Inspection Report 2010

Beaumont Hospital
Old Clough Hall
Bolton
BL6 4LA

Introduction

Certain independent healthcare providers in England must be registered with the Care Quality Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Care Quality Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Prescribed Inspections

The Care Quality Commission is required to inspect every registered service at least once every five years. For services that do not require an inspection due to risks being identified through our annual review of their performance, we may choose to undertake a Prescribed Inspection. These inspections look at a pre-set range of core standards that focus on risk management and patient safety, which are the same for all services that undergo a Prescribed Inspection. Prescribed Inspections also allow us to make sure that our decisions not to inspect are robust. This inspection was a Prescribed Inspection as we did not identify any risks that would, in their own right, have required an inspection.

Background

The Beaumont is one of the BMI group of hospitals. It is situated in the Lostock area of Bolton which is very easily accessed by one of the main routes of Bolton and is in close proximity of both rail and motorway networks.There is car parking within the hospital grounds and appropriate access for less able patients and visitors.The hospital provides a range of services that include Physiotherapy, Health Screening, Pathology and Radiology. The hospital has its own on site Pharmacy service. There is the provision for a number of surgical specilaities such as General Surgery, Orthopaedics, Gynaecology, Opthalmology. Children are admitted from the age of 3 years, for mainly Ear, Nose and Throat and General Surgery.

This inspection took place on 5th May 2010, and was announced.

Main findings

Beaumont Hospital was inspected due to the requirement of the Care Quality Commission to inspect a registered service at least once every five years. No issues of concern have been raised at this time. Assessment of the prescribed standards for safety, governance , patient focus, care environment and amenities was undertaken and all standards were fully met, except one which was almost met. There is a new Executive Director in place , who will shortly be the Registered Manager, under the current regulations.
Care is provided in an environment which is clean and maintained to a high standard. There is effective management frameworks for governance, risk management and client centred care.
Staff are appropriately employed and trained but there was no consistent evidence of staff having received annual apprasial
I would like to thank staff for their co-operation and assistance during this inspection. .

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Acute Hospitals (with overnight beds): AH Prescribed techniques or prescribed technology: establishments using endoscopy PT(E)	AH PT(E)

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
This establishment is registered to provide treatment and care under the following service user categories only: Acute Hospitals (with overnight beds): AH Prescribed techniques or prescribed technology: establishments using endoscopy PT(E)	Met
Notification in writing must be provided to the Care Quality Commission at least one month prior to providing any treatment or service not detailed in your Statement of Purpose.	Met
A maximum number of 34 patients may be accommodated overnight	Met
Services may only be provided to persons aged 18 years or over, with the exception of a maximum of six patients at any one time who may be 3 years and over	Met

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Care Quality Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Care Quality Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

C	Core Standards
A	Acute Hospitals
M	Mental Health Establishments
H	Hospices
MC	Maternity Hospitals
TP	Termination of Pregnancy Establishments
P	Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
PD	Private Doctors

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Care Quality Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Care Quality Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Standard Met
C20	Risk Management Policy	Standard Met
C24	Controlled Drugs	Standard Met
C25	Infection Control	Standard Met

Clinical and cost effectiveness

Number	Standard	Assessment
C4	Monitoring Quality	Standard Met

Governance

Number	Standard	Assessment
C9	Human Resources Policies and Procedures	Standard Almost Met

No	Standard	Regulation	Requirement	Time scale
1	C9	18 (2 a, b)	**Findings:** There is no consistent evidence of staff appraisal. **Action required:** The Registered Person must ensure that there is an effective system implemented in order to demonstrate annual appraisal of staff to ensure on going performance management and staff development.	30 June 2010

Patient focus

Number	Standard	Assessment
C2	Patient Centred Care	Standard Met

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard Met
C21	Health & Safety	Standard Met

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