# Review of compliance

| BMI Healthcare Limited<br>BMI The Beaumont Hospital | |
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| **Region:** | North West |
| **Location address:** | Old Hall Clough<br>Chorley New Road<br>Lostock Bolton<br>Lancashire<br>BL6 4LA |
| **Type of service:** | Acute services with overnight beds |
| **Date of Publication:** | May 2012 |
| **Overview of the service:** | The Beaumont is one of the BMI group of hospitals.It is situated in the Lostock area of Bolton which is easily accessed from main road routes and motorway. The hospital provides a range of services that include Physiotherapy, Health Screening and Radiology.There are a range of surgical specilaities such as General Surgery, Orthopaedics, Gynaecology, Opthalmology. |

# Summary of our findings
for the essential standards of quality and safety

## Our current overall judgement

**BMI The Beaumont Hospital was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

## Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

## How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 May 2012, checked the provider's records, talked to staff and talked to people who use services.

## What people told us

"I am here for a follow up appointment: I was given written and verbal information before and after my procedure".

"Communication between staff is very good and I have been involved in my care all the way through".

"They have been excellent; they identified my problem quickly and have treated me very well".

"The staff are very good: I am very satisfied".

"My room is cleaned everyday. I have no complaints about the cleanliness at all".

"The nurses are always using the hand gel; I think the hospital is very clean".

## What we found about the standards we reviewed and how well BMI The Beaumont Hospital was meeting them

### Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who used the service were given appropriate information and support regarding their care or treatment. People's privacy, dignity and independence were respected.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

**Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

People were cared for in a clean, hygienic environment and were protected from the risk of infection because appropriate guidance had been followed.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

There were appropriate numbers of qualified, skilled and experienced staff to meet people's needs.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

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

## Other information

Please see previous reports for more information about previous reviews.

# What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01:
# Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

**Our judgement**

The provider is compliant with Outcome 01: Respecting and involving people who use services

**Our findings**

**What people who use the service experienced and told us**
"I was able to get an appointment quickly".

"I found the booking process easy and the consultant gave a thorough explanation of the procedure".

"I was encouraged me to ask questions which were answered to my satisfaction".

"I am here for a follow up appointment: I was given written and verbal information before and after my procedure".

"Communication between staff is very good and I have been involved in my care all the way through".

**Other evidence**
We found that patients using the services of BMI The Beaumont were provided with a range of information, both written and verbal, prior to receiving care or treatment. This ensured that patients had an informed choice before consenting to any procedure.

We spoke with 5 patients in the reception/waiting area. We saw that each person had a

different appointment time. People told us they had been waiting a few minutes. Whilst we were talking to them they were called and taken up to the ward. Patients told us they had an initial appointment with their consultant to discuss treatment. Patients also attended as an outpatient for pre operative assessment prior to their admission for treatment.

We spoke with people after consultations, who told us that they had been called earlier than expected. People told us their appointments had never been cancelled. One person told us that they received a call from the hospital asking if they would move their appointment to an earlier time, which was agreeable. They told us their consultants had fully explained the treatment options open to them and that risks associated with their surgery had been discussed. They felt able to ask questions about their treatment and care or discuss any concerns they might have.

Patients and visitors were encouraged to participate in an annual satisfaction survey, which was provided by an external company. The Beaumont had consistently performed well. Information leaflets about the hospital and the treatments it provides were available in all patient and public areas.

We had received information that indicated patients were frequently left waiting for long periods for admission to the ward. We spoke with 3 reception staff who were on duty at various times during the visit. We were informed that there had been some occasions when patients had to wait longer than expected, but that this did not happen regularly. They explained that patients were always kept informed of the reason for any delay and that they were aware, as a result, of only one complaint.

We observed in the ward and departments staff speaking to patients and visitors in a professional, but friendly manner. We also saw that patient's privacy, dignity and confidentiality was maintained.

**Our judgement**
People who used the service were given appropriate information and support regarding their care or treatment. People's privacy, dignity and independence were respected.

# Outcome 04:
# Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

**Our judgement**

The provider is compliant with Outcome 04: Care and welfare of people who use services

**Our findings**

**What people who use the service experienced and told us**
"They were fab in the room before I went into surgery and great in recovery. I was really well cared for".

"They have listened to what I do and don't want".

"Staff don't appear to be overloaded or stressed".

"I have used the call bell and it was responded to quickly".

"They have been excellent; they identified my problem quickly and have treated me very well".

"The staff are very good: I am very satisfied".

**Other evidence**
Care was provided in single rooms on the first floor of the building. Rooms were found to be clean and decorated to a satisfactory standard.

A total of 4 care files were examined of patients who had been in the ward for varying number of days and for one patient who had been discharged on the day of the visit. The files were maintained in a neat and chronological order. Care pathways had been completed as required. All entries were dated and signed.

Risk assessments had been undertaken. These included assessments for moving and handling, nutrition, venous thromboembolism and pressure ulcers. We saw consent forms which had been completed as required. These verified they were signed by the consultant and patient and documented the proposed procedure, along with the risk and benefits.

Appropriate discharge arrangements were completed, with GP's informed about the treatments undertaken and outpatient appointments were made. Patients we spoke with were happy with information given both written and verbally by staff.

Patients on the ward 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.

We had received information that staff were unable to deliver care effectively due to pressure of work and staff shortages. On the day of the visit we spoke with a number of staff from the ward and departments and no one expressed any concern about the number of patients admitted or pressure of work.

We were aware that on one day 52 patients had been admitted. We discussed this with staff of various designations and the Executive Director. We were told that was true but that this was a one off occurrence due to an error in a newly introduced booking system during integration with the theatre management system. We also verified on the electronic booking system that this number of patients had not been admitted on any other day.

Staff confirmed that although on that occasion they were very busy, they all stated that admission times had been staggered, no one was kept waiting for long periods for admission or treatments and there had been no untoward incidents. We were told "Everything ran very smoothly".

**Our judgement**
People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

# Outcome 08:
# Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

## What we found

**Our judgement**

The provider is compliant with Outcome 08: Cleanliness and infection control

**Our findings**

**What people who use the service experienced and told us**
"My room is cleaned everyday. I have no complaints about the cleanliness at all".

"The nurses are always using the hand gel; I think the hospital is very clean".

**Other evidence**
Information had been received about the standard of cleanliness within the hospital.

We found that the hospital had corporate infection control polices which reflected current infection prevention and control guidance. The hospital had an identified infection control coordinator and there was a well established infection control group, with appointed link staff from the ward and all departments. There was also evidence that the hospital coordinator attended a regional infection control group, with other hospitals from the BMI group in the North West.

Patients told us that they were happy with standard of cleanliness. We were told rooms were cleaned on a daily basis.  On observation around the ward and other hospital departments, we found no concerns about the standard of cleaning and infection control. We saw that staff used hand gel before entering patient rooms, clinical waste was disposed of effectively and clinical areas and departments were clean and organised.

We were sent additional data that demonstrated there was appropriate monitoring of infection control rates, which were very low. Infection control audit information was also sent for the pharmacy, physiotherapy and theatre departments. There were a number of areas for improvement and during the visit we observed that the actions for theatre

and physiotherapy had been completed. The ward staff informed us that the audit for the ward had not taken place due to staffing constraints.

The provider may find it useful to note that some departments had not completed infection control audits. This meant that the hospital did not have a complete monitoring programme in place for infection control.

The audits had also demonstrated that attendance of staff at infection control training had been particularly low for clinical staff. E learning had been implemented to facilitate better access and this had improved the level of completed training.

We observed that appropriate equipment was in place for cleaning and was clearly identified for specific areas of the wards and departments.

Within theatre all reusable instrumentation was sent off site to an accredited unit for decontamination, sterilisation and packing. A service level agreement was in place and the monitoring of this was appropriately managed by regular liaison meetings by senior staff.

**Our judgement**
People were cared for in a clean, hygienic environment and were protected from the risk of infection because appropriate guidance had been followed.

# Outcome 13:
# Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

## What we found

**Our judgement**

The provider is compliant with Outcome 13: Staffing

**Our findings**

**What people who use the service experienced and told us**
We did not speak with people who used the service about this outcome on this occasion.

**Other evidence**
We examined a number of duty rotas on the ward and these reflected sufficient numbers of suitably qualified and skilled staff.

We spoke with the ward manager who explained how they used their own staff as bank, as far as possible, to cover any gaps due to sickness or leave. This ensured that staff were experienced and familiar with the daily routines. Off duties were planned to ensure appropriate cover for the numbers of patients and their dependency.

In theatre the senior person on duty explained that there had been previous issues with vacancies and also the clinical expertise of staff. However, there had recently been proactive recruitment and clinical leads were about to commence within the department.

Examination of a selection of staff files verified that staff were appropriately qualified and trained to undertake their job roles. Staff were supported by comprehensive human resource policies and procedures and access to this guidance was available for all.

During our conversations with a range of health professionals we were not told of any concerns in relation to staffing levels.

**Our judgement**
There were appropriate numbers of qualified, skilled and experienced staff to meet people's needs.

# Outcome 16:
# Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## What we found

**Our judgement**

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

**Our findings**

**What people who use the service experienced and told us**
We did not speak with people who used the service about this outcome on this occasion.

**Other evidence**
There were well established systems in place that ensured that the hospital appropriately monitored the quality of the services provided.

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. When we spoke with a member of the medical advisory committee we were told that he was satisfied that when issues were raised they were addressed and monitored effectively.

A clinical governance committee met monthly and quality & risk reports were submitted to the regional quality and risk manager and actions required were monitored by the governance committee.

Heads of department meetings were held monthly and quality and performance issues were discussed and actioned. Departmental meetings had taken place regularly which ensured that staff were kept informed and communicated to effectively.

The hospital had an internal provider visit every six months. This was undertaken by a

regional director from BMI and the group quality & risk manager. There was an audit programme for all departments and reports were produced. There was evidence that incidents and accidents were reported and investigated as required.

As the hospital undertook additional work from the NHS, there were regular contract meetings with the local commissioning group. Key performance indicators were monitored.
Nursing and medical staff appraisals were undertaken and performance was monitored.

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

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions**: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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