the accreditation in the next 12 months. They were meeting the requirements recommended in the initial assessment and will be further assessed in the future.

Pain relief

Pain procedures and pain management services were provided at the hospital. A patient told us that good information was provided both pre and post procedure.

There were processes in place to prescribe pain relief in outpatients if required.

Patients we spoke with after the visit all said that their pain was well controlled.

Patient outcomes

In the period January 2014 to January 2015 the hospital saw 6,542 patients for their first appointment and 19,899 patients for follow up appointments. We were provided with data showing an increased in outpatient activity of

Outpatients and diagnostic imaging

14% since 2013. Patient outcomes in physiotherapy were monitored by well recognised outcome measures such as range of movement, pain scores and quality of life measures.

Competent staff

There was a comprehensive induction programme for new staff. We spoke with nursing and administrative staff regarding their orientation, induction and support provided.

Registered nurses ran the pre-assessment clinics. Whilst there was no formal supervision, the small nursing team worked closely together and told us that they learnt under supervision.

We saw evidence of phlebotomy training including certificates and competencies.

Each member of staff had their own training folder with the overall training plan managed by the outpatient manager.

Agency staff were not used, as permanent and bank staff covered any absences.

We were provided with evidence that all annual appraisals had been carried out and staff confirmed this.

Whilst there was no formal supervision, the small nursing team work closely together and there were regular 1:1 meetings between staff and their manager.

Staff told us that they were encouraged to participate in additional training. We saw evidence of training completed such as the nursing role in hysteroscopy and venepuncture.

Administration staff we spoke with told us they had all been on customer service training which they said had been helpful and improved practice. Some had also attended a disability awareness day.

Multidisciplinary working

We observed examples of good multidisciplinary working between the Spencer Private Hospital (Margate) staff and the NHS trust staff. Each accommodated the other so that patients' appointments could be facilitated.

We observed the close working between administration and clinical staff for the benefit of the patient.

Administration staff were very aware of each consultant's availability and worked closely with them to ensure that patients received their outpatient appointment promptly.

Staff worked closely with GPs in respect of the NHS 'Choose and Book' patients.

We spoke with an NHS trust estates manager who described good working relationships at all levels.

Seven-day services

Clinics operated six days a week and were closed on Sundays.

The physiotherapy department operated a seven-day service.

There was seven day access to the NHS trust radiology service.

Access to information

Staff had access to all policies and protocols on the hospital electronic systems. Hospital committee meeting minutes were also available on the systems.

Patient records were available for outpatient clinics with up to date information prior to any treatments or minor procedures.

Staff had access to patient information such as x-ray and pathology results through the NHS hospital systems.

Staff accessed e-learning through the hospital intranet.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff demonstrated awareness and understanding of the importance of obtaining a patient's consent before carrying out any care or treatment. This could be implied or verbal consent for interventions such as taking a blood sample in clinic.

Written consent was obtained for planned surgical procedures such as hip replacements and treatment to be carried out in the outpatients department such as eye injections. We saw examples of properly completed consent forms in the patient notes we looked at. These demonstrated that risks and benefits had been discussed and that information had been provided.

Patients we spoke with told us that they had received full information in outpatients and again at their pre-assessment clinic. They then signed the consent form on admission for the procedure.

Outpatients and diagnostic imaging

Staff had awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. They spoke of the need to do an assessment where someone lacked capacity. We saw evidence of Mental Capacity Act training.

Are outpatients and diagnostic imaging services caring?

Good 

During the inspection all patients spoke highly of the compassionate care they received at all times from staff. Patients' privacy and dignity were protected. Patients told us that they were well informed and able to ask questions. Staff took a holistic approach to patient care and supported any patient anxieties or concerns.

Compassionate care

Patients spoke very highly of the care and treatment they received in the department. There were no negative comments about compassionate care.

All treatment rooms had curtains for privacy during tests or examinations. There were also 'engaged' signs on the doors. Staff were observed to knock on doors before entering.

We observed that computer screens in reception were not visible to patients and that staff took care to speak quietly on the telephone.

There was a chaperone policy and patients had the opportunity for a chaperone for examinations should they wish to.

Comments made in the 2014 consultant satisfaction survey included that there was, "good, attentive care from all staff."

Reception staff demonstrated courtesy, spoke respectfully and welcomed each patient.

Understanding and involvement of patients and those close to them

All patients we spoke with told us that their care, treatment and procedures were explained. They said they had opportunities to ask questions and felt fully informed.

The reception area had a variety of information available for patients, including costing of procedures.

We were provided with a variety of examples of patient information that the service provided. These included condition specific information from national bodies such as Arthritis Research UK.

The self-funding private patients we spoke with had all received clear information regarding the various costs.

Emotional support

We observed staff speaking reassuringly to a patient who was anxious about their appointment.

Staff described their holistic approach to patient care and that they would ensure that patients had time to discuss any concerns.

The Clinical Nurse Specialist supported cancer patients. She ensured that they had full information about their condition and treatment, contact numbers for the hospital and for other external support.

Patients told us that they would recommend the hospital to their friends and families.

Are outpatients and diagnostic imaging services responsive?

Good 

Outpatient services were responsive to the needs of patients. Patients were seen quickly and the booking process was efficient and effective. There were processes in place to meet the individual needs of patients.

Systems were in place to capture concerns and complaints raised within the department. These were reviewed; action taken and lessons cascaded to all in the organisation.

Service planning and delivery to meet the needs of local people

East Kent Medical Services Limited provides services for private patients and is also commissioned to provide care for NHS patients. The CCG commissioners confirmed that the service provided met the commissioning needs and they were satisfied with the quality of care.

Staff told us and hospital data demonstrated that the department was getting busier year on year. Staffing had been increased in line with the increased activity.

Outpatients and diagnostic imaging

Administration staff had also increased in line with the increased work.

The refurbishment plan was underway during the visit to ensure that the environment continued to meet the needs of the patients.

We saw where equipment had been updated or replaced, such as syringe drivers.

In the 2014 consultant satisfaction survey some recommendations and feedback had been provided. Action had been taken by the hospital, for example, new blinds had been fitted in the clinic rooms and there was a quicker system for sterilising ENT equipment.

Patients received adequate information including contact details, directions, consultant name and information about any tests, samples or fasting required.

There was adequate parking and public transport for patients attending the hospital and hospital signage was clear.

In accordance with the hospital policy vulnerable people received a full nursing assessment that explored the implications of their treatment on their home life and ability to maintain independence and carers were involved to ensure a partnership approach to the patient's care.

Translation services were available if required.

Access and flow

All referrals to the outpatient clinics came via GPs with the exception of cosmetic treatment such as microdermabrasion where patients could self-refer.

All referrals were input onto the electronic booking system managed by the hospital's booking staff and medical secretaries. Staff were aware of consultant availability and worked closely with them to ensure appointments were provided promptly. For NHS Choose and Book patients the appropriate waiting times were met.

Patients were sent a registration form to complete and return or present at the outpatient reception. This helped in planning clinics and ensuring that all available clinic appointments were filled.

Staff told us that clinic numbers were checked several times a day to manage slotting in short notice patients if required.

The patients we spoke with at the visit were all referred via NHS Choose and Book. They told us that they received their appointments quickly and had found the process easy. Private patients whom we spoke with after the visit confirmed that the process between referral, outpatient clinic and admission was quick and efficient.

Patients told us that the hospital was very flexible with appointments and always tried to book the most convenient one for each individual.

Once a patient arrived at reception the nurses were notified. Nursing staff collected patients individually from the waiting area.

The hospital had received some complaints about the late running of one consultant's clinics. This had been addressed and the timings were being monitored. None of the patients we spoke with had experienced any delays.

When children were booked into clinic there was always a paediatric nurse in attendance.

A variety of procedures were carried out in the department, including hysteroscopy, cystoscopies, ophthalmic injections and sigmoidoscopy.

There was a consultant led endoscopy service where a small number of procedures were carried out averaging at about three a week.

Patients had access to radiology procedures such as CT, MRI and ultrasound under a service level agreement with the NHS hospital radiology department. We were told that appointment slots are reserved every day for the Spencer Private Hospital patients. The computers in the outpatient department were compatible with the NHS hospital so that images could be viewed on the screens by the consultant.

Meeting people's individual needs

There was a pre-assessment policy in place. The nurse led clinics included tests specified by each consultant. A risk assessment was undertaken and any anomalies discussed with the anaesthetist prior to admission.

The criteria for surgery excluded patients with high anaesthetic risks and were limited to patients meeting the American Society of Anesthesiologists (ASA) classification of Physical Health 1 and 2; healthy patients or those with mild systemic disease.

Children under the age of 3 years are not admitted.

Outpatients and diagnostic imaging

Should a patient have a positive MRSA result they were contacted for treatment. They were not admitted until the infection had resolved and re-swab before admission was clear.

Administration staff described how people with disabilities were assisted when attending the department. They use the notepad facility on their outpatient system to flag up what additional support was required. One example given was where a patient with autism was known to be uncomfortable with waiting in the reception area. The staff ensured that when the patient arrived they were taken straight through to the clinic area and seen as soon as possible.

We were provided with examples of actions taken in response to patient feedback.

There was a vulnerable adult's policy in place to ensure that people suffering from dementia or who had any disability were treated in respect of their cognitive skills. This included assessment and care that took full account of their special needs whilst promoting their independence and respecting them as individuals.

Discharge planning for patients commenced at pre-admission assessment, where this was not possible it was done on admission. For vulnerable people there was assessment of the patient's current home circumstances and the implication their treatment would have on this. If treatment could further reduce the patient's level of independence plans were made to address the challenges this would pose on discharge. There was good liaison with the patient's entire care network. Also agencies such as Social Services, General Practice, Care Homes, District Nursing and admitting consultants were involved in the planning of discharge.

Whilst in hospital vulnerable patient's special needs were met to maximise independence.

Where the patient's vulnerability made it difficult for them to speak staff provided the patient with opportunity to communicate as independently as possible using pictures or other means.

Carers were supported in the care of the patient, recognising their importance they made to the patient's life.

There were mechanisms to raise any concerns. Advice and assistance was available from the local NHS trust safeguarding team, social services and Police Public Protection Unit contacts.

Care was provided taking into consideration; Department of Health – The Vetting & Barring Scheme Guidance (2009), 'No Secrets' (2000), Human Rights Act (1998), The Mental Capacity Act (2005), Deprivation of Liberties Legislation (2009). East Kent Medical Services Ltd Privacy and Dignity Policy and Kent and Medway Safeguarding Vulnerable Adults Policy (October 2010).

Learning from complaints and concerns

There was a complaints policy in place and an annual report on complaints was produced by the hospital.

The annual report showed the numbers of complaints over the last five years and that there were 50 formal complaints made in 2014 across the whole hospital. This was an increase over the previous two years where there had been 22 in 2013 and 36 in 2012. Patients had sent 237 'thank you' notes in the same period.

Four complaints were attributed to 'outpatients/pre-assessment/screening' and one to 'x-ray' (outsourced service). In addition there were six complaints about 'delay by a clinician'. Two complaints were received in November 2014 relating to one consultant's delayed clinics. These were discussed at clinical governance committee and heads of department meeting, stating that this had been discussed with the consultant concerned and that clinic timings would continue to be monitored.

Other actions and learning were described in the report, such as reviewed and updated booking processes and monitoring documentation completion. There was evidence of working with the NHS trust radiology department on concerns raised.

The patient guides contained information for patients on how to make complaints and all patients were offered the opportunity to complete a patient experience form on discharge from the hospital.

Staff told us that they worked hard to ensure that patients received a high quality service and provided them with good information about their care and treatment at all times.

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services well-led?

Good 

The outpatient department was well-led. The organisational vision was well understood by staff at all levels. Staff felt well informed about the current service and about the challenges and plans for the future. Staff felt well supported and actively encouraged to develop and progress within the organisation. Staff talked about an open culture where they were able to both raise concerns and put forward ideas for improvement and innovation.

Staff stated that all managers were visible, approachable and provided clear leadership. Staff felt able to speak to managers at all levels, they felt valued.

Vision and strategy for this service

There was a clear vision for the whole organisation and all staff we spoke with were able to express it. Several staff said, "We want to be the best."

Staff were also aware of the challenges with regard to marketing and business growth. They told us that they were well informed about the strategy for the future.

Staff told us that their department was expanding and improving. They spoke with pride about the service they provided.

Governance, risk management and quality measurement

We were provided with evidence of the hospital's annual departmental risk assessments undertaken every October. A whole day was allocated for this so that staff could also receive update training on the risk assessment process. We saw the guidance and risk ratings provided for staff. The Hospital Manager was responsible for ensuring that actions and recommendations were implemented. One example was an increased display of information if evacuating the building due to a fire.

We saw the identified risks reflected on the risk register and the outpatient manager described the key risks for the department.

Risk assessments for the endoscopy service and equipment had been carried out. We were provided with

the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) report following their visit at the beginning of 2014. The report identified what improvements were required for accreditation. JAG accreditation is in relation to quality standards for endoscopy. The hospital was working to their recommendations and had begun to implement some of them.

Safety alerts were discussed at department meetings and Head of Department meetings as seen in various minutes we looked at. Staff received them from the Quality Assurance Lead Nurse. We observed the action taken in response to a recent alert regarding the safety of window blind cords.

Consultants we spoke with told us that feedback on the service was sought from both patients and staff.

Nursing and administration staff we spoke with understood the governance process and how information was cascaded throughout the hospitals. Committee minutes were available for all staff on the hospital intranet, such as health and safety and infection control.

A meeting to see and discuss the results of the staff survey was arranged and open to all staff. Staff views were listened to and there was a 'thank you' staff function.

If there were any issues with the services provided under the SLA with the local trust these were addressed directly with the appropriate NHS head of department. Any escalation was directly to the NHS senior management team. There was also a liaison group that manage any SLA concerns.

Leadership of service

There were clear lines of management responsibility and accountability in the outpatient department.

Staff told us that senior management were supportive and made staff feel valued. They were visible and provided clear leadership.

We were told that senior managers kept staff informed about future plans and challenges for the hospitals.

Joint training for staff from both Spencer Private Hospitals was encouraged. Opportunities for staff to progress were provided and encouraged. Staff felt able to approach their own and senior managers if they required information or support.

Outpatients and diagnostic imaging

A variety of events for all staff were arranged each year such as social evenings and a Christmas party.

Culture within the service

All staff we spoke with were very positive about the open culture within the organisation, the flow of information both up and down and the availability of the managers, consultants and nursing staff.

Staff felt able to raise concerns with management and felt listened to.

All staff we spoke with described strong team working and support for each other at all levels.

The service is accredited for Investors in People (IIP) - this standard demonstrates that training and development of staff not only develops them but helps the service to achieve its business goals. In February 2014 the service was externally inspected against the standard and was highly commended for continuing to achieve the standard.

Public and staff engagement

The hospital carried out annual patient experience surveys. The annual quality accounts for 2014 showed that: 99% of patients would recommend Spencer Private Hospital (Margate) to friends or family and 83 % of all East Kent Medical Services Limited patients rated their overall experience as excellent.

The hospital carried out an annual consultant satisfaction survey. We were provided with the 2014 report which showed that they were generally positive about the outpatient facilities.

Annual staff surveys were carried out. Staff told us that they enjoyed working for the Spencer Private Hospital (Margate) and felt involved and engaged in the current service and future plans.

Innovation, improvement and sustainability

The hospital's process review group encouraged staff to make improvements to the service or processes. A new spread sheet had been developed that simplified logging the tasks administration staff undertook for consultants and enabled quicker and more accurate cost calculations each month.

The hospital is shortly to implement an electronic incident reporting system.

The hospital is working towards JAG accreditation and a stand-alone endoscopy service.

The hospital is working towards unifying evidence based protocols and pathways in the physiotherapy department for post-operative orthopaedic patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should review the arrangements for the storage of medicines and ensure they are stored securely and at the recommended temperatures to maintain their efficacy.
- The provider should review the arrangements for delivering safeguarding training to staff against the intercollegiate framework for safeguarding children which recommends face to face training at level 3.
- The provider should ensure that care pathway documentation be reviewed to include references to NICE or Royal College of Surgeon Guidelines.
- The provider should be able to demonstrate that cosmetic surgery is carried out in line with the Professional Standards of Cosmetic Practice, Royal College of Surgeons (RCS Professional Standards).
- The provider should develop care pathway documentation that is made available for patients having cosmetic surgery.
- The provider should audit DNA CPR forms to ensure these are meeting appropriate standards.