

# Claremont Hospital

## Quality Report

401 Sandygate Road,  
Sheffield  
S10 5UB  
Tel: 0114 263 2115  
Website: [www.sheffieldorthopaedics.com](http://www.sheffieldorthopaedics.com)

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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?

Are services responsive?

Good 

Are services well-led?

Good 

### Overall summary

Sheffield Orthopaedics Limited is an independent healthcare provider specialising in the provision of orthopaedic surgery. They provide surgical services for both NHS and non-NHS patients with services and facilities provided by Claremont Private Hospital Sheffield. The relationship between Sheffield Orthopaedics and the host hospital is governed by contractual agreements.

The service provides consultant care and surgery for primarily adult patients but a small number of young people between the age of 16 and 18 years are also able to access the service.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced visit to the hospital on 11 February 2019.

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

# Summary of findings

needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

The main service provided by this service 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 service.

## Services we rate

This was the first time we had inspected this service. We rated the service as **Good** overall.

- There were no serious patient safety incidents reported in relation to the service between August 2017 and July 2018. We were assured that there were policies in place to manage incidents
- Policies and procedures were in place. The host hospital provided policies relating to medicines management, infection control and the maintenance of the environment and equipment. There was effective sharing of information between the two organisations.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Care was planned and delivered in line with national evidence based guidance. Patient outcomes were measured and were used to facilitate learning and development.
- Suitably trained and competent staff delivered care and treatment and there was clear evidence of effective multidisciplinary team working.
- Patients gave positive feedback about the care and treatment they had received.
- Patients had timely access to treatment and most were seen within 18 weeks.
- The service had a clearly defined vision and set of values. Key risks to the service were recorded and managed appropriately.
- The service had a contract with the host hospital and this was regularly reviewed. Staff had built effective relationships with the host trust and there was evidence of effective communication and information sharing.

## Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Surgery</b>	<b>Good</b> ●	Surgery was the main activity of the hospital. We rated this service as good because it was safe, effective, responsive and well-led. We inspected but did not rate caring due to the limited examples we were able to observe due to low activity levels at the time of inspection.
<b>Outpatients</b>	<b>Good</b> ●	We rated this service as good because it was safe, responsive and well led. We inspected but did not rate caring due to the limited examples we were able to observe due to low activity levels at the time of inspection. We do not rate effective in this core service.

# Summary of findings

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Good 

# Location name here

**Services we looked at**

Surgery; Outpatients;

# Summary of this inspection

## Background to Claremont Hospital

Sheffield Orthopaedics Limited is an independent healthcare provider specialising in the provision of orthopaedic surgery. They provide surgical services for both NHS and non-NHS patients with services and facilities provided by Claremont Private Hospital Sheffield.

Sheffield Orthopaedics have 25 specialist consultants with experience in all aspects of musculo-skeletal surgery are all UK and internationally fellowship trained and hold substantive NHS consultant appointments throughout the Teaching Hospital Network of South Yorkshire. All 25 consultants have practising privileges with the host hospital through their employment with the service.

There are contractual agreements in place that Claremont hospital provides theatre, nursing staff and allied health professionals. The host hospital also maintains responsibility for all environment and equipment.

Surgery is the main service provided. There are outpatient services for initial consultation, pre-assessment and post-operative follow up.

Sheffield Orthopaedics Limited opened in 2004. It is a private company in Sheffield, South Yorkshire. The service primarily serves the communities of South Yorkshire, but it also accepts patient referrals from outside this area.

The current registered manager has been in post since July 2016.

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures
  - Surgical procedures
  - Treatment of disease, disorder or injury
- Core Services provided were
- Surgery (excluding cosmetic surgery)
  - Outpatients

## Our inspection team

The team that inspected the service included a CQC lead inspector, another CQC inspector, and a specialist advisor with experience in surgery. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

## Information about Claremont Hospital

Sheffield Orthopaedics Limited operated under service level agreements with Claremont Private Hospital to use the facilities and nursing staff. The service had access to two outpatient rooms, one surgical ward and four theatres.

During the inspection, we visited the inpatient ward and the outpatient clinic. There were no planned operations on the day of inspection, however we did visit the theatre areas and saw that the environment and equipment was

appropriate. We spoke with six staff including registered nurses, surgeons, clerical staff and senior managers. We spoke with three patients. During our inspection, we reviewed three sets of patient records.

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 service has not been previously inspected.

Activity (August 2017 to July 2018)

# Summary of this inspection

- There were 2194 inpatient and day case episodes of care recorded; of these 75% were NHS-funded and 25% other funded.
- There were 9820 outpatient total attendances in the reporting period; of these 76% were NHS funded and 24% were other funded.

25 surgeons were employed by Sheffield Orthopaedics and worked at the hospital under practising privileges. The host hospital provided a regular resident medical officer (RMO) on a 24-hour, seven days per week rota.

# 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?

This was the first time we had inspected this service. We rated it as **Good** because:

- There had been no reported serious incidents between August 2017 and July 2018. Sheffield Orthopaedics Limited had a shared agreement with the host hospital to report incidents collectively and any reported incidents were shared with the host hospital.
- There were no reported cases of MRSA, MSSA, Clostridium Difficile (C.Difficile) or E.coli from August 2017 to July 2018.
- Staff followed the host hospital's infection prevention and control policies. Patients were cared for in visibly clean environments.
- The service had a shared agreement with the host hospital to ensure any safeguarding issues were addressed. The service followed the host hospital safeguarding policy and any safeguarding issues were addressed jointly. All staff were aware of their responsibilities and had received appropriate training.
- Appropriate risk assessments were undertaken, and arrangements were in place for the care of the deteriorating patient. World Health Organisation (WHO) checklists were completed appropriately.

Good



### Are services effective?

This was the first time we had inspected this service. We rated it as **Good** because:

- Patients received care according to national guidelines such as the National Institute for Health and Clinical Excellence (NICE) and utilising guidance from the appropriate Royal Colleges. Effective care and treatment were provided using standardised patient care pathways
- Suitably trained and competent staff who worked well as part of a multi-disciplinary team provided care and treatment.
- Patient outcomes were measured through patient satisfaction surveys and participation in national programmes such Patient Reported Outcome Measures (PROMS). The service achieved high standards which was used to facilitate learning and development.

Good



However:



# Summary of this inspection

- Although the service had a local audit programme we did not see evidence of local audit outcomes or examples of learning. We were told that action plans were being developed which would utilise the results to facilitate learning and practice improvement.

## Are services caring?

We inspected but did not rate caring due to the limited examples we were able to observe and the low activity levels at the time of inspection.

- Patients spoke positively about the care they had received. They told us staff were kind and caring and they were treated with dignity and respect.
- Feedback received from patients about the service and the care they had received was of a consistently high standard.

## Are services responsive?

This was the first time we had inspected this service. We rated responsive as **Good** because:

- Services were planned to meet the needs of patients. There were a wide range of orthopaedic specialists available who were able to offer a comprehensive musculo-skeletal service. Specialist surgeons were employed under the practising privileges system to provide this service.
- Most patients received treatment within 18 weeks of referral.
- The service made appropriate arrangements to meet people's individual needs such as interpretation.
- Complaints were dealt with appropriately and patients knew how to make a complaint.

Good



## Are services well-led?

This was the first time we had inspected this service. We rated well-led as **Good** because:

- The service had a clear vision and values which was embedded within the service.
- Senior management, clinical governance and medical advisory committee (MAC) meetings took place regularly.
- There was good communication between the service and the host hospital with clear information sharing.
- Risks were identified and managed appropriately.

Good







# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	N/A	Good	Good	Good
Outpatients	Good	N/A	N/A	Good	Good	Good
Overall	Good	Good	N/A	Good	Good	Good

# Surgery

Safe	Good 
Effective	Good 
Caring	
Responsive	Good 
Well-led	Good 

## Are surgery services safe?

Good 

This was the first time we had inspected this service. We rated safe as **good**.

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Sheffield Orthopaedics Limited (SOL) staff had undertaken required mandatory training within their own NHS Trust. Records we reviewed showed that staff were up to date with the mandatory training requirements. Consultants employed at the host hospital under practicing privileges provided evidence of mandatory training compliance, which was recorded in their personnel files. All appropriate training had been completed.
- The host hospital shared staff training data with the senior managers at Sheffield Orthopaedics which assured the service that staff were up to date with their mandatory training. Mandatory training which included sepsis, intermediate life support, safeguarding including female genital mutilation (FGM), mental capacity act (MCA) and deprivation of liberties (DOLS), infection control and prevention (IPC) and manual handling.

### Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**

- Sheffield Orthopaedics Limited had a shared agreement with the host hospital. Any safeguarding issues raised by the service were also shared with the host hospital's safeguarding lead and it would then be managed collaboratively.
- The registered manager was the safeguarding lead for the provider and was the link between the service and the host hospital. They attended the host hospital's safeguarding meetings every month.
- The safeguarding lead for Sheffield Orthopaedics had completed safeguarding training up to and including level 3 in both adult and child safeguarding.
- All consultants who offered surgery to young people between the age of 16 and 18 years old were trained to level 3 in adult and child safeguarding.
- All host hospital nursing staff were trained to level 3 in safeguarding for adults and children.
- The service had an up to date safeguarding adults and children policy which was used in conjunction with the host hospital's own policies. Staff were aware of their responsibilities regarding the safeguarding policy, staff knew what would constitute a safeguarding concern and were able to describe the process to highlight and escalate a concern. None of the staff that we spoke with had made a safeguarding referral so were unable to give specific examples.

### Cleanliness, infection control and hygiene

- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

# Surgery

- All areas that we visited, where Sheffield Orthopaedics patients were seen, were visibly clean.
- There were no cases of Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive Staphylococcus aureus (MSSA), Clostridium Difficile (c.difficile) or E.coli reported between August 2017 and July 2018.
- All pre-assessment patients were screened for MRSA prior to admission and if positive would not fulfil the requirements of the service's admission policy.
- There were no surgical site infections resulting from primary or revision hip arthroplasty, primary knee arthroplasty or spinal procedures.
- Staff followed the host hospital's Infection Prevention and Control (IPC) and hand hygiene policies. Staff were noted to use personal protective equipment as appropriate and were bare below the elbows (BBE).
- Staff on the ward completed hand hygiene audits and we were shown that the audits were completed with 100% compliance.
- There were hand washing facilities in all patient areas including the single rooms.
- Decontamination of equipment was the responsibility of the host hospital. SOL received assurances that this was completed appropriately through senior management meetings held with the host hospital and through the receipt of audit updates.
- The service attended monthly meetings with the host hospital in which decontamination and IPC were covered. The service received IPC reports and discussed IPC audits when completed. We reviewed all audits and found they were completed to the required standard and no concerns had been raised.
- The host hospital was responsible for maintaining all equipment and staff from Sheffield Orthopaedics were assured that all equipment was serviced and in date as all equipment was labelled accordingly. Equipment audits were shared by the host hospital at senior management meetings, we reviewed the audits which demonstrated full compliance.
- Emergency equipment for resuscitation was available in all areas that Sheffield Orthopaedics patients were seen. The host hospital staff were responsible for this equipment and we saw completed checklists regarding resuscitation equipment which confirmed that these checks had been undertaken and all equipment was in date.
- Sheffield Orthopaedics did not offer a bariatric service.
- Waste Disposal was the responsibility of the host hospital for which they had policy and procedures in place for the management of clinical and non-clinical waste.
- All instruments, equipment and implants complied with Medicines and Healthcare products Regulatory Agency requirements and staff knew how to report issues to the appropriate authority.

## Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks.** Staff identified and quickly acted upon patients at risk of deterioration.
- The service utilised the host hospital's admissions policy which detailed which patients could be safely admitted. Following risk assessment, if a patient had severe co-morbidities they would not be accepted for care at the host hospital and arrangements would be made to treat them at the local NHS Trust.
- Pre- assessment took place at least two weeks prior to the planned date of surgery. At this point a full patient history was taken, appropriate investigations and risk assessments were carried out.
- Nursing staff on the ward were employed by the host hospital and followed their policies and procedures regarding the deteriorating patient. An early warning

## Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.**
- The premises and equipment used by Sheffield Orthopaedics belonged to the host hospital. Sheffield Orthopaedics had exclusive use of two consultation rooms and were allocated theatre and bed spaces when required.

# Surgery

system (NEWS2) was used in the assessment of patients and was completed fully and with escalation detailed as required. We saw completed documentation regarding NEWS2 in all records that we reviewed.

- NEWS audits were completed by the host hospital and the results shared with Sheffield Orthopaedics. There were policies in place to transfer patients who deteriorated to the local NHS trust, however there were no reported or documented examples of this occurring with Sheffield Orthopaedic patients.
- The host hospital provided 24-hour medical cover and if a patient was deteriorating the host hospital staff would follow the policy to transfer the patient to the nearest NHS hospital.
- We reviewed three sets of patient records and the World Health Organisation surgical safety checklist was used in all cases and completed without omission.
- We saw sepsis management information on the ward and staff could describe what action they would take if they had concerns about a patient.

## Nursing and support staffing

- The service had enough nursing and support staff provided by the host hospital with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**
- Sheffield Orthopaedics employed a practice manager and a clerical team.
- All nursing and other support staff were provided by the host hospital. If there were any issues with staffing, then the host hospital would liaise directly with the service. If there was insufficient staffing available then the surgical procedures would be cancelled, however there were no reported or documented examples of this occurring.
- Staffing was discussed between the service and the host hospital during monthly senior management meetings.
- Staffing was on the corporate risk register which concerned the recruitment of administration and clerical staff. We saw evidence that this had been mitigated and was regularly reviewed.

## Medical staffing

- The service had enough medical staff provided by the host hospital with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- The service employed 25 surgeons under practicing privileges with the host hospital. All surgeons held substantive posts and no locums were used by the service.
- All anaesthetists employed held substantive consultant posts within the local NHS Trust network.
- As part of the practicing privileges process all surgeons were required to be available on a rota system providing 24 hour a day cover which we saw on review of the current and previous on call rotas.
- All surgeons planned their Sheffield Orthopaedic on call rota around their NHS roles to ensure availability. There were no reported concerns.
- All on call surgeons and anaesthetists ensured that they were able to attend within 30 minutes of being called. There were no reported concerns.
- All staff on the ward knew how to contact the surgeons if required. All staff reported no issues when contacting on call staff. All contact details were regularly audited for accuracy.
- The host hospital provided a Resident Medical Officer (RMO) who provides 24 hour cover, seven days per week.

## Records

- Staff kept detailed records of patients care and treatment.** Records were clear, up to date and easily available to all staff providing care. The electronic records system was managed by the host hospital.
- We reviewed three sets of patient notes and found them to be complete. All relevant documentation had been completed and signed. Pre-operative assessments had been completed in all cases. Discharge assessments had also been completed which were held by Sheffield Orthopaedics.
- All paper nursing records were found to be stored securely in all areas. Electronic records were also utilised and were available for review. We reviewed both paper and electronic records.

# Surgery

- Sheffield Orthopaedics did not undertake care record audits; the host hospital completed their own care record audits and this information is shared with Sheffield Orthopaedics.
- Sheffield Orthopaedics had designated administrative staff who would complete discharge letters to patients' GP's, both a paper and electronic copy was sent. Designated staff for this task ensured timely communication following discharge.

## Medicines

- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right times.
- The service did not supply their own medicines and operated under the host hospital's medicines policy. They also used the host hospital's antimicrobial guideline. We saw both documents were up to date.
- Sheffield Orthopaedics staff met regularly with the host hospital's pharmacy staff.
- We reviewed prescription charts, and all were completed correctly, all were legible, dated and signed. Allergy status was recorded in the three records that we reviewed.

## Incidents

- **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.** Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Never events are serious incidents that are entirely preventable as guidance or safety recommendations providing strong systemic protective barriers are available at national level and should have been implemented by all healthcare providers. No never events had been reported between August 2017 and July 2018

- There were no clinical incidents reported between August 2017 and July 2018
- Staff were aware how to report incidents. Staff employed by the host hospital would record incidents on their own database. If an issue related to the service, then it would be investigated then shared with the host hospital. The service senior management team met with the host hospital management team and any incidents would be discussed so that learning could be shared.
- We reviewed senior management meeting and medical advisory committee (MAC) meeting minutes and saw that incidents were a standing agenda item. We were told by staff that feedback would be shared from these meetings to staff
- The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person
- Staff were aware of the duty of candour and a policy was available for all staff. We saw evidence of duty of candour being applied in the complaints we reviewed.

## Safety Thermometer (or equivalent)

- **The service used monitoring results well to improve safety.**
- There were no episodes of hospital acquired venous thromboembolism (VTE) or pulmonary embolism (PE) between August 2017 and July 2018
- NHS thermometer data regarding the number of patient falls, pressure ulcers and urine infections (for patients with catheters) was collected by the host hospital and this information was shared with the service. Due to the admission criteria of Sheffield Orthopaedics patients there were no examples of this applying to Sheffield Orthopaedics patients.

## Are surgery services effective?

Good 

This was the first time we had inspected this service. We rated effective as **good**.

# Surgery

## Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice.** Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Patients received care based on national guidance such as the National Institute for Health and Care Excellence (NICE). Sheffield Orthopaedics also adhered to guidelines set out by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and the Association of Anaesthetists of Great Britain and Ireland.
- Staff used policies and pathways for care that were based on up to date national guidelines which had been developed by the service such as the nerve root injection pathway. All policies were maintained by the practice manager and the registered manager.
- National audits including the British Society for Rheumatology audits were completed with compliance above the targeted 95%.
- We saw evidence in medical advisory committee (MAC) and clinical governance meeting minutes of discussion of national guidelines.

## Nutrition and hydration

- **Staff from the host hospital gave patients enough food and drink to meet their needs and improve their health.** The service made adjustments for patients' religious, cultural and other preferences.
- Patients were given information pre-operatively about appropriate fasting times before surgery to ensure that any pre-operative fasting was not excessive. However, we saw no evidence fasting times were recorded or monitored.
- Nutritional risk assessments were carried out at pre-assessment appointments which we saw in all patient records that we reviewed.
- Patients received care post-operatively from the host hospital and had access to the same food and drink as the host hospital patients.

## Pain relief

- **Consultants from the service prescribed pain relief to patients and staff from the host hospital**

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

- We were told that patients' pain was managed appropriately post operatively and that a pain score chart would be used. We saw post operative patients pain scores had been recorded.
- Post-operative pain relief was discussed with patients at the pre-assessment appointments.
- Patients had the same access to the same pain management as the host hospital patients.

## Patient outcomes

- **Staff monitored the effectiveness of care and treatment.** They used the findings to make improvements and achieved good outcomes for patients. They compared local results with those of other services to learn from them.
- Sheffield Orthopaedics participated in the programme of Patient Reported Outcome Measures (PROMS). PROMS assess the quality of care delivered to NHS patients from the patient's perspective and calculate the health gains after surgical treatment using pre- and post-operative surveys. We reviewed PROMS data which demonstrated that patients who received spinal nerve injections from Sheffield Orthopaedics reported less leg pain one year post procedure was 2.54% compared to a national average of 3.82%.
- Sheffield Orthopaedics reported to the National Joint Registry (NJR). The NJR was set up by the Department of Health in 2002 to collect information on all hip, knee, ankle, elbow and shoulder surgery replacement operations. It also monitors the performance and effectiveness of joint replacement implants and different types of surgery, improving clinical standards and benefiting patients, clinicians and the orthopaedic sector.
- There were no unplanned transfers of an inpatient to another hospital between August 2017 and July 2018.
- Between August 2017 and July 2018, there were no episodes of unplanned readmissions.



# Surgery

- Between August 2017 and July 2018, there were no episodes of unplanned returns to theatre.
- The service had a local audit programme for the year that covered the various surgical sub-specialities. We did not see evidence of local audit outcomes or examples of learning. We were told that action plans were being developed which would utilise the results to facilitate learning and practice improvement.

## Competent staff

- **The service made sure staff were competent for their roles.**
- Consultants working for the service were employed under practising privileges. All the consultants held substantive consultant posts within the local NHS Hospital network.
- Consultants were required to provide up to date copies of their professional registration, qualifications, training, appraisals, indemnity insurance and DBS check. We reviewed three sets of personnel files and found them complete and without omission.
- The host hospital had a designated clerical officer responsible for the management of all documentation required for practising privileges, this included regular review and the monitoring of the system which would alert her to documentation due to expire.
- All staff employed by the service had an annual appraisal. Evidence of ongoing appraisal was noted in the personnel files that we reviewed. Staff also told us that they had appraisals each year.
- The service assured itself regarding the competency of the host hospital staff through observed practice and regular meetings with the host hospital's clinical service manager.

## Multidisciplinary working

- **Consultants from the service worked together with doctors, nurses and other healthcare professionals across organisational boundaries to benefit patients.** They supported each other to provide good care.
- Staff from the service and the host hospital staff worked well together, ensuring a seamless pathway of care for the patients which included the patient's GP.

- Staff from the host hospital and the service told us there was good multidisciplinary team work.

## Seven-day services

- **Key services were available seven days a week to support timely patient care.**
- All consultants from the service provided 24-hour consultant cover. This was managed by an on-call rota in which each consultant would provide the required level of cover.
- There was access to services provided by the host hospital which included referrals for x-ray.

## Health promotion

- **Staff gave patients practical support and advice to lead healthier lives.**
- Health promotion materials were available throughout all patient areas within the host hospital.
- The host hospital staff would provide post-operative health promotion such as rehabilitation and exercise.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**
- The Mental Capacity Act (2005) is designed to protect patients who may lack capacity, to make certain decisions about their care and treatment. Staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLS). Host hospital staff received training in MCA and DOLS as part of their mandatory training. We saw evidence within the practising privileges documentation that Sheffield Orthopaedics staff had completed MCA and DOLS training.
- If a patient was assessed at pre-assessment not to have capacity, they would not be deemed suitable for admission and alternate arrangements would be made for their care at the local NHS Trust.
- The service utilised the host hospital's Mental Capacity Act and DOLS policy. We were shown the services draft policy which was currently under development.



# Surgery

- We saw consent forms completed appropriately in the patient records that we reviewed.
- Consent for surgery was first discussed and recorded at the pre-assessment stage.

## Are surgery services caring?

We inspected but did not rate caring due to the limited examples we were able to observe and the low activity levels at the time of inspection.

### Compassionate care

- **We observed that consultants from the service treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- Feedback from patients confirmed that staff treated them well, with compassion and with kindness.
- Patient satisfaction survey results consistently reported that patients would recommend the service to family and friends.
- We reviewed a random sample of feedback received by the service and all was consistently high in praise for the service and care received.
- Patients we spoke with told us they were happy with the care received from the consultants.

### Emotional support

- Staff from the service understood patients' personal, cultural and religious needs.
- Staff were able to describe examples when they provided emotional support to patients, families and carers to minimise their distress.
- We saw staff from the host hospital offering reassurance to patients but had no opportunity to observe staff from the service.
- Chaperones were available if required.

### Understanding and involvement of patients and those close to them

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

- Patients we spoke with told us that they were given full explanations at their pre-assessment appointment. They also told us that they were given enough time to ask questions.
- Patients were given information in a way they could understand.

## Are surgery services responsive?

Good 

This was the first time we had inspected this service. We rated responsive as **good**.

### Service delivery to meet the needs of local people

- **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**
- Clinics and surgery were offered on weekdays, evenings and weekends.
- The administration team employed by Sheffield Orthopaedics were responsible for the patient pathway through the service from start to finish, ensuring timely booking of appointments.
- Patients were given direct dial telephone numbers so that any contact required was made promptly with the service.

### Meeting people's individual needs

- **The service was inclusive and took account of patients' individual needs and preferences.** Staff from the service made reasonable adjustments to help patients access services.
- The administration team booked interpreters if required. The service had access to an interpreting service and staff were aware of the booking process.
- Staff from the service and the host hospital told us that religious and cultural needs would be addressed such as dietary requirements.
- Due to the admission criteria Sheffield Orthopaedics did not provide a service for patients with learning or complex needs.

# Surgery

## Access and flow

- **People could access the service when they needed it and received the right care promptly.** Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Patients were offered prompt appointments following referral. Referrals came from the patient's GP.
- Data regarding referral to treatment time (RTT) and appointment cancellations are reported within the outpatients section of the report.

## Learning from complaints and concerns

- **It was easy for people to give feedback and raise concerns about care received.** The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- A patient leaflet was available on how to make a complaint which was included in the documentation sent to the patient. Leaflets were seen in patient areas at the host hospital.
- If a complaint involved the host hospital, then a joint investigation and response would be completed.
- All complaints were recorded. We saw evidence of complaints being discussed at senior management meetings, governance meetings and medical advisory committee (MAC) meetings.
- The service aimed to acknowledge a complaint within 48 hours and to respond with a full reply within 28 days.
- Between August 2017 and July 2018 there were 14 complaints received by Sheffield Orthopaedics (in total, for both this site and at the other hospital site where surgeons also undertake surgical operations). We reviewed three complaints and found they had been dealt with appropriately and within the terms of the service's policy.
- We saw evidence of anonymised complaints being used for learning opportunities. For example, we saw that following a complaint regarding a surgeon's manner, the surgeon completed a reflective piece of work and fed back to the staff team.

## Are surgery services well-led?

Good 

This was the first time we had inspected this service. We rated well led as **good**.

### Leadership

- **Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**
- The managing director of the service was the registered manager, he had been registered since 2016.
- The senior management team (the registered manager and clinical director) were aware of the reliance on the host hospital providing good quality, safe care to the patients. The leadership team could speak at length about the importance of effective communication between themselves and the host hospital staff to ensure that they received assurances that all required standards were met.
- Staff from the service spoke positively about the senior leadership team. We were told that the senior management team were always contactable when not on site and that they were always approachable.

### Vision and strategy

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**
- The overall vision and strategy for the service was a commitment to continued excellence and to provide top quality private orthopaedic healthcare. By working in partnership, Sheffield Orthopaedics and Claremont Private Hospital aimed to deliver the best orthopaedic care available in a timely and convenient manner, in the best facilities in the region.

# Surgery

- Staff knew about the vision for the service and were able to discuss it.

## Culture

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff told us that the senior management were visible and approachable. They spoke positively regarding the senior management team and they felt able to raise any concerns.
- During inspection it was clear that that the service is patient centred.
- Staff told us that Sheffield Orthopaedics promoted an open, no blame culture and that all staff were encouraged to raise concerns, complaints or ideas for the service regardless of their role.

## Governance

- **Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**
- The service worked under contract with the host hospital. We were told that the host hospital audited the contract every two years.
- There was a clear governance framework in place to support safe and good quality care. Service performance and that of the host hospital were discussed at board meetings, senior management meetings, clinical governance meetings and medical advisory committee (MAC) meetings.

- The director of nursing and hospital director from the host hospital attended clinical governance meetings which allowed data to be shared between the service and the host hospital.

- We reviewed meeting minutes and saw discussions around issues including incidents, complaints, audits and concerns.

## Managing risks, issues and performance

- **Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**
- An ongoing risk register was maintained which highlighted areas of concern, strategies to manage risk and proposed resolution dates. The risk register was shared with the host hospital. The risk register was reviewed monthly and mitigation was applied as appropriate such as cancelling surgery if staffing was not available.
- All surgical procedures were audited by Sheffield Orthopaedics to monitor performance, review practice and to facilitate learning.
- Staffing and recruitment featured most prominently on the risk register due to anticipated retirement of clerical managers. This was mitigated through early identification and robust recruitment.

## Managing information

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

# Surgery

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- All patient records were computerised and entered onto the patient record at the point of contact. All paper records were scanned onto the computerised record and stored securely. All patient information was protected and only staff with the specific permissions could access the information using staff specific passwords. The electronic patient record system is managed by the host hospital.

## Engagement




- **Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**
- The service engaged well with patients and staff.

- Sheffield Orthopaedics actively sought feedback from their patients using patient satisfaction surveys. Patients were encouraged to leave feedback on discharge and on completion of treatment.
- The service engaged with staff through the appraisal process. Staff told us that they felt involved with service development through staff consultation.

## Learning, continuous improvement and innovation

- **All staff were committed to continually learning and improving services.**
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation. We saw evidence of reflection and improvement within meeting minutes and staff personnel files.
- The service planned to undertake more annual audits, including those around the services the host hospital provided, building on the assurances already in place regarding the level of care their patients receive.

# Outpatients

Safe	Good 
Effective	
Caring	
Responsive	Good 
Well-led	Good 

## Are outpatients services safe?

Good 

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

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- For our detailed findings on mandatory training please see the Safe section in the surgery report.

### Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had received training on how to recognise and report abuse, and they knew how to apply it.
- For our detailed findings on safeguarding please see the Safe section in the surgery report.

### Cleanliness, infection control and hygiene

- **The service controlled infection risk well.** Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- For our detailed findings on cleanliness, infection control and hygiene please see the Safe section in the surgery report.

### Environment and equipment

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

- For our detailed findings on environment and equipment please see the Safe section in the surgery report.

### Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks.** Staff identified and quickly acted upon patients at risk of deterioration.
- For our detailed findings on assessing and responding to patient risk please see the Safe section in the surgery report.

### Nurse staffing

- Sheffield Orthopaedics employed a practice manager and a clerical team. All nursing and other support staff were provided by the host hospital. If there were any issues with staffing, then the host hospital would liaise directly with the service.
- For our detailed findings on nurse staffing please see the Safe section in the surgery report.

### Medical staffing

- **The service had enough medical staff provided by the host hospital with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**
- For our detailed findings on medical staffing please see the Safe section in the surgery report.

# Outpatients

## Records

- **Staff from the service kept detailed records of patients' care and treatment.** Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- For our detailed findings on records please see the Safe section in the surgery report.

## Medicines

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- For our detailed findings on medicines please see the Safe section in the surgery report.

## Incidents

- **The service managed patient safety incidents well. Staff from the service recognised and reported incidents and near misses.** Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- No incidents reported related specifically to outpatients.
- For our detailed findings on incidents please see the Safe section in the surgery report.

## Safety Thermometer

- **The service used monitoring results well to improve safety.**
- For our detailed findings on safety thermometer please see the Safe section in the surgery report.

## Are outpatients services effective?

This was the first time we had inspected this service. We do not rate effective within this core service.

## Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence based practice.** Managers checked to make sure staff followed guidance.
- For our detailed findings on evidence-based care and treatment please see the Effective section in the surgery report.

## Pain relief

- **Consultants from the service prescribed pain relief and staff from the host hospital assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.**
- For our detailed findings on pain relief please see the Effective section in the surgery report.

## Patient outcomes

- **Staff monitored the effectiveness of care and treatment.** They used the findings to make improvements and achieved good outcomes for patients.
- For our detailed findings on patient outcomes please see the Effective section in the surgery report.

## Competent staff

- **The service made sure staff employed by the service were competent for their roles.**
- For our detailed findings on competent staff please see the Effective section in the surgery report.

## Multidisciplinary working

- **Consultants from the service with doctors, nurses and other healthcare professionals from the host hospital worked together as a team to benefit patients.** They supported each other to provide good care.
- For our detailed findings on multidisciplinary working please see the Effective section in the surgery report.

## Seven-day services

- **Key services were available seven days a week to support timely patient care.**
- For our detailed findings on seven-day services please see the Effective section in the surgery report.



# Outpatients

## Health promotion

- **Staff gave patients practical support and advice to lead healthier lives.**
- For our detailed findings on health promotion please see the Effective section in the surgery report.

## Consent and Mental Capacity Act

- **Staff supported patients to make informed decisions about their care and treatment.** They followed national guidance to gain patients' consent.
- We saw that informed consent was initially recorded during pre-assessment outpatient appointments.
- For our detailed findings on consent and Mental Capacity Act please see the Effective section in the surgery report.

## Are outpatients services caring?

We inspected but did not rate caring due to the limited examples we were able to observe and the low activity levels at the time of inspection.

## Compassionate care

- **We observed that consultants from the service treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- For our detailed findings on compassionate care please see the Caring section in the surgery report.

## Emotional support

- **Staff from the service were able to describe when they provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**
- For our detailed findings on emotional support please see the Caring section in the surgery report.

## Understanding and involvement of patients and those close to them

- **Staff from the service supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**
- For our detailed findings on understanding and involvement of patients please see the Caring section in the surgery report.

## Are outpatients services responsive?

Good 

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

## Service delivery to meet the needs of local people

- **The service planned and provided care in a way that met the needs of the local people and the communities it served.**
- For our detailed findings on service delivery to meet the needs of local people please see the Responsive section in the surgery report.

## Meeting people's individual needs

- **The service was inclusive and took account of patients' individual needs and preferences.**
- For our detailed findings on meeting people's individual needs please see the Responsive section in the surgery report.

## Access and flow

- **People could access the service when they needed it and received the right care promptly.** Waiting times from referral to treatment were in line with national standards.
- Patients told us that they were offered prompt appointments following referral. Referrals were made through a patient's GP.
- The service reported a 98% achievement in meeting the 18-week referral to treatment time (RTT) indicator.
- The service reported 10 cancelled procedures or appointments within the last 12 months for non-clinical reasons. 100% were offered another appointment within 28 days.

# Outpatients

## Learning from complaints and concerns

- **It was easy for people to give feedback and raise concerns about care received.** The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- For our detailed findings on learning from complaints and concerns please see the Responsive section in the surgery report.

## Are outpatients services well-led?

Good 

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

## Leadership

- **Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**
- For our detailed findings on leadership please see the Well-led section in the surgery report.

## Vision and strategy

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.**
- For our detailed findings on vision and strategy please see the Well-led section in the surgery report.

## Culture

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- For our detailed findings on culture please see the Well-led section in the surgery report.

## Governance

- **Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**
- For our detailed findings on governance please see the Well-led section in the surgery report.

## Managing risks, issues and performance

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- For our detailed findings on managing risks, issues and performance please see the Well-led section in the surgery report.

## Managing information

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**
- For our detailed findings on managing information please see the Well-led section in the surgery report.

## Engagement

- Leaders and staff actively and openly engaged with patients and staff.
- For our detailed findings on engagement please see the Well-led section in the surgery report.

## Learning, continuous improvement and innovation

- **All staff were committed to continually learning and improving services.**
- For our detailed findings on learning, continuous improvement and innovation please see the Well-led section in the surgery report.



# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that plans to undertake more annual audits including those around the services the host hospital provide are completed and fully embedded.