Circle Hospital (Bath) Ltd

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	**Good**
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Circle Bath is an independent hospital operated by Circle Hospital Bath Ltd. The hospital has 30 inpatient beds and 22 day surgery unit 'pods'. Facilities include four operating theatres, and outpatient and diagnostic facilities (including magnetic resonance imaging (MRI), x-ray, ultrasound and computed tomography (CT) scanner).

The hospital provides surgery and outpatients and diagnostic imaging. We inspected both services.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 20 and 21 December 2016, along with an unannounced visit to the hospital on 7 January 2017.

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

Summary of findings

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

The main service provided by this hospital was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery core service.

Services we rate

We rated this hospital as good overall.

We found good practice in relation to surgery:

- The service managed staffing effectively and services always had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- Patients spoke of high quality, compassionate care by all staff.
- The service carried out thorough root cause analysis and learning when things went wrong.
- Patients had good outcomes in line with national average, and care and treatment was planned and delivered in line with evidence-based guidance, standards and best practice.
- Staff provided care that was compassionate and treated patients with dignity and respect at all times.
- Services were planned and delivered in a way that met the needs of the local population.
- The service had an effective system to effectively investigate, monitor and evaluate patient's complaints and concerns, and learning was shared throughout the hospital.
- Comprehensive governance arrangements were in place.

However, we found areas of practice that required improvement:

- We observed patients' notes unattended outside a patient's room while nursing staff attended a patient.
- The service was not meeting its target of 90% of patients receiving treatment within 18 weeks of referral.

Across the hospital staff were overwhelmingly positive about the strong and visible leadership. Staff felt engaged.

We found areas of outstanding and good practice in outpatients and diagnostic imaging:

- There was outstanding care provided to patients. Staff treated patients with dignity, kindness and respected. Feedback from patients was overwhelmingly positive, and patients and those close to them were involved as active partners in their care.
- The outpatients and diagnostic imaging service had a good track record on safety. Staff were encouraged to report concerns and incidents, and investigated them to identify and share learning.
- People's needs were assessed and their care and treatment delivered in accordance with legislation, standards and evidence-based guidance.
- Services were responsive to the needs of the population and ensure flexibility, choice and continuity of care, and premises and facilities were appropriate for the services that were planned and delivered.
- The local leadership team was well respected, visible and accessible. Staff were inspired by and supported by a strong and cohesive leadership team.

However, we found areas of practice that required improvement:

- The availability of chaperones to accompany patients during consultations and examinations was not publicised in outpatient departments.
- There was no private space available in outpatients, which could be used by, for example, breast feeding mothers or people who wished to have private conversations.
- Patient information on medical conditions and treatments was available in English only.
- The outpatient department had not recruited to the unit lead position, which had been vacant for over 12 months. The deputy lead had taken over managerial responsibilities but had little protected time to fulfil these responsibilities.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Professor Edward Baker

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	Surgery was the main activity of the hospital. Where our findings on surgery also apply to other services, we do not repeat the information but cross-refer to the surgery section. We rated this service as good because it was good for safety, effective, caring, responsive to people's needs and well-led. • Staff supported and treated patients with dignity and respect, and patients were involved in decisions about their care and treatment. • Patients spoke of a high standard of compassionate and competent care by nurses, allied health professionals and medical staff. • Staff monitored patient safety and investigated incidents and shared learning from reported incidents to improve care. • All areas we observed were well organised and visibly clean. • Staffing levels were sufficient and were planned and maintained to safely meet the needs of patients. The hospital had competent staff who worked as an effective team to care for patients. Staff told us that they were supported with training and were given time to attend. Staff were up to date with their mandatory training and understood the safeguarding policies and procedures for vulnerable adults. • Staff responded compassionately when patients needed help. • We observed patient notes unattended outside a patient room, on a drugs trolley while the nursing staff was attending a patient.
Outpatients and diagnostic imaging	Good	We rated this service as good because it was safe, effective, responsive to people's needs and well-led, and outstanding in caring. • The service had a good track record on safety. There was an open culture; staff were encouraged to report concerns and incidents. Incidents were investigated and used to identify learning.

Summary of findings

- Risks to patients were assessed and appropriately managed. Comprehensive pre-operative assessment ensured patients' suitability for surgery at Circle Bath.
- Departments were appropriately staffed to keep people safe.
- Staff were trained in and complied with safe systems to protect people from avoidable harm.
- People had their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice, including during assessment, diagnostics and referral to other services
- Staff, including those in different teams, worked together to provide seamless and coordinated care.
- Staff were suitably qualified and experienced to undertake their roles and received regular supervision and appraisal.
- Feedback from patients and those close to them was consistently positive. The department received overwhelmingly positive feedback from patients and this was consistent with the feedback we received during our inspection. Patients we spoke with were fulsome in their praise for staff. We heard of numerous examples where staff had "gone the extra mile" to support people.
- Staff treated patients with dignity, respect and kindness during all interactions. Patients told us that staff took time to listen to them and felt supported by them.
- Patients and those close to them were involved as partners in their care. Patients told us that their conditions and treatment options were explained to them in a way they could understand.
- Staff showed compassion when people were distressed or anxious.
- Patients could access care and treatment at a time which was convenient to them. Cancellations and delays were minimal.
- Premises were accessible and comfortable.
- People's complaints and concerns were listened to and responded to. Learning from complaints was used to improve the quality of care.

Summary of findings

- The local leadership team was well respected, visible and accessible. Staff were inspired by and supported by a strong and cohesive leadership team.
- Staff enjoyed working at Circle Bath. Staff morale was high; they expressed pride in their service and they were optimistic for the future.
- Team work was cited by many staff as the best thing about working at Circle Bath. We saw excellent cooperative working within and between departments.
- There were effective governance arrangements. Information was regularly monitored to provide a holistic understanding of performance, including safety, quality and patient experience.
- Patients and the public were engaged and involved. Their views were captured and acted upon to improve the service.
- Staff embraced the hospital's improvement plan and were encouraged and empowered to raise concerns and drive improvement.

However:

- There was no private space available in outpatients which could be used by, for example, breast feeding mothers or people who wished to have private conversations.
- Patient information on medical conditions and treatments was available in English only.
- The availability of chaperones to accompany patients at consultations was not publicised in departments.
- The outpatient department had not recruited to the unit lead position, which had been vacant for over 12 months. The deputy lead had taken over managerial responsibilities but had little protected time to fulfil these responsibilities.

Summary of findings

Contents

Good

Circle Hospital (Bath) Ltd

Services we looked at
Surgery; Outpatients and diagnostic imaging.

Summary of this inspection

Background to Circle Hospital (Bath) Ltd

Circle Bath is operated by Circle Hospital Bath Ltd. The hospital opened in 2010. It is an independent hospital located in Peasdown St. John in Bath. The hospital primarily serves the communities of Bath and North East Somerset. It also accepts patient referrals from outside this area.

At the time of the inspection, a new manager had recently been appointed and was registered with the CQC in November 2016.

The hospital was inspected in January 2014, and we found the hospital was not meeting all standards or quality and safety it was inspected against. We found that Regulation 12 HSCA 2008 (Regulated Activities) Regulation 10: Cleanliness and infection control was not being met. Some parts of the fixtures and fittings in the hospital had excessive dust from a lack of effective cleaning. Some cleaning equipment and storage areas were not as clean as they should have been.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, Nikki Evans, other CQC inspectors, and specialist advisors with expertise in outpatients, theatres and governance. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

Information about Circle Hospital (Bath) Ltd

The hospital is registered to provide the following regulated activities:

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

During the inspection, we visited all the wards, theatres, recovery, outpatients and the day surgery "pods". We spoke with approximately 53 staff in total, including nurses, doctors, managers, radiographers, therapists and support staff. We looked at 30 care records. We spoke with 11 patients and two relatives during the inspection and we received written comments from 23 patients who had visited outpatient services, including physiotherapy and x-ray in the weeks leading up to our inspection. Prior to and following our inspection, we reviewed performance information about the hospital.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The hospital has been inspected three times, and the most recent inspection took place in February 2014, which found that the hospital was not meeting all standards of quality and safety it was inspected against. We found that Regulation 12 HSCA 2008 (Regulated Activities) Regulation 10: Cleanliness and infection control was not being met. This inspection was followed up with a focused inspection which found that all standards were being met.

We visited the inpatient wards, the operating theatre suite, day case unit, endoscopy unit, outpatient rooms and diagnostic imaging department as part of this inspection. Children's services had not been provided from July 2016.

There were 8,108 inpatient and day case episodes of care between July 2015 and June 2016. Of these 72% were NHS funded and 28% were other funded.

The five most commonly performed procedures were cataract surgery (1029), endoscopic resection of semilunar cartilage (339), replacement of knee joint using cement (338), subacromial decompression (253) and replacement of hip joint (202).

Summary of this inspection

There were four operating theatres, one inpatients ward (providing 26 single private bedrooms and two double rooms) and a day case area with 22 day case pods and five ambulatory care chairs.

The hospital employed two resident medical officers, 118 doctors as well as 29 whole time equivalent (WTE) registered nurses, 15 registered operating department practitioners and 21 health care assistants.

There were 118 consultants practising under rules and privileges in the period July 2015 to June 2016.

Outpatient services at Circle Bath operate from 7.30 am to 8.00 pm, Monday to Friday and clinics are held on Saturday mornings. The department sees both private and NHS patients. Self-funding or insured patients can access services by direct self-referral. NHS patients are referred by their GPs via the NHS e-referral system. The department provides consultant-led clinics in a range of specialities, including orthopaedics, general surgery, ENT, ophthalmology, and gynaecology. There are nine consulting rooms and five treatment rooms.

The outpatients department is staffed by registered nurses and healthcare assistants. There were over 50,000 outpatient attendances in the reporting period July 2015 to June 2016.

Diagnostic imaging services provided include plain x-ray, ultrasound, magnetic resonance imaging (MRI) and computed tomography (CT).

Physiotherapy services are provided to outpatients and inpatients. Facilities include a gymnasium and a hydrotherapy pool (off site). Services include musculoskeletal assessment and treatment, post-operative rehabilitation, treatment of sports injuries, Pilates and exercise classes and acupuncture.

Track record on safety:

- No never events were reported during the last 12 months. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- There were 534 clinical incidents. Of these incidents 370 were categorised as no harm, 88 were categorised as low harm, 74 was categorised as moderate, two were categorised as severe and none were categorised as a death.
- There were 150 non-clinical incidents. These non-clinical incidents are all those which do not involve patient care such as equipment failures
- No incidences of healthcare-associated Methicillin-resistant Staphylococcus aureus (MRSA)
- No incidences of healthcare-associated Methicillin-sensitive Staphylococcus aureus (MSSA)
- No incidences of healthcare-associated Clostridium difficile
- No incidences of healthcare-associated E-Coli
- 46 complaints

Services accredited by a national body:

- Joint Advisory Group on GI endoscopy (JAGS) accreditation

Services provided at the hospital under service level agreement:

- Paediatric transfer
- Decontamination
- Cellular pathology
- Occupational health
- Radiation protection
- Waste collection and disposal including confidential waste and recycling
- Linen and laundry
- Medical transcripts
- Pathology
- RMO provision

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- The hospital had a good track record on safety. There was an open culture; staff were encouraged to report concerns and incidents. Incidents were investigated and learning was shared to improve safety.
- There were robust systems, processes and practices in place to protect vulnerable adults and children from abuse. Staff were trained in these safe systems and demonstrated a good understanding of their responsibility to identify and act on suspected abuse.
- Risks to patients were assessed and appropriately managed. There was a comprehensive pre-operative assessment process to ensure that any risks associated with surgery and anaesthesia were identified and appropriately managed. There were protocols in place to ensure that patients were not unnecessarily exposed to radiation.
- The hospital had a 'stop the line' policy, which empowered any member of staff to stop a procedure or process if they felt something wasn't quite right to ensure patients were kept safe.
- Processes were in place to respond to a deteriorating patient, with clear escalation procedures.
- Departments were staffed appropriately to provide safe and effective care and the hospital had lower than average use of bank and agency staff
- Staff complied with safe systems in relation to the storage, prescription and administration of medicines.
- Premises and equipment were well organised and maintained and visibly clean. Staff complied with safe systems to prevent and protect people from healthcare-associated infection.

However

- We observed patient notes unattended outside a patient room, on a drugs trolley while the nursing staff was attending a patient.

Are services effective?

Good

We rated effective as good because:

- Patients had good outcomes in line with the national average, and there were a low number of patients that required to be transferred to other hospitals. There were low numbers of unplanned readmission of patients.

Summary of this inspection

- Treatment by all staff was delivered in line with best practice and took account of evidence based standards and procedures.The hospital reported, reviewed and benchmarked patient outcomes against other hospitals within the Circle group.
- The staff were competent to carry out their roles.Staff were given time to undertake training, and their competence was checked. Staff received regular supervision and appraisal to ensure that they were competent to fulfil their roles. Staff were up-to-date with role-specific competencies.
- All necessary staff, including those in different teams and services, were involved in assessing, planning and delivering patient's care and treatment.
- Patients were given pain relief and the effectiveness of this was checked. There was an audit of pain assessment and medicine administration.
- Staff used an effective system for monitoring patients for signs of deterioration after surgery.
- Services were provided across seven days, there was access to the resident medical officer and consultants when required.
- Staff demonstrated knowledge and understanding of consent and the requirements of the Mental Capacity Act 2005 in relation to those patients who may lack capacity to make decisions.

The effectiveness of outpatients and diagnostic services was not rated due to insufficient data being available to rate these departments' effectiveness nationally.

We found:

- Pre-operative assessment took place to ensure that patients were medically fit and prepared for surgery.
- The hospital had developed a comprehensive care pathway for patients undergoing joint replacement surgery. Patients were supported to maximise recovery and reduce post-operative complications which may require a return to theatre.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- There was a highly visible and strong person centred culture. Staff consistently provided compassionate care to patients and those close to them. Staff went above and beyond their duties to ensure patients experienced high quality care
- Patients consistently told us that staff were always helpful and kind. The outpatients department received overwhelmingly positive feedback from patients.

Summary of this inspection

- Medical and nursing staff we spoke with were positive about developing and promoting relationships with patients and having the time to care for them to high standards. Staff communicated with patients so that they understood their care, treatment and condition.
- Patients who were concerned about surgery were given time and information, their individual needs and were taken into consideration. Staff recognised when patients and those close to them needed additional support to help them understand and be involved in their care and treatment.
- Patients were empowered and supported to manage their own health, care and wellbeing and to maximise their independence.
- The needs of the patient's families were also taken into consideration and staff understood and respected patient's personal, cultural, social and religious needs.
- Staff ensured that patient's privacy and dignity was respected.

However:

- The availability of chaperones to accompany patients during consultations and examinations was not publicised in departments.

Are services responsive?

Good

We rated responsive as good because:

- Patients received timely access to care and treatment. The hospital consistently met the NHS standard which measures the time that people wait from referral by their GP to consultant-led treatment.
- Services were planned and delivered in a way that met the needs of the local population. Outpatients' clinics took place so that, as far as possible, patients were able to access care and treatment a time that suited them. Patients discharge was planned for as soon as they were admitted to hospital, and their length of stay was flexible if required.
- Medical staff were available to provide care for patients 24 hours a day.
- Clinics mostly ran to time so that people were not inconvenienced and cancellations rarely occurred.
- Premises were mostly appropriate for the services that were planned and delivered. There was ample free car parking; good signage and waiting areas were light, airy and comfortable.
- Staff took steps to support people's individual needs, including disability. Care plans recorded patient's individual needs and preferences.

Summary of this inspection

- There was a dementia strategy in place to ensure the hospital adapts to the needs of dementia patients. The hospital had two dementia champions in place who were integral to developing and delivering dementia training on site.
- Patients told us that they knew how to make a complaint or raise concerns, and these were reviewed by the hospital every month.

However:

- The hospital monitored patient waiting times; these showed that below 90% of patients began treatment within 18 weeks of referral.
- There was no private space available in outpatients, which could be used by, for example, breast feeding mothers or people who wished to have private conversations.
- Patient information to support them through the pre- and post-operative period on medical conditions and treatments was available in English only.

Are services well-led?

Good

We rated well-led as good because:

- Circle Bath had a clear vision and quality strategy to deliver good quality patient care. The hospital's strategy was to focus on becoming a centre of excellence, starting with musculoskeletal services, and a purpose to do their best for every patient, every day. Visions and values were designed in partnership with staff.
- This was underpinned by an eight point plan, which encapsulates feedback from partner organisations to create a joined up approach to design and deliver streamlined pathways for the benefit of patients and to ensure financial sustainability.
- The local leadership team was well respected, visible and accessible. Staff were inspired by and supported by a strong and cohesive leadership team.
- There were effective governance arrangements. Information was regularly monitored to provide a holistic understanding of performance, including safety, quality and patient experience.
- A quality dashboard was produced each month which recorded performance against key performance indicators, incidents, complaints, patient outcomes and audit results. These were monitored and discussed at monthly clinical governance and risk management meetings.
- Teamwork was cited by many staff as the best thing about working at Circle Bath. We saw excellent cooperative working within and between different departments and staff groups.

Summary of this inspection

- Patients and the public were engaged and involved. Their views were captured and acted upon to shape and improve the service.
- Staff were empowered to speak up when they had concerns. A system known as “stop the line” enabled staff of any designation to stop a procedure if they felt that it was unsafe or detrimental to patient wellbeing.

However,

- The outpatient department had not recruited to the unit lead position, which had been vacant for over 12 months. The deputy lead had taken over managerial responsibilities but had little protected time to fulfil these responsibilities.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Notes

We have not the effectiveness of outpatients and diagnostic imaging due to insufficient data being available to rate departments' effectiveness nationally.

Good

Surgery

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

Are surgery services safe?

Good

We rated safe as good.

Incidents

- Staff understood their responsibilities to raise concerns and near misses, to record safety incidents and to report them internally and externally. Staff told us there had been a change in culture surrounding the reporting of incidents and near misses since the arrival of the new general manager in July 2016. Data supplied showed the number of incidents reported had increased between July 2015 and June 2016. In total 534 clinical incidents were reported and 150 non-clinical incidents.
- Between April 2016 and June 2016, 50 of the 213 clinical incidents were graded as moderate harm.
- Between July 2015 and June 2016, the hospital reported one serious incident and two clinical incidents graded as severe harm. We saw the root cause analysis reports for these incidents which showed a thorough investigation had been carried out.
- When things went wrong, lessons were always learned and action was always taken as result of investigations. Lessons were shared to ensure action was taken to improve safety beyond the affected team or service. For example, when the new lead inpatient nurse started in post, they had identified a number of medications incidents and near misses which showed nurses were frequently being distracted during the medicine round. One incident showed that a patient's own medicine brought in from home had been mixed up in the ward medicine cupboard. The head nurse arranged for every patient room to be fitted with a wall mounted key code secure box for all of the patient's medicines to be stored in. This improvement was made following discussion with the lead pharmacist who had since re-audited the incidents of medications errors and results had shown a reduction in errors since the boxes were introduced.
- Staff understood the importance of documenting and reporting all pressure ulcers grade two or above as a clinical incident, however, there had been no documented pressure ulcers in the 12 months prior to our inspection.
- Staff we spoke with were aware of the duty of candour and demonstrated good understanding of their responsibilities under this legislation Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014. This regulation required the trust to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. Serious incident reports showed that this requirement had always been considered and applied when required.The duty of candour for private healthcare organisations is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff at all levels were able to describe what the duty of candour involved and the actions required, and were aware of the hospital guidance regarding duty of candour and how to access this.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

Good

Surgery

- The hospital had a good track record on safety and monitored the incidence of patient harm and harm free care. Appropriate actions were taken where needed to improve the safety of care.
- The NHS safety thermometer is a local improvement tool for measuring and monitoring and analysing patient harm and harm free care. The NHS safety thermometer is a collection of data submitted by all hospitals treating NHS inpatients. The data collected is a snapshot of inpatients suffering avoidable harm, usually on one day each month. The NHS safety thermometer allows teams to measure harm and the proportion of patients that are 'harm free' from pressure ulcers, falls, catheter-related urinary tract infections and venous thromboembolism (VTE).
- The hospital collected monthly data for the NHS safety thermometer form their NHS patients.
- The service monitored the incidence of falls and took appropriate action to reduce the incidence of falls. For example all patients received a falls assessment upon admission and also a risk assessment regarding the use of bed rails, which we saw documented in all patient notes we looked at.
- All patients, on admission received an assessment of venous thromboembolism as part of every surgical pathway, and patients were re-assessed within 24 hours of admission. In all patient records we looked at, comprehensive VTE assessments had been filled out, and the hospital reported 100% of patients between July 2015 and June 2016 had a VTE assessment upon admission.
- The service monitored the incidence of venous thromboembolisms, and the surgical service took appropriate action to reduce the incidence of venous thromboembolisms. For example mechanical prophylaxis was used in the form of anti-embolism stockings for every patient with a VTE score of four or above, and we saw this documented in patient notes. All patients received pressure point assessments using the waterlow score, and we saw evidence that staff were also using SSKINN (Surface, Skin, Keep moving, Incontinence and Moisture and Nutrition and Hydration) bundles for all patients. Staff understood the importance of documenting and reporting all pressure ulcers grade two or above as a clinical incident.
- The world health organisation five steps to safer surgery checklist was used and results monitored to increase the safety of patients undergoing a procedure.

Cleanliness, infection control and hygiene

- Reliable systems were in place to prevent and protect people from a healthcare associated infection. These systems were regularly monitored and improved when required.
- There was no incidence of methicillin-resistant Staphylococcus aureus MRSA or methicillin sensitive Staphylococcus aureus (MSSA), Escherichia coli (E-Coli) or Clostridium difficile (C.difficile) in the reporting period July 2015 to June 2016.
- Patients were always screened for MRSA carriage as part of their pre assessment, and we saw this was documented in all of the patient notes we looked at.
- We observed staff practice which protected people from healthcare associated infection. In the day case unit, we saw single use slide sheets used for each patient. Patients were always screened for MRSA carriage as part of their pre assessment, and we saw this was documented in all of the patient notes we looked at.
- Surgical site infection rates for all surgery were monitored. Between July 2015 and June 2016, the hospital reported 3 post-surgical infections out of 976 primary and revision hip and knee procedures. This equalled 0.3% which is below the rate for other independent hospitals.
- Staff explained how standards of cleanliness and hygiene were maintained.For example we spoke with a housekeeping supervisor who took us through the cleaning schedules for the inpatient wards. Associated records showed areas cleaned, depth of clean and accountability for who undertook the task.
- We saw evidence that cleanliness and hygiene checks were regularly carried out. There was evidence of cleaning audits and re-audits when necessary.
- Cleaning and sterilising of multi-use devices was always carried out appropriately, and the endoscopy unit had an onsite facility to decontaminate all of its scopes. This included a cabinet for the storage of the scopes which documented and printed out details of each procedure the scope had been used for. This enabled traceability if a problem or concern arose with a particular scope.
- We observed that healthcare workers decontaminated their hands immediately before and after every contact or care. All staff we saw were bare from the elbow down, in line with hospital policy. We saw staff washing their

hands before and after patient contact, and after entering a dirty utility room in one clinical area. Staff we spoke to understood the importance of good hand hygiene.

- Patients who needed a urinary catheter had their risk of infection minimised because the staff followed specified procedures for insertion and removal that complied with NICE quality standard 61 for infection prevention and control.
- Patients who needed a vascular access device, such as a cannula, had their risk of infection minimised because the staff followed specified procedures for insertion and removal that complied with NICE quality standard 61. For example we saw cannula assessments in patient notes which included details of the time of insertion and removal and any flush used. We saw patients cannulas left in situ had the date of insertion displayed on them.
- The service ensured systems, process and practice reflected best practice guidance such as NICE CG74 in the reduction of Surgical site Infections.
- Sterile services to the department were provided by a 3rd party service. This service provided a delivery and pickup schedule for surgical instruments and implants three times a day along with an overnight fast track service if required.
- We observed hand sanitizing gels were available at designated points such as outside entrance and exits. However, there was no information displayed advising visitors to follow the hospitals' infection control processes for hand hygiene.
- Infection control audits were carried out and the result of September 2016 audit showed 100% compliance against the majority of their standards on the audit. Where standards were not 100% they were only 2-4% off 100%. We noted actions taken to address these.
- The rate of reported infections during primary hip arthroplasty and primary knee arthroplasty procedures from July 2015 to June 2016 were below the average of other Independent acute hospitals.

Environment and equipment

- Facilities and premises were designed in a way that kept people safe. The inpatient ward consisted of two corridors lined by inpatient bedrooms. Each bedroom door was set back slightly, meaning a nurse would have to be directly outside the room to observe the patient. Staff told us every patient received a fall and bed rail assessment upon admission to identify any patient at risk. We saw these assessments had been done in all the inpatient records we looked at.
- All medical equipment on the wards and in theatre was safety tested within the last year. There were also asset tags in place to allow each item of equipment to be traced by the facilities management team. This ensured that items of equipment had been regularly checked, serviced and maintained.
- There were safe systems for managing waste and clinical specimens including classification, segregation, storage, labelling, handling and treatment and disposal of waste. For example, in theatres we observed clinical waste being prepared for transfer to ensure no cross contamination occurred during the transit of materials.
- Sharps bins were used appropriately, dated and signed when full to ensure timely disposal, and not overfilled.
- Resuscitation equipment was readily available. This equipment was stored securely, in tamper evident packs with serial numbered tags. All resuscitation equipment we looked at had been checked daily and all records were complete and up to date.
- The theatre suite was secure, with electronic staff access only. The facilities such as the operating theatres were spacious and well equipped.There were two theatres equipped with laminar airflow systems; these were used for orthopaedic surgical procedures.All theatres had a well-equipped anaesthetic room, with controlled drug and appropriate medicines storage, including a refrigerator.
- Medical gas cylinders were always stored appropriately in identified areas with adequate signage.
- The service monitored instruments, equipment and implants in compliance with MHRA requirements. There was a process for providing feedback on product failure to the appropriate regulatory authority.
- All equipment used in surgical procedures was entered onto a computer system to ensure each consumable item and implant used in an operation could be fully traced.

Medicines

- The arrangements for storing medicines securely kept people safe. Access to the in house pharmacy (where medicines were stored) was restricted by an electronic card entry system.

Good

Surgery

- Medicines which required refrigeration were stored in a locked fridge, with daily temperature checks carried out. Ward staff stored medicines at recommended temperatures, monitored refrigerator and room temperatures, and took appropriate advice from pharmacy when temperatures were outside recommended ranges.
- Theatres had appropriate temperature controlled medicines storage in each anaesthetic room; these were also subject to daily minimum and maximum temperature checks.
- Nursing staff were aware of policies on administration of controlled drugs. For example staff was able to show us the location and latest version of the controlled drugs policy on the intranet.
- Nursing staff were aware of policies on administration of controlled drugs as per the Nursing and Midwifery Council Standards for medicine management. We saw controlled drugs were stored, recorded and handled appropriately. Spot checks on balances showed that contents of the cupboard matched the register.
- The processes for identifying out of date medication was effective and we found no out of date medications in the areas we inspected.
- Patients were always involved in decisions about prescribed medicines as recommended in NICE clinical guideline 76. We observed that during medication rounds staff took time to explain the medication to the patient. For example we observed one nurse explaining the likely side effects of the medication they were administering to a patient and how to help alleviate them
- We found allergies were clearly marked on patients prescriptions and on their notes
- There were local microbiology protocols for the administration of antibiotics and support from a local trust was available under a service level agreement.
- Staff reported medication errors on the hospital's clinical incident monitoring system. Incidents were reviewed by the monthly medicine management committee. An example of an identified problem was with Delteparin injections showing missed/not signed for, so a change in dose instruction was agreed and errors reduced as a result.
- The emergency trolley was checked daily, the medicines seal intact and shortest drug expiry date was visible on the box.

Records

- People's individual care records were written and managed in a way that kept people safe.
- Patient's individual care records were stored securely in lockable dedicated trollies. However, we did find a set of notes on a trolley opened and outside of a patient's room, the nurse was in the room with a patient.
- Patient's individual care records were accurate, complete, legible and up to date. We reviewed 30 sets of patient records. However; in one set of day case records we found an observation sheet for a different named patient.
- Admission notes were always legibly documented.
- We saw evidence of traceability in all supplies used during surgical procedure recorded in the patient care record, this included implants.
- The service ensured that appropriate pre-op assessments were recorded, for example we saw that patients followed standardised pathways such as total hip replacement or knee replacement. The lead inpatient nurse told us there were plans for the pre-operative lead nurse to review the pathway documents, as it had been picked up by the inpatient ward that the pre-operative assessment part of the pathway did not ask enough questions about post-operative home care arrangements. Staff told us they had a patient whose spouse had recurrent falls prior to the patient being admitted for surgery, and as staff had not specifically asked about home arrangements, the patient had not mentioned it prior to surgery. This meant there may not have been an appropriate adult at the patient's home to help support them after the surgery.
- The service ensured that consultants operating records and the patient clinical record were integrated into the hospital record for the patient. For example, in all patient notes we looked at, we saw a detailed care pathway booklet for hip surgery, knee surgery and general surgery. The operating surgeon's theatre record formed part of this pathway booklet, and was filled out, legible and up to date in all patient records we looked at.

Safeguarding

- There were systems, processes and practices in place to keep people safe. Safeguarding systems and processes were communicated to staff. Staff we spoke with were able to explain these procedures.
- There were arrangements in place to safeguard adults and children from abuse that reflected the relevant legislation and local requirements. Staff understood their responsibilities and how to initiate a safeguarding concern.
- The hospital had designated leads for adult safeguarding in place. There was also a designated lead for children's safeguarding, although paediatric surgery had ceased at the hospital at the beginning of July 2016.
- Not all staff had completed level 2 training in safeguarding adults. Information received from the service showed 87% of inpatient, 82% of day surgery and 84% of theatre staff had up to date training in safeguarding, the corporate provider requirement was 95% target. Staff were able to tell us what constituted abuse and said they would report to the senior staff in charge. Staff were also trained in the recognising and management of female genital mutilation and describe what actions they would take.

Mandatory training

- Staff received effective mandatory training in safety systems, processes and practices, and the levels of training were monitored.
- The manager of the theatre suite received a monthly report from human resources about the staff compliance with mandatory training. Across the surgical service 88% (theatres, wards and day surgery) of staff were up to date with their mandatory training.
- The hospital had employed a practice development nurse who had created a set of competencies for theatre staff.
- Staff received mandatory training on fire safety, manual handling, health and safety, infection control and prevention as well as equality and diversity, the mental capacity act and deprivation of liberty safeguards. There was mandatory basic life support training for all staff at the hospital. Immediate life support including recognising patients with sepsis was mandatory for those senior staff that carried the cardiac arrest bleep, and records showed that this had been completed.
- The hospital's resident medical officer (RMO) received mandatory training through e-learning this included; health & safety, child protection (level 3), data Protection in health, first aid essentials (level 2), personal safety, child protection in health and social care, equality and diversity, safeguarding adults (Level 2) and the Mental Capacity Act 2005. For the completion of this training, the RMO received professional development points annually which they were able to use towards revalidation and appraisal. The RMO was also trained in advanced life support.

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

- The hospital managed risks in a positive way and staff were able to recognise and respond appropriately to risks. The hospital had a 'stop the line' policy, which empowered any member of staff to stop a procedure or process if they felt something wasn't quite right. Staff told us that a 'stop the line' had been called in response to a number of staff departures, which had left the surgical department short staffed, and the hospital unable to provide assurances that the care they were delivering was good quality. The report generated following the initial SWARM contained an action plan to support staff. This had included temporarily reducing the numbers of inpatient beds until further staff recruitment and development could take place. SWARM is a term not an acronym, it is used when departments respond and "swarm" about and set a plan of action in place.
- There was a hospital wide standardised approach to the detection of the deteriorating patient. There was a clearly documented escalation process and response which staff told us they were familiar with. For example, staff told us of a patient who had deteriorated, and the lead nurse had called 999 for the patient to be transferred to a nearby hospital. The nurse had made this decision, and the consultant and RMO had supported the decision as it was in the patient's best interests.
- The service had implemented a safe and effective escalation process and used the National Early Warning System (NEWS) scores to help identify deteriorating patients. For example, a nurse had identified a patient with a blood clot on the lung using the NEWS scores. The patient's score was escalated and the patient was transferred to a nearby large acute hospital, in line with Circle Bath policy.

- All patients received pressure point assessments using the waterlow score, and we saw evidence that staff were also using SSKIN (Surface, Skin, Keep moving, Incontinence and Moisture and Nutrition and Hydration) bundle for all patients.
- All staff were familiar with the method of calculating and interpreting NEWS scores. The use of this system was audited and indicated that there had been some discrepancies in the past in the adding up of the scores, but the individual nurses and HCAs had been re-trained by the senior nurse in charge. However, we saw some missing NEWS scores in two of the patient records we looked at.
- The service ensured it complied with the 5 steps to safer surgery, World Health Organisation (WHO) surgical checklist (including marking of the surgical site) this is a tool for the relevant clinical teams to improve the safety of surgery by reducing deaths and complications. For example, we saw in all 30 patient records we looked at, the WHO checklist had been fully completed.
- There was a 24-hour emergency hotline in place for patients following discharge. The service ensured that patients could contact a named suitably-qualified person if they experienced complications outside of normal working hours.
- There was a protocol for the transfer of people using services to NHS facilities in the event of complications from surgery.Between July 2015 and June 2016 there had been 16 unplanned transfers to other hospitals, this was not high when compared with other independent acute hospitals.
- The service had processes and procedures in place if a patient required a return to theatre. Between July 2015 and June 2016, there had been seven unplanned returns to theatre.
- The service had developed a sepsis management plan which was incorporated into the intermediate life support training, which all senior bleep carrying nurses undertook. Risk assessments regarding patients risk from septicaemia were in place for patients. Staff were aware of the actions to take when patients were showing signs and symptoms of septicaemia.
- Staff identified and responded appropriately to changing risks to people who used services, including deteriorating health and wellbeing, or behaviour that challenged. For example we were told a nurse had raised a concern about a patient's capacity to consent to a procedure, and had felt confident to raise this with the consultant, who subsequently carried out further assessments on the patient before treatment.

Nursing and support staffing

- Staffing levels and skill mix were planned and reviewed so that people received safe care and treatment at all times.
- There were sufficient staff to provide safe care and treatment across all areas. The regular staff covered absence and leave and also had a bank system which staff said worked well. We observed care was provided in an unhurried manner and staff took time to support relatives.
- There were two resident medical officers (RMOs) who were available to support staff and provided medical cover 24 hours a day. The attending consultants were available to provide support and were accessible to staff and could attend within 30 minutes in an emergency. Any transfers to other hospitals were the responsibility of the patient's consultant that had admitting rights to the local NHS trust.
- The planned staffing establishment for the inpatient surgical ward was 20 whole time equivalent (WTE) trained nurses covering the 24 hour, seven day period. The surgical ward currently had six WTE qualified nurse vacancies, and had block booked five regular agency nurses to cover these vacancies whilst recruitment was on-going.
- The use of bank and agency nurses in theatre departments was lower than the average of other independent acute hospitals.
- The use of bank and agency operating department practitioners and health care assistants in theatre departments was lower than the average of other independent acute hospitals
- Senior staff told us they block booked agency staff to ensure the staff were familiar with the hospital and its policies and procedures. All of these staff had received a comprehensive induction to the surgical ward, and felt like they were treated 'like permanent members of staff'.
- Departmental nursing handover between shifts occurred, using a pre-populated handover sheet. This was undertaken in the nurse's office where patient

details could be kept private. Details of patient's operation status and any medical and nursing needs were discussed, as well as planned admissions and discharges.
- There were adequate processes in place to keep patients safe at times of handover and shift changes, which included individual; handovers for each patient which covered patient personal preferences as well as relevant medical information and concerns to monitor.

Medical staffing

- Staffing levels and skill mix were planned and reviewed so that people received safe care and treatment at all times.
- The Circle Hospital employed two RMOs through a contracted service that was responsible for their employment checks and mandatory training. There was a formal handover process between RMOs as they worked one week on duty and one week off.
- Actual staffing levels met the planned levels. The Shelford Safer Staffing tool was used to plan staffing requirements as well as to make staffing adjustments to manage last minute sickness or leave so that the hospital had the staff required.
- Staff identified and responded appropriately to changing risks to people who use services, including deteriorating health and wellbeing and medical emergencies.
- During the period July 2015 and June 2016 the use of bank and agency staff was lower than the England average. These staff received comprehensive induction to the service. This induction was the same as for employed members of staff.
- The service ensured that a consultant surgeon was always contactable 24hrs a day and within a 30min time frame if required to attend a patient. A consultant rota was in place which indicated which consultant should be contacted.
- There was a service to ensure that the anaesthetist was always available postoperatively if required. For example, a patient had returned to the inpatient ward, and later in the night, their blood pressure had dropped. The anaesthetist who was in the hospital at the time, reviewed the patient and arranged a transfer to a larger acute hospital, and accompanied the patient on the transfer. Staff told us that many anaesthetists were happy to be called if required to review their patients.

Emergency awareness and training

- Potential risks such as seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing were taken into account when planning services. For example, senior managers told us they had a business contingency plan, which included staff members with four wheel drive vehicles, to ensure staff could get into the hospital in the event of heavy snow.
- There were arrangements to ensure safety in cases of failure of essential utilities. Emergency generators were tested on a weekly basis. During our inspection the routine test found that the backup generator battery charging unit was faulty, which meant the backup generator was unlikely to kick in during a power cut. The engineer had called a 'stop the line', and had assembled all heads of services to discuss the fault. Surgery was suspended, and each department implemented their contingency plans, which included moving all drugs and blood to fridges with battery backup, printing patient contact details in case surgery could not go ahead the next day, moving all inpatients to one corridor of the ward, and basing the RMO on the ward. A part was located and dispatched, and the fault was repaired later in the evening. The engineers also contacted the local power distributor, who agreed to send an emergency generator to the hospital in the event of a total power loss.

Are surgery services effective?

Good

We rated effective as good.

Evidence-based care and treatment

- People had their needs assessed and their care planned and delivered in line with evidence-based guidance, standards, and best practice.
- The hospital used the national early warning system (NEWS) to assess a patient's condition using physical observations. This was used to report and respond to any change in a patients' condition post operatively. This was in line with NICE guidance CG50. In patient records we reviewed this was used effectively.
- The hospital used the National Joint Registry to record outcomes for patients that underwent surgery such as

hip, knee replacements and spinal surgery. Patient Reported Outcome Measures (PROMS) were collected from patients who had joint replacements and groin hernia repairs. These were all above the expected range of the England average.

- The hospital followed the NHS Institute for Innovation and Improvement Enhanced Recovery Programme (ERP) for patients who have total knee and total hip replacements. ERP aims to mobilise and rehabilitate patients as quickly as possible after a joint replacement to improve their recovery and minimise surgical complications. The effectiveness of the ERP is measured using the average length of time the patient remains in hospital after their procedure, this should be 3 days or less, and this was achieved for the patients at the hospital.
- The service ensured that care was managed in accordance with NICE guidelines, for example we saw evidence of care pathways in accordance with NICE guidance within each set of patient notes we reviewed.
- The hospital used NICE Quality Standard QS66 Intravenous fluid therapy to identify and implement best practice. For example patients who were receiving intravenous fluids were always cared for by staff that were competent in assessing patient's fluid and electrolyte needs. These staff were able to administer intravenous fluids and monitor patients experience during this process, which we saw documented in fluid balance charts in patient records we looked at.
- The medical service used NICE Quality Standard QS3 Venous thromboembolism (VTE) to identify and implement best practice. For example all patients who were admitted to the ward received a risk based VTE assessment, which recommended the best prophylaxis for that patient based on the outcome of the assessment. Patients were always offered venous thromboembolism prophylaxis in accordance with this guidance.
- All endoscopic procedures such as diagnostic upper gastrointestinal endoscopy were carried out in line with professional guidance, and the hospital had recently achieved full accreditation from the joint advisory gastrointestinal group (JAG).
- The service ensured that discrimination, including on grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation was avoided when making care and treatment decisions.
- A summary of care and treatment was sent to the patients' own GP within 48 hours of a patient being discharged from the hospital. This detailed the reason for admission and any investigation results, treatment and discharge medication. A copy of the discharge summary was given to all patients. There was no mechanism for staff to follow up patients post discharge, and staff said that they relied on patients to contact them if they had any concerns about their aftercare.

Pain relief

- The level of pain in adults was assessed using a pain score from zero to three, where zero was no pain to three being the worst pain. The same score was used to assess effective pain relief, where zero was no relief to three being total relief. We saw evidence of pain scores in all patient records we looked at.
- A pain audit was carried out monthly, with results feeding into the local medicines management and clinical governance and risk management committees. Inpatient ward nurses also reviewed patient risk assessments and care plans which included pain. A July 2016 audit sample of nine patients showed tramadol, oramorph and 118 were drugs of choice for rescue pain relief. All of the patients (100%) consulted during this audit said their pain relief was effective. Five experienced nausea/vomiting and two thought it was due to the pain relief. However, evaluation of pain was showing as poor.
- Staff demonstrated a good understanding of methods available to them for management of patient pain.
- An allocated nurse had taken responsibility for a monthly pain audit. Patients given a pain questionnaire within 48 hours of surgery. In November 2016 eight patients were checked. Any issues were highlighted and information sent to nurses.
- We spoke with three patients on the ward. One person said they were very happy with their treatment and were regularly asked if they needed pain relief. The other person said 'care very good, can't fault it. I feel safe and confident about my care'. Another person said they were looked after very well, pain relief good, no problems.

Nutrition and hydration

- Staff demonstrated a good understanding of the importance of assessing nutrition and hydration needs,

and these were adequately met. For example, we saw fluid balance charts documented oral and intravenous fluids given to patients, along with nutritional assessments carried out for each patient.

- The service ensured that following surgery the management of nausea and vomiting in patients was effective through the use of a nausea assessment which was scored. Staff measured the patients experience with zero being no nausea to three being very bad nausea. The effectiveness of anti-sickness drugs was also scored in this way, where zero was not effective and three was completely effective.
- A regular drinks round was carried out on the wards, and patients were able to contact the hospitality staff directly from their bedrooms if they required any additional food or drinks.
- Patient feedback was collected with all patients offered an opportunity to complete a questionnaire. In addition there were annual inpatient and outpatient surveys about the quality of food.

Patient outcomes

- The hospital participated in national audits such as patient reported outcome measures (PROMs) for surgery of hips, knees, varicose veins and hernias. PROMS measures the quality of care and health gain received from the patients perspective. Between July 2015 and June 2016 data from PROMS showed the hospital was significantly higher than the England average for both knee replacement surgery with regards to the Oxford knee score, and hip replacement surgery with regards to the Oxford hip score.
- NHS patients were offered the opportunity to participate in the Patient Reported Outcome Measures (PROMS) data collection if they had received treatment for hip and knee replacement.
- The hospital participated in data collection for relevant national patient outcomes. The hospital registered patients that had had joint replacements onto the National Joint Register and submitted data to Public Health England on Surgical Site Infection Surveillance for hip and knee surgery.
- When comparing outcomes for people in this service with other similar services the rates of unplanned transfers to another hospital and unplanned readmissions to the hospital were not high.
- There were 16 cases of unplanned transfer of an inpatient to another hospital between July 2015 and June 2016. The assessed rate of unplanned transfers (per 100 inpatient attendances) was not high when compared to a group of independent acute hospitals which CQC holds.
- There were 14 cases of unplanned readmission of patients within 28 days of discharge between July 2015 and June 2016. The assessed rate of unplanned readmissions (per 100 inpatient attendances) was not high when compared to a group of independent acute hospitals which submitted performance data to CQC.
- There were seven cases of unplanned return of the patient to the operating theatre in the period July 2015 and June 2016.
- Patient outcomes in terms of peoples care, treatment and support are achieved through various methods including use of best practice and monitoring, Assurance for this is provided and measured on a regular basis. Group wide polices, supported by local standard operating procedures based on best practice guidance and implementation is via the monthly clinical governance and risk management committee
- Information about people's outcomes in the service was used to make improvements as a result of the outcomes of the audits etc. For example nutrition and hydration, VTE, pain and infection control. Results from these audits were collated with recommendations resulting in an action plan. Results were shared and learning disseminated. Re- audits were commenced to ensure improvements had been made.
- The hospital engaged with the Private Healthcare Information Network (PHIN) and data was submitted in accordance with legal requirements regulated by the Competition Markets Authority.
- Endoscopy records were fed into national surveys through the Joint Advisory Group (JAG) accreditation system. The hospital had achieved JAG accreditation which demonstrated they had the competence to deliver against endoscopy measures.

Competent staff

- The hospital maintained a list of consultants with practising privileges, this included information about indemnity insurance and review dates and appraisal information. Senior managers ensured that relevant checks were made against the professional register, as well as information for the Disclosure and Barring Service (DBS).

- Practising privileges were reviewed and granted by the medical advisory function or the clinical governance and risk committee for review. Granting practising privileges is a well-established process within the independent hospital healthcare sector where a medical practitioner is granted permission to work in a private hospital. Staff working under practising privileges on an occasional or infrequent basis were assessed on their competency and skills to carry out care and treatment that they provided. However, on review of consultants files, we identified some files where the Disclosure and Barring Services (DBS) certificates were out of date in line with Circle's practicing privileges policy which states that DBS checks were required to be updated within 5 years. We raised this with management during our inspection, and it was confirmed that the policy was out of date, but would be updated in January 2017.
- Medical revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice. Medical staff at the hospital engaged in this revalidation process with the responsible medical officer.
- All staff undertook a mandatory induction programme, and worked towards achieving competencies for their role.
- Resident medical officers had received mandatory training on advanced life support.
- Staff told us that they had sufficient time provided to complete their mandatory and role specific training. Staff also spoke positively about being given opportunities for further training if they had identified a need for it through the appraisal process.
- There was high compliance with the completion of appraisals, 95% of nurses working in inpatient and theatre departments had an appraisal between January and December 2016.
- In the same period, 95% of health care assistants working in inpatient and theatre departments, operating department practitioners and other staff had received an appraisal.
- The learning needs of staff were identified using regular one to ones and annual appraisals. Staff we spoke to told us they felt they were useful and meaningful.

Multidisciplinary working

- All necessary staff, including those in different teams and services, were involved in assessing, planning and delivering patient's care and treatment. Staff told us physiotherapists came up to the ward for the morning handovers prior to starting their ward rounds so joint assessment, planning and delivery of patients care could take place throughout the day.
- During the inspection we observed good multidisciplinary working between different teams involved in patient care and treatment. There was clear communication between staff from different teams, such as the anaesthetist and operating department assistant, theatre and ward staff. Staff described the team as supportive and felt their contribution to patient care was valued.
- The Resident Medical Officer (RMO) was observed being present for the morning handover to ensure they were up to date with relevant patient information.
- The hospital offered physiotherapy for both inpatients and out patients. Physiotherapists were involved in the pre-assessment of orthopaedic patients, and provided patients with advice and education about exercise and walking aids before their operation.
- Physiotherapists worked with post-operative patients to ensure they were recovering as expected. If patients were assessed as requiring equipment to use, such as a raised toilet seat or walking aid, the physiotherapist would assess for and provide this equipment.
- A sports therapist worked as part of the therapy team on the inpatient wards and in the day surgical unit.
- If referral was required to Physiotherapy or occupational therapy outside the hospital, staff would write referral letters for patients and discuss post-operative needs with NHS or local authority therapy staff.
- When patients were discharged from the inpatients service, this was done at an appropriate time of day. When a patient was discharged, relevant teams were informed and discharge only took place when ongoing care was in place.
- The service ensured relevant information was shared between the provider and the patient's GP in order to ensure safety of the patient. We saw copies of discharge letters in patient notes which contained information such as details of the surgery and any implants or prosthesis used.
- The pharmacy arranged weekly 'Partnership Sessions' each Tuesday morning for 30 to 40mins before the department opened. These have included a session on

duty of candour, a development plan for pharmacy, and a positive end of year session – what we have done well. Bullet points were recorded and presentations kept on the shared drive for all staff to access.

Seven-day services

- The hospital offered nursing care seven days a week 24 hours a day. The theatre suite was available for elective surgery between 8am and 8pm from Monday to Friday. There were additional operating lists on a Saturday when required.
- The pharmacy was open five days a week but there was an on-call service that is shared with Circle Reading Hospital for requirements outside of the opening hours.
- There was a resident medical officer (RMO) in the hospital 24 hours per day, seven days a week.
- Consultants were on-call for their patients 24 hours a day, during their stay at the hospital. Staff told us that consultants were always accessible to discuss their patients with nursing staff and the RMO. Consultants reviewed their patients every day.
- There were on-call rotas for anaesthetists and radiology, as well as senior managers which were available when staff needed them.

Access to information

- Patient medical records were available to all staff involved in providing patient care, this included physiotherapists and pharmacists.
- There was an intranet system via which staff could access up to date hospital policies, standard operating procedures and guidance.
- The information needed to deliver effective care and treatment was available to staff in a timely and accessible way. For example, when patients were admitted to the medical wards, information from the previous health care professional was available.
- When patients moved between teams and services, including at referral, discharge, transfer and transition, the information needed for their ongoing care was shared appropriately and in a timely way.
- Care summaries were sent to the patient's GP on discharge to ensure continuity of care within the community, along with details of the surgery, including details of any implant or injectable used. We saw copies of discharge summaries in all patient records we looked at.
- There was a system in place to ensure that medical records generated by staff holding practising privileges were available to staff (or other providers) who may be required to provide care or treatment to the patient.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated understanding of consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. The process for seeking consent was monitored by clinical records audit, the results from the August 2016 sample showed 100% compliance against eight samples taken.
- Patients were adequately supported to make decisions. For example a nurse had picked up on a comment a relative had made about an operation their parent was having which the nurse felt was incorrect. The nurse raised the concern that the patient may not have fully understood the outcomes of the operation and the consultant temporarily suspended the treatment until everyone was happy the outcomes of the treatment were understood, including the patient's relatives.
- Patients' mental capacity to consent to care or treatment was assessed by staff upon admission and recorded in the patient's notes.
- Patient consent was obtained during the initial consultation and checked again on the day of surgery. Patient records were well structured and completed to a high standard with few exceptions.

Are surgery services caring?

Good

We rated caring as good.

Compassionate care

- Staff understood and respected patient's personal, cultural, social and religious needs. For example, a female patient admitted to the hospital had cultural and religious beliefs which required that she was treated only by female staff. The hospital made staffing adjustments to accommodate those needs.
- Staff showed an encouraging, sensitive and supportive attitude to people who used services and those close to

them. For example, we saw staff sitting on chairs to hold conversations with patients, so they were on the same level. Discussions between nurses and patients were relaxed and unrushed.

- Patients who were anxious about their operation were given time and information to reduce their anxiety. Staff worked together to help patients with their anxiety.
- Patients told us that call bells were answered promptly and that nursing staff had developed good relationships with them and their relatives. They also told us they were treated with the "utmost respect". Another patient commented that the hospital staff ensured their privacy and dignity at all times. Staff were observed to knock before entering patients' rooms on several occasions.
- We saw examples of numerous thank you cards. The patient feedback we received was positive about the care patients received at the hospital.
- We observed that when patients experienced physical pain, discomfort or emotional distress, staff responded in a compassionate, timely and appropriate way.
- Staff made sure that people's privacy and dignity was respected, including during physical or intimate care. For example, we observed nurses ensuring doors were closed and knocking and asking permission to enter a patients room
- Results of the friends and families test indicated that in May and June 2016, 100% of respondents would recommend Circle Bath, with a 50% and 35% response rate to the questionnaire.
- The hospitals friends and family test showed that they were similar or higher than the England average for NHS patients scoring 99-100% each month from January 2016 to June 2016
- Staff supported people using services to be mobile and independent post-operatively. For example we saw staff mobilising and encouraging patients moving around the ward and utilising stairs in close support.

Understanding and involvement of patients and those close to them

- Staff always communicated with patients so that they understood their care, treatment and condition. For example, nurses raised concerns if they felt patients did not understand their treatment or had unrealistic expectations of the outcomes. Staff made sure that patients and those close to them were provided with details on how to find further information and ask questions about their care and treatment.
- Staff gave patients information about their procedure at their pre-assessment appointment. This included procedure specific information leaflets and a patient information booklet about their stay in hospital. Patients confirmed that they had received an excellent standard of pre-operative information, and had the opportunity to ask staff questions. A discharge letter was provided to the patients GP within 48 hours of discharge.
- Staff discussed care and treatment in detail with patients, including what to expect post-operatively including length of stay, and involved patients in their plans for discharge
- Patients were consulted on all aspects of their care and treatment. Relatives were involved in care if this was the patients wish. Relatives were able to stay with patients to support them if they wished to.
- We observed staff in the anaesthetic room explaining care and treatment to patients and helping to reduce anxiety.
- Staff recognised when patients and those close to them needed additional support to help them understand and be involved in their care and treatment. Staff enabled patients to access this support.
- The service ensured that staff advised people about all possible costs that would be incurred, in a timely manner, and checked that people understood this information. For example, we listened to staff taking calls from patients and heard them informing the caller of costs not covered in their medical cover.

Emotional support

- Staff showed and understanding of the impact that a person's care, treatment or condition would have on their wellbeing and on those close to them, both emotionally and socially.
- Patients had their physical and psychological needs regularly assessed and addressed which included nutrition, hydration, pain relief, personal hygiene, and anxiety assessments in the form of an ongoing well-being assessment. This was an on-going assessment, carried out throughout the duration of the patient's stay and documented in the patient's notes. We saw well-being assessments in all of the patient notes we looked at.
- Staff helped patients and those close to them to cope emotionally with their care and treatment. For example, we saw excellent care of a patient in the anaesthetic

room before undergoing a procedure. The patient was escorted to the theatre suite by a nurse from the ward and there was good hand over communication to the anaesthetist and the OPD. The anaesthetist was supportive and careful to explain to the patient what to expect.

- Patients were empowered and supported to manage their own health, care and wellbeing and to maximise their independence. For example, staff discussed treatment options with patients and encouraged them to be part of the decision making process. We observed physiotherapists exercising with a patient and family member ensuring they knew what mobility exercises to practice at home.

Are surgery services responsive?

Good

We rated responsive as good.

Service planning and delivery to meet the needs of local people

- The facilities and premises were appropriate for the clinical services that were planned and delivered. However, staff told us the hospital lacked space for clerical and administrative work. Senior staff told us they had recently secured a contract with an office block on a nearby industrial estate to move some administrative offices to.
- Information was provided to patients before admission including hospital maps and directions, the consultant's name and details of any tests or procedures.
- Written information was available in English only and whilst staff told us they would try and get it in other languages they said this took some time to receive.
- There was a day surgery unit that consisted of 22 cubicles, known as pods, which enabled patients to have minor procedures or surgery, without having a planned overnight stay in hospital.
- Patients who had planned surgery were at times admitted to the day surgery 'POD' if an inpatient bed was not available when they arrived. Staff said they were then transferred to the wards post- surgery. This meant that patients were able to have their surgery as planned and cancellation of surgery was low.

Access and flow

- Sometimes care and treatment was cancelled or delayed for avoidable reasons. Between July 2015 and June 2016, 376 procedures were cancelled for a non-clinical reason. Of those cancellations all patients were offered another appointment with 28 days of the cancelled appointment.
- Below 90% of patients were admitted for treatment within 18 weeks of referral in the reporting period July 2015 to June 2016
- Patients discharge was planned from admission. This included post-operative physiotherapy and equipment for orthopaedic patients, discharge summaries were sent to the patient's GP within 48 hours.
- Operating theatre usage was from 7.30am - 8pm on most days of the week (Monday -Friday and some Saturdays) but could flexibly run until all patient procedures were complete which was sometimes until 9pm.
- The service managed the provision of un-planned surgery, such as unexpected return to theatre, particularly at night, weekends and public holidays, by having an on call provision 24 hours a day seven days a week. The on call services included an anaesthetist and anaesthetic postoperative coordinator, physician, ODP, theatre scrub nurses, radiographer, senior nurse, recovery nurse and senior management team. Surgeons were on call for the patients under their care. There was a rota drawn up in advance and all staff were aware of who was on call. Consultants practising within the hospital were responsible either as employed consultants or under practising privileges for care of their patients over the 24 hour period seven days a week. This covered planned and unplanned admissions to day surgery and inpatient wards. There was a resident RMO within the Hospital at all times and they had immediate access by telephone to the consultant responsible for the patient's care and treatment.
- For urgent and emergency pharmacy issues there was access to an on call pharmacist.

Meeting people's individual needs

- Telephony translation services were available if required for patients whose first language was not English.
- We saw that call bells were always placed within reach of patients.

- Patients we spoke with during our inspection described the hospital food as excellent. There was a selection of meals for patients to choose from. Desserts were served at a different time to the main course and this meant that the food was a palatable temperature.
- Although there was no special menu for patients with different nutritional requirements, this was dealt with on an individual basis by the chef who visited patients to ascertain their personal requirements.
- Care plans recorded patient's individual needs and preferences. Patients could have visitors at any time, and relatives or partners were permitted to stay with the patient if that was their wish.
- All Patient rooms were equipped with a shower room that had level access.
- There was a dementia strategy in place to ensure the hospital adapts to the needs of dementia patients. The hospital had two dementia champions in place who were integral to developing and delivering dementia training on site.
- An ongoing programme to adapt the clinical environments, as far as reasonable practicable, for dementia sufferers as well as patients with other complex needs.

Learning from complaints and concerns

- Patients told us that they knew how to make a complaint or raise concerns. Patients we spoke with told us they felt confident to speak up about concerns.
- We saw clinicians encouraged patients to make complaints or raise concerns and patients were given written information about the complaints process. Between July 2015 and June 2016, the hospital received 46 complaints, with one referred to the parliamentary Ombudsman (for NHS patients).
- Staff told us verbal concerns and complaints were dealt with at the time and these would be recorded in patients' notes. There was no system to record verbal complaints to enable the staff in identifying trends in order to develop action plan/ shared learning.
- The Clinical Governance and Risk Management Committee reviewed complaints, concerns, compliments and themes every month. These are also presented in the monthly Business Review Reports, Assurance Dashboards, Chief Medical Officer's Report and Key Performance Indicator Reports.
- Patients could access information about making a complaint; leaflets were on the main reception desk. However, these were not on display on the wards or day surgical areas, this meant that if in-patients wanted this information they would have to request it from the staff. The hospital website also provided a link to the complaints information leaflet.

Are surgery services well-led?

Good

We rated well-led as good.

Vision and strategy for this this core service

- Circle Bath had a clear vision and quality strategy to deliver good quality patient care. The hospital's strategy was to focus on becoming a centre of excellence, starting with musculoskeletal services, and a purpose to do their best for every patient, every day. Visions and values were designed in partnership with staff.
- There was visible and strong leadership throughout the hospital and within theatres, supporting and engaging with staff. Staff at all levels spoke positively about the new leadership team.
- The service had adopted a set of overarching values known as Credo, which placed quality and safety as the top priorities. Staff were all aware of this Credo. There was a strong sense that staff tried to meet and exceed patient's expectations on the surgical wards and departments. Staff in the surgical service were clear not only about the corporate vision and strategy but also of that for their individual service.
- The surgical service vision promoted effective partnership working resulting in high quality patient care, and good business performance, and required everyone to be clear on their roles and responsibilities. Staff at all levels were empowered to go 'above and beyond' in providing services to patients.

Governance, risk management and quality measurement

- Staff could tell us about the Circle operating system, 'Stop the Line' that was designed to identify and mitigate clinical risks. 'Stop the Line' was used by staff when there was a situation that could potentially affect patient care or safety. Staff were empowered to escalate problems by calling a 'Stop the Line'. Following on from

this was a 'swarm' where senior staff would quickly come together to examine risks and issues and resolve them together quickly. Learning from these situations was shared with staff at meetings.

- There was a governance structure and process in place within the surgery division. Governance meetings took place on a monthly basis and also reported on finance, performance and quality issues within the division. They looked at incidents such as the hospital's acquired infection reports and compliance with hand hygiene audits. These meetings were minuted and these were shared with staff.
- The governance structure included a lead consultant, clinical pathway leads who were also consultants, the registered manager, and members of the senior management team. This multidisciplinary structure promoted a focus on good quality care and clear lines of accountability.
- Staff had access to a range of standard operating procedures (SOPs) for them to refer to, on the wards and in the operating theatre suite these were available on the intranet. The SOPs we saw were within their review date.
- There was a programme of audit; those that we saw were carried out regularly. There were audits for infection control and prevention, environmental audits as well as audit of compliance with the preoperative checks in the WHO checklist and VTE assessment.
- Staff of all grades spoke positively about the support from their immediate team leads and felt they could raise concerns about patient safety or care.
- There were regular monthly clinical governance and risk meetings. This meeting received reports from subcommittees and documents such as; the risk register, CMO report, key performance indicators, incident analysis reports.
- A quality dashboard was produced each month which recorded performance against key performance indicators, incidents, complaints, patient outcomes and audit results. These were monitored and discussed at monthly clinical governance and risk management meetings. The senior management team met fortnightly and all unit leads met briefly each morning to ensure that all departments were briefed about activity, staff allocations and any anticipated concerns.
- All departments had conducted risk assessments and maintained their own risk registers, which fed into the hospital-wide register. When asked staff were able to tell us what was on the risk register for their service and there was alignment between this and what was on their worry list.
- There were regular staff meetings in surgery. Managers used standardised agendas, covering patient experience, clinical outcomes, patient safety, staffing issues, training, performance and finance. Actions agreed at each meeting were tracked.
- There was a systematic programme of clinical and internal audit within the hospital. The data from these audits was used effectively to monitor quality and there were systems to identify where action should be taken. For example, a comprehensive audit book set out the dates and processes required for all departmental audits. Results from these were shared and evidence was seen of improvements made.

Leadership / culture of service related to this core service

- Leaders of the service told us they had the skills, knowledge and experience that they needed to do their jobs. These leaders told us they had capacity, capability, and experience to lead effectively. Senior managers felt their change of leadership had enabled them to re-recruit some experienced staff that had previously left the hospital.
- Leaders understood the challenges to good quality care and were able to identify the actions needed address these challenges. The current inpatient nurse manager had been in post for six weeks at the time of our inspection, but had previously worked clinically on the wards, so felt they were aware of the challenges the ward and its staff were facing. These challenges included ongoing recruitment and empowerment of staff on decision making, as well as addressing the number of medications incidents.
- Leaders were visible and approachable, and encouraged appreciative, supportive relationships among staff. For example, staff told us they felt more able to discuss challenges and concerns with the new manager, and had regular, useful and meaningful one to ones.
- Leaders told us they had received specialist training from the corporate team which involved the use of

special tests to help them identify their strengths and weaknesses. This training was due to be followed up by the corporate team to see how the new manager had settled into their role.

- Staff that we spoke with felt that if they made the decision to use 'Stop the Line' and pause clinical activity in order to prevent mistakes or accidents, that they would be supported. Staff told us they were happy and felt proud to work at the hospital.
- There was evidence of a strong emphasis on promoting the safety and wellbeing of staff, which included a recent 'Fitbit' walking challenge to encourage staff to move more. Staff said this had created healthy competition between staff of all grades, including the executive board. Physiotherapy had weighed and measured some staff before the challenge to help demonstrate the benefits of the challenge.
- We were shown examples of where consultants practising privileges had been suspended when they had chosen to go against established hospital procedures, such as not providing appropriate revalidation records.
- Staff told us they felt respected and valued, it was from this that they said it empowered them to work above and beyond on a daily basis.
- The service had responded well to the requirements related to Duty of Candour legislation including staff training, staff support and audit.

Public and staff engagement

- The surgical service actively engaged with patients, relatives and patient representatives to involve them in decision making about the planning and delivery of the service. We saw information about upcoming open evenings where prospective and past patients could attend and meet surgeons and ask questions about the operations they were thinking of having.
- Inpatient surveys were used in the form of a patient connect form. Staff carried out a round every day and captured feedback form patients on a number of subjects including food, cleanliness and nursing staff. The questions on these surveys were sufficiently open ended to allow people to express themselves. However, anonymous feedback cards were used when patients were discharged in case a patient did not want to complain directly to a member of staff whilst still an inpatient.

Innovation, improvement and sustainability

- There was evidence that leaders and staff strived for continuous learning, improvement and innovation. For example managers were given specialist training to help them transition from an NHS healthcare environment to a private hospital environment, and received support from the corporate team to do this.
- The service had developed an eight-point plan, which described how all staff could be involved in improving quality and safety.

Good

Outpatients and diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Good

We rated safe as good.

Incidents

- See information under this sub-heading in the surgery section.
- There were no never events, serious incidents or deaths reported in outpatients and diagnostics from July 2015 to June 2016.
- During the same reporting period, 56 clinical incidents were reported in outpatients and diagnostic imaging departments. This was lower than the rate of other independent acute hospitals we hold this type of data for. There were 34 non-clinical incidents in the same period. This was similar to the rate of other independent acute hospitals we hold this type of data for. The vast majority of incidents were classified as 'no harm', which is usually indicative of a good reporting culture.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and they were encouraged to report them. Incidents and learning from them were discussed at staff meetings. Staff in radiology told us, for example, they reported concerns when request forms for diagnostic imaging were not completed properly. Feedback was provided to relevant consultants so that learning resulted. We also saw evidence that actions had been taken to address an emerging incident theme, which related to scheduling and re-scheduling of appointments due to a lack of communication between the scheduling team and clinical departments.
- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a regulation which was introduced in November 2014. This Regulation requires the trust to notify the relevant person that an incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. This regulation requires staff to be open, transparent and candid with patients and relatives when things go wrong. Staff and managers demonstrated awareness of their responsibilities under this duty, although they were unable to describe any incidents where the duty had been applied.

Cleanliness, infection control and hygiene

- Departments were visibly clean, tidy and uncluttered. Equipment was labelled to show when it was last cleaned. Waiting room furniture was wipe-clean.
- Floors and other surfaces in clinical areas were smooth and wipe clean. Curtains were disposable and labelled to show when they required replacement.
- There were departmental infection prevention and control link nurses, whose role was to provide advice and support to colleagues on infection prevention and control (IPC) issues.
- There were no cases of Clostridium difficile, methicillin-resistant Staphylococcus aureus (MRSA), methicillin-sensitive Staphylococcus aureus (MSSA) or Escherichia Coli (E-Coli) reported from July 2015 to June 2016.

- There were adequate hand-washing facilities and hand gel dispensers in departments, including at entrances to departments and on reception desks.
- Staff observed standard hand hygiene precautions, which included being 'bare below the elbow' in clinical settings. There was adequate provision of disposable protective equipment such as gloves and aprons and we saw staff using this equipment appropriately.
- There were regular audits of hand hygiene and results showed high levels of compliance with good practice.
- Clinic rooms had suitable wipe clean surfaces, including floors, and were equipped with wash hand basins with elbow operated taps, soap, hand gel and paper towels. There were appropriate receptacles provided for the disposal of waste, including clinical waste and sharps.
- There was an appropriately equipped sluice, which was clean, tidy and secure.
- Staff told us that any patients with suspected communicable diseases or infections would be isolated from the waiting area.

Environment and equipment

- Premises were well maintained and appropriately equipped to keep people safe.
- We checked a range of equipment, appliances and consumables. Equipment was labelled to show when it had last been serviced and/or checked for electrical safety. Consumable items were securely stored, intact and in date.
- Resuscitation trolleys were easily accessible to staff in all departments. There was evidence of regular checks to ensure trolleys were appropriately equipped. Trolleys were sealed to ensure that they were tamper-evident. There was a crash bag, which contained resuscitation equipment, kept in radiology and we saw evidence that this was regularly checked.

Medicines

- Medicines, including contrast media used in radiology, were safely and appropriately stored and regular checks were carried out to track medicines, and ensure stocks were complete and in date. Some medicines were stored in refrigerators, which we checked. We found fridge temperatures were within the acceptable range and there was evidence of regular checks.
- There was a safe system for managing prescription pads in the outpatient department. Pads were stored in a safe in the outpatients' office and were numbered and logged in a register. Consultants were issued with one pad on request and the register was signed by a nurse and the consultant when pads were returned.
- For our detailed findings on medicines please see the Safe section in the surgery report.

Records

- Patients' records were stored safely and were available when required. Records were prepared for clinics the day before. An electronic tracking system was used to locate any missing notes. Staff told us that in the rare circumstance that a record was not available, a temporary file would be created with all available correspondence, which would be amalgamated when the original file was located. In the last three months, 2% of patients were seen in outpatients without all relevant medical records being available.
- Staff told us that consultants were not normally permitted to take records off site and if they did so, they were tracked using the electronic tracking system.
- We looked at a sample of patients' records and found they were legible, accurate and up-to date.

Safeguarding

- The hospital had a named safeguarding lead for adults and children and staff were able to identify who these were.
- Staff demonstrated knowledge and understanding of their responsibilities to report concerns about vulnerable adults and children.
- All outpatients and physiotherapy staff and 99% of radiology staff had competed level two safeguarding training.

Mandatory training

- Staff received mandatory training in safety systems, processes and practices. Essential training included fire safety, manual handling, equality and diversity, conflict resolution, health and safety, information governance, infection prevention and control, Mental Capacity Act, basic life support and dementia awareness. Staff were mostly up-to-date with their training, although the hospitals' target of 95% compliance had not been achieved. Overall compliance was 89% in outpatients, 91% in radiology and 92% in physiotherapy.

Good

Outpatients and diagnostic imaging

- The hospital had employed a practice development nurse who had created a set of competencies for outpatient registered nurses and healthcare assistants.

Assessing and responding to patient risk

- Risks to patients were assessed and their safety was monitored and maintained.
- Staff were able to describe the steps they would take if a patient became unwell and may require hospital admission. They told us they would summon assistance from the resident medical officer or available consultants, complete a set of observations and if necessary, call an ambulance. They were able to tell us where the nearest resuscitation equipment was located.
- In radiology there was a system in place to ensure the right person received the right radiological scan, using a three point checking system.
- There was a Radiation Protection Advisor (RPA) who was based at the local NHS hospital. Staff knew how to contact them for radiation advice. The RPA provided annual training to staff, including the department's manager, who was the designated radiation protection supervisor. Staff demonstrated understanding of their responsibilities to report certain radiology incidents to the Care Quality Commission (CQC) under the Ionising Radiation (Medical Exposures) Regulations (IR(ME)R 2000. These regulations help protect patients from unnecessary harm caused by over exposure to ionising radiation.
- We saw that checks were made by staff to ensure that requests for diagnostic imaging were made in accordance with IR(ME)R. There was an up to date list of protocols and referrers.
- There were signs displayed in the radiology department waiting area which informed people about areas and rooms where radiation exposure took place. Doors could be locked during examinations to prevent people entering.
- There was a system in place to ensure women undergoing diagnostic imaging (or staff exposed to it), who were or may be pregnant, always informed a member of staff before they were exposed to any radiation. The service had undertaken an audit but it had proved to be invalid since the sample of patients included in the audit were not in the applicable category. There were plans to repeat this audit.

Non-medical staffing

- Staffing levels and skill mix had been established to ensure people received safe care and treatment. Staffing was reviewed on an ongoing basis, according to demand for services. There were plans to increase Saturday working and staffing needs were under review.
- Staff, including consultants, we spoke with raised no concerns with regard to staffing levels.
- Temporary staff were used on occasions to cover shortfalls in the rota, due, for example, to short notice sickness. Managers told us that all temporary staff underwent appropriate induction and supervision.

Medical staffing

- See information under this sub-heading in the surgery section.
- Consultants' clinic dates and times were arranged by booking staff in consultation with their secretaries. Staff did not express any concerns about the availability of consultants to cover their clinics.
- There was a resident medical officer (RMO) available 24 hours a day, 7 days a week. This doctor could be called upon for support in an emergency situation.

Major incident awareness and training

- There were contingency plans in place for events such as loss of power or utilities. Staff were familiar with these or knew who to ask.
- Staff were familiar with fire safety and evacuation procedures and had completed fire safety training.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

We have not rated this domain due to insufficient data being available to rate departments' effectiveness nationally.

Evidence-based care and treatment

- Patients' needs were assessed and care was planned and delivered in line with evidence-based guidance, standards, and best practice.
- All patient referrals to see a consultant in outpatients were triaged by pre-assessment nurses to ensure that patients were suitable for treatment at the hospital. Patients were sent a health questionnaire with their

appointment letter as part of this screening process. Pre-operative assessments were carried out on an outpatient basis, sometimes on the day of patients' outpatient consultation. There was a nurse-led dedicated pre assessment clinic. Pre assessment takes place to ensure that patients are medically fit and prepared for surgery, including anaesthesia. Following pre-assessment by nursing staff, all records of patients who were booked for surgery were reviewed by the resident medical officer. There was also an anaesthetist allocated each day to review records where any concerns with regard to anaesthetic risk were identified. Cancelled surgical procedures were monitored to identify any failures in the pre-assessment process. We reviewed two months' cancellation data, which did not identify any concerns about the effectiveness of the pre-operative assessment process.

- The physiotherapy department had developed a 'joint school' for patients undergoing elective joint replacement surgery, which supported patients through the whole care pathway and was in line with best practice guidelines. Prior to surgery patients attended the pre-operative joint school which was a 'one stop service' to prepare patients for their forthcoming surgery. Patients were seen by pre-assessment nurses, occupational therapists (for discharge planning) and they received a presentation from physiotherapists on what to expect following their surgery. They were also given a tour of the inpatient ward. Each patient was given a joint replacement pathway booklet, which included advice on exercise and pain management. Patients who underwent total knee replacement surgery attended a follow up joint school two weeks after their surgery. This was a group session with a presentation, encouraging patients to exercise and advising them about appropriate pain relief. The session also allowed for individual patients to have their wounds checked or discuss any concerns with staff. Physiotherapy staff told us they had received very positive feedback from patients and from their consultants who saw patients six weeks post-operatively. The service hoped to produce data in the future to demonstrate a reduction on returns to theatre for manipulation, by capturing patients with problems earlier in their post-operative phase. A further follow up clinic was held three months post-operatively. This was an informal group session where patients could seek advice and reassurance about their recovery. We were told that the service had received excellent feedback from patients.
- Diagnostic reference levels (DRLs) were set to ensure correct levels of radiation were used to image a particular part of the body. Staff also used their clinical judgement. All staff had annual checks of their images by the radiation protection supervisor to ensure that appropriate doses were used.

Pain relief

- Staff gave patients pre-operative information at their clinic appointments, including information about pain relieving medicines.
- Patients were offered local anaesthesia for minor procedures undertaken in the outpatients department and pain relief medication to take home if required.
- Staff described simple comfort scale methods for assessing people's pain.
- In the diagnostic imaging department radiologists provided ultrasound-guided injections to administer pain relief for certain medical conditions.
- Physiotherapists used visual analogue scores to assess pain during and after treatment.

Patient outcomes

- The hospital monitored and reported on the number and proportion of patients who mobilised within 24 hours of hip or knee replacement surgery of patients. This was a Commissioning for Quality and Innovation (CQUIN) target. Results showed good performance, with between 92% and 100% of patients mobilising within 24 hours.
- The service did not provide us with details of any other local or national audits to demonstrate patient outcomes.

Competent staff

- Staff told us they received regular supervision via one to one meetings with their head of department or mentor. They also received annual performance appraisal. All staff in outpatients, radiology and physiotherapy had received an appraisal in the last 12 months.
- We found that not all staff appraisals undertaken clearly linked to Circle's strategy. Plans were in place to set personal objectives for 2017/18 that would align to departmental and hospital business plans.

Good

Outpatients and diagnostic imaging

- In physiotherapy there were monthly in house training sessions and staff were encouraged to attend relevant external training programmes. In outpatients and diagnostic imaging we saw that a portfolio of staff competencies had been developed and staff were given protected time to complete these.
- There were 118 consultants employed under a practising privileges agreement. Practising privileges are granted to medical practitioners by a hospital governing board to allow them to provide patient care and treatment within that hospital, subject to them providing certain evidence of their good character, qualifications, skills and experience and compliance with the terms and conditions of the practising privileges policy.

Multidisciplinary working

- Staff, teams and services worked together to deliver effective care and treatment. We saw excellent examples of multidisciplinary working. For example, a patient who was awaiting surgery, attended an outpatient physiotherapy appointment and the physiotherapist arranged for them to have their pre-operative assessment the same day to prevent another trip to hospital.
- Heads of departments met every morning to ensure intra-departmental communication and cooperation.

Seven day services

- Outpatients' services were available Monday to Friday and Saturday mornings. There were plans to increase provision at weekends.
- The imaging department was open Monday to Friday. Outside of these hours there was an on call service.
- There was a radiographer on call out of hours for urgent diagnostic imaging requests, which were reported to be rare. Images were reported by the local acute trust.
- The pharmacy service was provided from 9am to 5pm, Monday to Friday. Outside of these hours, there was an on-call pharmacist service available.

Access to information

- Staff, including consultants expressed no concerns to us with regard to the availability of information required in clinics, such as test results.
- Consultants dictated letter to patients' GPs following their outpatient's consultation. Tapes were then transcribed by a third party provider and sent to GPs by Circle Bath administrative staff. Staff told us that they aimed to communicate with GPs within five working days, although at the time of our inspection letters were taking 10 to 12 days to be sent due to staff shortage. There were plans in place to recruit further bank staff to meet the five day target.
- A radiologist employed by the local acute trust reported images, which were all done within appropriate timescales.
- Diagnostic images were transmitted between consultants via the image exchange portal so that images and reports were visible and available in a timely manner.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Nurses, radiographers and physiotherapy staff demonstrated knowledge and understanding of the requirements of the Mental Capacity Act 2005 in relation to the gaining of consent for those patients who may lack capacity to make decisions. However, not all staff were up-to date with training in this subject.
- Patients were supported to make informed decisions about their care and treatment. They told us they had had their planned surgical procedure explained, and they were given time to consider their options and ask questions. There was a range of patient information leaflets relating to surgical and diagnostic procedures, which set out the benefits and risks of surgery, what the surgery involved, likely complications, after effects and recovery times.

Are outpatients and diagnostic imaging services caring?

Outstanding ☆

We rated caring as outstanding.

Compassionate care

- Staff treated patients with courtesy, care, compassion, dignity and respect. We heard numerous examples of staff going the extra mile to care for patients.
- We spoke with 11 patients and two relatives and reviewed 14 comments cards. All feedback was positive in relation to the way patients were treated by staff. Comments included:

Good

Outpatients and diagnostic imaging

- "Staff were lovely, kind, friendly."
- "Staff within the hospital are friendly and courteous."
- "Outstanding care and attention. Staff are always polite, right from the receptionist or café workers, through to the consultants."
- "Brilliant staff!"
- "I have been to the Circle several times and have always found the staff to be very courteous and caring."
- "Treated with care and kindness, dignity and respect."
- "All the staff are very helpful and cheerful."
- "Doctors take time to listen – I don't feel I'm being rushed out of the door."
- "Friendly and helpful staff. If you have problem, staff listen. I was given a card to ring if I had any problems." (physiotherapy)
- We observed host/hostess staff greeting patients in a friendly and courteous manner. A hostess told us that their role was not just about greeting patients and registering their details. They told us "We are here to look after patients and their relatives". They told us they carried things for patients, found them seats, escorted them to and from the car park and organised taxis. They told us about a patient and their relative who had arrived at the hospital in a confused state. They thought that the hospital was a hotel and that they had booked a room for the night. The hostess spent time with the couple, who had become distressed to learn that this was not the case. They discovered that one of the couple was booked for surgery and admission the following day and that they were booked into a hotel in Bath that night. The hostess telephoned the hotel to confirm that they were expected, arranged a taxi for them and gave the couple a cup of tea.
- We saw consultants approached their patients in the waiting room, introduced themselves and shook their hands. The electronic patient record included a photograph of the patient, which enabled them to identify their patient in the waiting room, rather than call out their name.
- A physiotherapist told us about a patient who requested a follow up review by their consultant before departing on a long holiday. The appointment could not be arranged at an appropriate time due the absence of the consultant. The physiotherapist therefore arranged for the patient to have a scan while the consultant was away and the consultant was able to review it and discuss the results with the patient before they went on holiday.
- Another physiotherapist told us about the efforts they had made to help a post-operative patient arrange a period of convalescence.
- Staff took steps to protect people's dignity. We saw staff knock before entering consultation and treatment rooms. Screens were used to protect people's privacy when they undressed.
- Staff told us that chaperones could be provided for patients on request; however we noticed that this was not publicised in any of the departments.

Understanding and involvement of patients and those close to them

- Patients were involved as partners in their care. One patient told us "All procedures have been explained in an understanding manner." Another patient told us "I was able to have good discussion with my consultant about my treatment…" A third patient told us "All details of treatment are explained clearly and thoroughly."

Emotional support

- Staff were alert to, and responded to, patients showing signs of distress. A radiographer told us they had noticed that a patient was nervous about their planned diagnostic procedure, so they invited them into the treatment room to see the equipment to be used and have the procedure explained. A pre-assessment nurse told us about a patient who attended a pre-assessment clinic prior to their planned day case surgery. They told us the patient was very anxious so they showed them around the day case unit and introduced them to the staff who would be caring for them. They told us that if patients were needle phobic they arranged for the anaesthetist to spend more time with them to reassure them.
- Staff in radiology told us that they had a high success rate of completing MRI scans. Some patients become anxious about this procedure because of claustrophobia and/or the loud noise produced by the equipment. This results in some procedures being aborted. We were told about one patient who had returned for the second time to have this procedure, having failed to complete it first time due to anxiety. The patient had arrived late for their appointment, adding additional stress. Staff picked up the patient's anxiety and a staff member agreed to accompany the patient in

the treatment room, holding their hand and reassuring them throughout the procedure. In doing so, they worked an hour and a half later than their contracted working hours.

- Staff in radiology told us about an incident where a power cut had prevented a patient's diagnostic test going ahead, causing them anxiety. Staff arranged for the procedure to be undertaken at another private hospital.
- We saw a comment card completed by a patient who had attended radiology on the day of our inspection. They had written: "Both the staff made me feel comfortable and at ease. They showed sensitivity and used appropriate humour as a distraction."
- During our inspection, staff told us about a patient who was attending the hospital for a pre-assessment check, prior to spinal surgery. On arrival at the hospital, the patient was in excruciating pain and their relatives were unable to assist them out of the car. Nurses from outpatients assisted the patient from the car park into the hospital, whereupon staff brought a bed from the day case unit and transferred the patient in the lift to the day case unit. Physiotherapy staff and pre-assessment staff completed their pre-operative assessment checks in the day case unit so that the patient did not have to be moved. The patient's consultant was in the hospital and was summoned from outpatients to see the patient. He contacted the local hospital and staff arranged for the patient to be transferred by ambulance to the local acute hospital. Meanwhile, staff comforted the anxious and distressed relatives and offered them refreshments.
- During our inspection we observed a physiotherapist fitting a splint on a patient who was awaiting surgery. The patient was unaccompanied and was visibly anxious. The physiotherapist chatted in a friendly manner to the patient to allay their nerves. They then arranged for the patient to be seen by a pre-assessment nurse, to prevent them having to return for a further appointment. Because of the patient's general anxiety, and because they were on their own, they personally escorted them down stairs and handed them over to a staff member in the pre-assessment clinic. The patient was seen almost immediately by a healthcare assistant, who also noticed the patient's anxiety and took steps to calm them down.

Are outpatients and diagnostic imaging services responsive?

Good

We rated responsive as good.

Service planning and delivery to meet the needs of local people

- Services were responsive to the needs of the population and ensure flexibility, choice and continuity of care. The hospital engaged and met regularly with commissioners and other stakeholders to plan and deliver contracted services, including waiting list initiative to reduce waiting times for local people.
- Premises and facilities were appropriate for the services that were planned and delivered. There was adequate free car parking and signage to the hospital. There was a large waiting area for patients and visitors attending the outpatients or physiotherapy departments. This was served by a cafeteria/restaurant. Patients attending diagnostic imaging were directed to the basement, where there was a separate waiting area. All waiting areas were equipped with comfortable seating and a range of reading material was provided. There were toys provided for visiting children in the main waiting area, and these were cleaned every day.
- There were no changing facilities for patients attending radiology who needed to undress. Staff overcame this by leaving the room to allow patients to undress.
- Premises were accessible for patients with limited mobility, including wheelchair users. There were hearing loops available to assist patients with hearing aids. There were facilities available for nappy changing; however, there was no private space or quiet room, which could be used by breast feeding mothers or patients and relatives who wanted to have private conversations.

Access and flow

- Patients received timely access to assessment, care and treatment. The NHS Constitution sets out that NHS patients should wait no longer than 18 weeks from GP referral to consultant-led treatment. This standard is known as referral to treatment (RTT). The provider met the target of 92% of patients on incomplete pathways

waiting 18 weeks or less from time of referral in the reporting period July 2015 to June 2016. Waiting times for diagnostic imaging were mostly met. NHS patients waited on average three weeks for scans (compared with a standard of six weeks), while private patients were usually seen within one to two days. Three patients waited longer than six weeks from referral for MRI during the reporting period July 2015 to June 2016. In the same period two patients waited six weeks or longer from referral for cystoscopy. No patients waited six weeks or longer from referral for CT, non-obstetric ultrasound, colonoscopy, sigmoidoscopy or gastroscopy in the same reporting period.

- Outpatients' clinics provided flexibility and convenience for patients. Patients' appointment letters invited them to contact the bookings team if the appointment time offered was not convenient.
- Staff and patients told us that outpatients clinics mostly ran to time, although this was not audited. They told us any delays were communicated to patients by reception or nursing staff and patients were offered refreshments.
- In radiology one-hour slots were allocated for procedures and these could be curtailed in order to accommodate urgent requests or address longer waiting lists.
- Outpatients' clinics were cancelled or rescheduled by the hospital from time to time for various reasons. A total of 3138 appointments were cancelled during 2016, which represented 7% of all outpatient appointments. Patients were offered alternative dates where appropriate.

Equality and diversity

- There were no barriers to any patients attending Circle Bath centre in relation to their age, gender, race, sexuality, pregnancy status or any of the other protected characteristics. The premises were easily accessible to disabled people.
- Telephone interpretation services were available for people whose first language was not English, although because this service was rarely used some staff were not familiar with it. Printed patient information about medical conditions and treatment was not available in other languages.
- The service was taking steps to comply with the Accessible Information Standard. This is a legal requirement for all NHS organisations to meet the communication needs of people with a disability, impairment or sensory loss.
- Patients' outpatients appointment letters advised that sign language interpreters could be arranged to be present at their appointments. Patients were invited to contact the hospital if they or their carer had a disability or impairment that required them to have information in a different format.

Meeting people's individual needs

- The hospital had provided limited evidence that steps had been taken to support people in vulnerable circumstances, such as patients living with dementia or patients with a learning disability. However, staff described steps they might take to support such patients. They told us that they would be alerted by bookings staff if patients had particular needs and that they may, for example, allocate more time or additional staff for these patients or allocate a consulting room for the patient to wait in, rather than sit in a busy waiting area.
- Most staff had completed dementia awareness training.

Learning from complaints and concerns

- People's complaints were listened to and responded to in order to improve the quality of care.
- The hospital's complaints procedure was well publicised. Complaints information leaflets were displayed at reception desks. This was also available via the hospital's website, along with a 'contact us' email address. The complaints leaflet encouraged patients to talk to staff if they wished to raise a concern or wanted to make a complaint. The leaflet also described the formal complaints process. Staff told us that senor staff, including departmental leads, the general manager or the lead nurse were happy to speak with complainants, with the aim of resolving concerns promptly.
- The service aimed to acknowledge all complaints within three working days and respond fully within 30 working days. In 2015/16, they were 100% compliant with this standard.
- In the period 1 June 2016 to 1 December 2016 there were no complaints received in physiotherapy or radiology and one complaint received in outpatients. We reviewed this complaint and saw that a full

investigation had been carried out and a comprehensive response sent to the complainant. The complaint was not wholly upheld, since the basis of the complaint was dissatisfaction with a clinical judgement, which the clinician involved subsequently upheld; however the clinician was spoken to with regard to the way in which information was communicated to the patient.

Are outpatients and diagnostic imaging services well-led?

Good

We rated well-led as good.

Vision and strategy for this this core service

- Circle Bath had a clear vision and quality strategy to deliver good quality patient care. There was an eight-point plan which had been developed in consultation with managers and staff. Managers had recently attended an 'away day' to review performance in 2016 and to start to develop plans for 2017. There were plans to cascade ideas and engage staff in the formulation of a strategy and plan.
- The provider had also developed a set of shared beliefs known as the 'Circle Credo.' This included a set of principles and values. Staff were familiar with these principle and values, and in conversation with groups of staff we saw that they related to these principles and values, which were embedded in their everyday practice.

Governance, risk management and quality measurement

- Across the Circle group there was a process of cross-site peer review, usually undertaken twice a year.
- A quality dashboard was produced each month which recorded performance against key performance indicators, incidents, complaints, patient outcomes and audit results. These were monitored and discussed at monthly clinical governance and risk management meetings. The senior management team met fortnightly and all unit leads met briefly each morning to ensure that all departments were briefed about activity, staff allocations and any anticipated concerns.
- All departments had conducted risk assessments and maintained their own risk registers, which fed into the hospital-wide register.
- There were regular staff meetings in outpatients, physiotherapy and radiology. All departments used standardised agendas, covering patient experience, clinical outcomes, patient safety, staffing issues, training, performance and finance. Actions agreed at each meeting were tracked.
- Staff were encouraged and empowered to raise concerns.

Leadership and culture of service

- Staff told us they were well supported by departmental managers and the senior management team. Staff described managers as approachable and told us they felt able to raise any concerns.
- There had been a number of changes in the senior management team, which some staff described as unsettling. The general manager and interim lead nurse were both relatively new in post; however, staff feedback indicated that their appointments had impacted positively on staff morale. Both were highly respected by staff.
- Departmental managers were also highly respected and staff felt supported by them.
- In the outpatients department the lead nurse position had been vacant for over 12 months and a deputy lead had taken responsibility for managing the department. They were predominately clinical, however, spending only about 20% of their time on managerial responsibilities. This meant that they frequently worked in excess of their contracted hours. They felt that they needed administrative support; for example, they were not able to show us an overview of staff training or an example of a staff appraisal due to a lack of computer skills. There were plans for the lead nurse in pre-operative assessment to take on overall managerial responsibility for outpatients in the new year.
- Staff told us they felt respected and valued. The hospital had recently re-launched a staff recognition award scheme, which invited staff members to nominate a colleague who had 'gone the extra mile'. The senior management team (SMT) reviewed all nominations and announced the winners and awarded prizes on a monthly basis.

Good

Outpatients and diagnostic imaging

- Staff told us they enjoyed working at Circle Bath Hospital. Many staff cited teamwork as one of the best things about working there.
- Staff turnover rates for nurses and healthcare assistants working in the outpatients department were below average when compared to other independent acute hospitals, in the reporting period (July 2015 to June 2016).

Public and staff engagement

- Each patient was offered a friends and family test (FFT) feedback card following an episode of care to comment on their care. There were post boxes in each department. We saw no information displayed about patient feedback but staff told us that they were given feedback, both individually and as a group.
- Bi-monthly patient lunches were held by the general manager and lead nurse to find out about the experiences of patients who had recently used the service. Patients, including outpatients, inpatients and day case patients were selected at random and invited to share feedback over lunch
- Staff received a monthly newsletter from the general manager and there were communication boards in each department. The general manager, lead nurse and clinical chairman regularly walked around the hospital and visited departments.
- The general manager had recently introduced a staff forum, which included a presentation and an opportunity for staff engagement and discussion.
- Following a staff survey in 2016, a staff engagement plan had been developed. This included the development of a staff wellbeing strategy and a recent fitness challenge. Staff were invited to make suggestions to improve patient care and or staff's working lives. Outcomes had included the introduction of a birthday voucher which entitled the staff member to a free slice of cake from the cafeteria and the development of a staff social committee

Innovation, improvement and sustainability

- The service had developed an eight-point plan, which described how all staff could take part in improving quality and safety.
- The joint school supported patients undergoing joint replacement surgery from pre-operative assessment through to post-operative recovery.

Outstanding practice and areas for improvement

Outstanding practice

- The hospital's 'stop the line' policy empowered all staff regardless of position to raise a concern at any point during a clinical or non-clinical process or procedure.
- The hospital used a daily patient connect form to capture live feedback from patients about multiple aspects of their care, both clinical and non-clinical.
- The pharmacist made two visits to the ward each day. This included a ward round each afternoon with the RMO. They visited each patient, discussed the prescribed medicines, pain relief and any other issues with the patient and made any necessary adjustments to the prescription chart at that time. The RMO said that if any issue needed discussing with the patient's consultant he was able to contact them at the time and take action accordingly. Two patients told us they found this useful. Staff told us it had reduced the incidence of medicines errors.
- The pharmacist told us that this practice was a result of a 'stop the line' because of medicines incidents increasing on the hospital's clinical incident monitoring system. Idea of the ward round had come through a 'swarm'.
- In outpatients there was a highly visible and strong person-centred culture. Staff consistently provided compassionate care to patients and those close to them. Feedback from patients and those close to them was consistently positive. Staff treated patients with dignity, respect and kindness during all interactions. Patients told us that staff took time listen to them and felt supported by them. Patients and those close to them were involved as active partners in their care.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all patients' records are kept secure at all times.
- The hospital should review patient waiting times as below 90% of patients began treatment within 18 weeks of referral.
- Ensure the appointment of a substantive manager in the outpatients department.
- Ensure that written patient information can be made available in different languages and formats
- Publicise that chaperones can be made available to accompany patients during outpatients consultations.
- Provide a private area which can be used, for example, by people who wish to conduct private conversations or by breast-feeding mothers.