Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

BMI The Beaumont Hospital

Old Hall Clough, Chorley New Road, Lostock
Bolton, BL6 4LA

Tel: 01204404404

Date of Inspection: 05 June 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	BMI Healthcare Limited
Registered Manager	Ms. Gillian Susan Faure
Overview of the service	The Beaumont is part of the BMI group of hospitals. It is situated in the Lostock area of Bolton which is easily accessed from main road and motorway routes. The hospital provides a range of services that include Physiotherapy, Health Screening and Radiology. There are a range of surgical specialties such as General Surgery, Orthopaedics, Gynaecology, Opthalmology. Car parking is available within the hospital grounds.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During the visit we sampled four patient's care files. We found care had been delivered as documented, within each care pathway, for the particular speciality and treatment.

We observed staff speaking with patients in a professional but friendly manner. We saw that they knocked on doors and waited before entering patient's rooms. When we spoke with two patients we were told: "The staff have been great so far, everything has been explained and they have been extremely pleasant" and "The Nurses here have been like a family, nothing has been too much trouble, I can't praise them enough".

We found there were appropriate systems in place to ensure the safe management of medicines.The hospital had a pharmacy on site and employed two pharmacists. There were current corporate medicines policies and procedures in place for staff guidance.

The Beaumont had appropriate arrangements in place to monitor the quality of the service provided. Regular audits had been undertaken and these included health and safety, hand hygiene and infection control. Action plans had been implemented and updates on how these were completed were discussed at head of department meetings and individual ward and department meetings.

We found information on how to make a complaint available for patients and visitors throughout the hospital via the "Please tell us" leaflets. We spoke with patients who said staff had informed them about how to raise issues and about the leaflets.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During the visit we sampled four patient's care files. We found care had been delivered as documented, within each care pathway, for the particular speciality and treatment. Appropriate risk assessments had been undertaken. This included thrombolysis (embolus or deep vein thrombosis) prevention. However care files were not consistently maintained in a chronological order and therefore this did not make it easy to establish the current care and status of the patient.

Daily progress was documented well and all entries were signed and dated. Records of patient's observations were made before any surgical procedure, during the procedure and throughout the patient's stay. We noted during the surgical procedure, the World Health Organisation Time Out Surgical Safety check list (WHO check list) had been completed. This ensured that the theatre team took time out to check that the correct procedure was being carried out on the correct person.

We saw there were multi disciplinary entries in care records when other health professionals had been involved in the patients care. This included physiotherapists, pharmacist and radiologist.

We saw consent forms had been completed as required. The risks and benefits of procedures were clear and well documented. A check list, to confirm the information patients had received about their procedure and the required after care, was recorded. When we spoke with patients they agreed that this had been completed and that they had received sufficient information about what was going to happen.

We noted information booklets were in each patient's room detailing information about the hospital and this included how to raise complaints. We informed senior staff at feedback, the leaflet contained incorrect information on how to contact the Care Quality Commission. We were assured this would be actioned.

We observed all designations of staff speaking with patients in a professional but friendly

manner. We saw that staff knocked on doors and waited before entering the patient's room. When we spoke with two patients we were told: "The staff have been great so far, everything has been explained and they have been extremely pleasant" and "The Nurses here have been like a family, nothing has been too much trouble, I can't praise them enough".

Appropriate discharge arrangements were completed, with GP's informed about the treatments undertaken and outpatient appointments were made.

Patients told us that staff responded quickly to any requests for assistance. They told us that they were happy with the care and treatment they had received.

Care was provided in single en suite rooms on the first floor of the hospital. We noted some of the rooms would benefit from remedial decoration and repair work.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found there were appropriate systems in place to ensure the safe management of medicines.The hospital had a pharmacy on site and employed one pharmacist and a pharmacy lead.There were current corporate medicines policies and procedures in place for staff guidance.

We saw there were arrangements for obtaining medicines out of hours, so this did not delay the discharge of patients, for medicines such as pain relief and anti biotics. These were stored in a locked cupboard within the ward's treatment room. There was also a procedure for obtaining medicines in an emergency situation, with the Resident Medical Officer (RMO) and a member of the nursing staff able to access the pharmacy out of hours.

We noted individual medication charts were completed, with medication being administered as required. Staff signatures were recorded. We saw controlled drugs were stored as required and records were maintained. The medicines trolley was secured within the nursing staff office.

The pharmacy lead explained a number of medication errors that had been reported via the hospital's incident reporting system. Patients own medication when brought into the hospital, had not always been counted and recorded as per hospital policy. When we spoke with staff about the repeated incidents they explained that sometimes it was due to nursing staff expecting the RMO to complete this task. The provider may wish to note due to the repeated incidents, how this is managed by the hospital, needs to be reviewed as soon as possible.

We saw regular audits of medicines undertaken, along with daily reconciliation of medicines by the pharmacist or pharmacy technician. This meant that any medication prescribed was checked by the pharmacist to ensure that there were no contra indications and the dosage and method of administration was correct.

When we spoke with patients we were told: "I have had my tablets as I should and when I needed pain killers the staff brought them straight away" and "I haven't brought any of my tablets in as I am only here for the day, but I have been asked what I take and the staff

have written them down".

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We observed around the hospital equipment was maintained in good condition and working order.

Equipment was noted on a planned preventative maintenance programme, which was managed by the on site or regional facilities department and some external companies. Portable appliance testIng of electrical equipment had been undertaken.

We saw previous stickers noting past service dates, had not been removed by the current company who was responsible for servicing the vacuum suction controls in each patient room. This gave the impression that these had not been serviced for a number of years, however service records demonstrated this was not the case. The provider may wish to note equipment should display current confirmation of servicing and maintenance to demonstrate the effective management of equipment.

Service contracts were in place for specialised equipment and we saw evidence of service reports, however we found two machines used to take blood pressure, pulse and oxygen levels of patients, that had been omitted from annual servicing. The support services manager has since notified the Care Quality Commission of a forthcoming date when this would be rectified.

We noted, where a Laser was used for out patient treatments, the room was appropriate to undertake this type of treatment. Local rules, setting out the requirements of the safe use of the laser, a laser protection advisor and supervisor were in place to ensure patient and staff safety when operating the machine.

When we spoke with staff they raised no concerns about the availability of equipment or the efficiency of the facilities department when any repairs were required or malfunction of equipment was reported.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The Beaumont had appropriate arrangements in place to monitor the quality of the service provided.

Regular audits had been undertaken and these included health and safety, hand hygiene and infection control. Action plans had been implemented and updates on how these were completed were discussed at head of department meetings and individual ward and department meetings.

Quality risk inspections were carried out at regular intervals by a regional team.These covered all aspects of the hospital including patient experience, staffing and the environment. Again any recommendations were implemented via action plans and these were appropriately monitored.

There were committees that monitored various aspects of service provision and these had representatives from all wards and departments. These included clinical governance, infection control and health and safety.

Patients were encouraged to complete satisfaction surveys, with leaflets left in every room and available in the reception area and all departments. These were collated and reported by an external company commissioned by the provider. We reviewed the results from the latest survey and found generally comments made were positive.

We spoke with patients during the visit who expressed a high level of satisfaction about their experiences. Comments included: " This is my first time at this hospital and I have to say I have been very impressed so far", "I think the staff are brilliant, they go the extra mile and it's been a great experience", " I have been a patient here many times, I have seen a few changes and mostly for the better" and "I will be telling staff that they have been fantastic, I have no complaints at all, from the room, food and of course my treatment, it's all been great , I am so grateful to everyone".

Incidents and accidents were reported, investigated and actioned as required. It was clear from team and head of department meetings that learning from incidents was

disseminated to staff and actions monitored. Staff were clear on the process to report incidents and when we spoke with staff they were able to give examples of actions taken to avoid reoccurrence of incidents.

Staff confirmed that they were given opportunity to raise issues at meetings or on an individual basis. Nursing and medical staff appraisals were undertaken and performance was effectively monitored. Staff also reported that opportunities to attend training had improved.

There was a well established medical advisory committee with consultant representation from all clinical specialities. Minutes examined verified that areas such as infection control, readmissions, untoward incidents and the practices of medical staff were effectively managed. The committee met every three months and we saw evidence of an additional meeting were medical staff had raised some concerns about clinical and staffing issues on the ward. It was clear from the subsequent meeting minutes that the issues had been addressed appropriately.

The Executive Director of the hospital was registered as required with the Care Quality Commission.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We found The Beaumont Hospital had a current corporate complaints policy and procedure which fully reflected national guidance on response to complaints.

All complaints were logged and it was easy to track the response timescales to any complaint. We noted on occasions there had been a delay in completing the investigation of some complaints. The provider may wish to note that despite a holding letter being sent to a complainant, explaining the reasons for any delay, every effort should be made to then respond and conclude complaints as soon as possible.

We spoke with the regional lead for complaints during the visit who acknowledged the delay in the past but was confident that overall the hospital was improving and that "lots of effort" had been made to respond in a more timely but robust manner. We were informed the hospital was responsible for dealing with all initial stage one complaints but any complaint that was not resolved to the satisfaction of patients or families, were always dealt with by the regional lead.

Feedback from complaints was evident from the review of meeting minutes from the heads of departments, wards and departments and the medical advisory committee.

We found information was readily available for patients and visitors throughout the hospital via the "Please tell us" leaflets. When we spoke with patients we were told the staff had informed patients about how to raise any issues and about the leaflets.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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