

# BMI Goring Hall Hospital

## Quality Report

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

BMI Goring Hall Hospital is operated by BMI Healthcare Limited. The hospital has 52 registered beds. Facilities include five operating theatres, an endoscopy unit, radiology offering digital mammography, CT and MRI scanning, a pharmacy and outpatient facilities.

The hospital provides surgery, medical care including chemotherapy, services for adults, and outpatients and diagnostic imaging.

Mulberry Suite provides outpatient medical interventions and systemic anti-cancer treatments. Mulberry Suite has four treatment chairs and access to a single bedroom for emergency admissions or for individual patients to use as a day case.

The hospital was last inspected in 2016. The overall rating of the hospital was judged as 'good' with the exception of 'safe' which was rated as 'requires improvement'. The concerns within the safe domain related to practice within the chemotherapy service in the hospital.

This inspection focused on the current practice in chemotherapy services. We assessed the improvements implemented since the previous comprehensive inspection. An announced visit to the hospital was carried out on 23 May 2018.

Following this focused inspection, we found the following areas of good practice:

- Clear standard operational policies for the admission of unwell patients who had received chemotherapy in the previous 21 days.
- A hospital cancer strategy for 2018 - 2020.
- An operational policy for Mulberry Suite.
- A 24 hour provision of specialist cancer nurse and oncology consultant advice via a mobile phone. This telephone number was accessible to patients or staff who needed advice or support.
- Each set of patient clinical notes contained a record of a cancer patient multidisciplinary meeting discussion.
- There was a medical cancer lead in place to represent cancer within the within the Medical Advisory Committee and Clinical Governance Committee.
- The cancer service was on the standing agenda for the Medical Advisory Committee and Clinical Governance Committee and the clinical governance meeting.
- The Mulberry Suite had been awarded a Macmillan Quality Environment Mark.
- All nursing staff had access to clinical supervision with a psychologist.
- The cancer team met regularly to discuss current issues within the cancer service.
- The BMI cancer cluster had appointed a lead and links were being formed across the organisation to ensure the team had peer support.

However, we also found the following issues that the service provider needs to improve:

- The United Kingdom Oncology Nursing Society triage tool was not always followed to make admission decisions for each unwell chemotherapy patient.

### Name of signatory

# Summary of findings

Amanda Stanford

Deputy Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Medical care

### Rating Summary of each main service

#### Summary of service

The hospital had clear standard operating policies for the admission of unwell patients who had received chemotherapy in the previous 21 days. A specialist cancer nurse and oncology consultant provided advice to patients and staff caring for cancer patients via a mobile phone. The hospital had agreed a cancer strategy for 2018 – 2020 and operational policy for Mulberry Suite.

We reviewed six patient notes and found each set of notes contained a record of a cancer patient multidisciplinary meeting discussion, which was safe practice. In general, the team followed the United Kingdom Oncology Nursing Oncology Group triage tool for assessing unwell patients following chemotherapy treatment.

A medical cancer lead had been appointed to represent cancer within the Medical Advisory Committee and Clinical Governance Committee. The cancer service was on the standing agenda for the Medical Advisory Committee and Clinical Governance Committee, which had raised the profile of the cancer service within the hospital.

The BMI cancer cluster had appointed a lead and links were being formed across the organisation to ensure the team had peer support. The cancer team met regularly to discuss current issues within the cancer service.

# Summary of findings

## Contents

<b>Summary of this inspection</b>	Page
Background to BMI Goring Hall Hospital	7
Our inspection team	7

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# BMI Goring Hall Hospital

## Services we looked at

Medical care in relation to cancer services

# Summary of this inspection

## Background to BMI Goring Hall Hospital

BMI Goring Hall Hospital is operated by BMI Healthcare Limited. The hospital transferred ownership to BMI Healthcare in 1994. It is a private hospital in Goring-By-Sea, West Sussex. The hospital primarily serves the communities of West Sussex. It also accepts patient referrals from outside this area.

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The hospital has had a registered manager in post since 2010. The current registered manager has been in post since March 2018.

BMI Goring Hall Mulberry Suite provides outpatient medical interventions and systemic anti-cancer

treatment in the form of chemotherapy. The Mulberry Suite has four treatment chairs and access to a single bedroom for emergency admissions or for individual patients to use as a day case.

The service treats breast, prostate, bladder and haematology cancers. The suite is open between 9am and 5pm during the week. Monday and Thursday are reserved for non-cancer treatments such as blood transfusions.

In the last 12 months, 30 patients had received chemotherapy at BMI Goring Hall Hospital. The unit is staffed by a Clinical Service Manager for cancer and medicine, a Clinical Nurse Specialist in cancer care and registered nurses. All take home medicines are provided by the onsite pharmacy.

There are six oncology consultants and two haematology consultants who have practising privileges in the hospital.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC assistant inspector, and a specialist advisor with expertise in chemotherapy treatment. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

# Medical care

## Safe

### Are medical care services safe?

#### Assessing and responding to patient risk

- Patients had access to a cancer trained nurse 24 hours a day via a dedicated mobile phone number for advice and support when feeling unwell in the 21 days following receiving chemotherapy. Staff caring for patients with cancer could also ring and get advice and support. Patients had their symptoms assessed using the UK Oncology Nurses Society triage tool. The UK Oncology Nurses Society 24-Hour Triage Tool is a risk assessment tool that uses a Red, Amber and Green scoring system to identify and prioritise the presenting problems of patients contacting 24-hour advice lines for assessment and advice.
- We reviewed six completed triage tools and found on two occasions the triage tool escalation advice had not been followed. We spoke about this to the Clinical Service Manager who was aware of this having occurred and had addressed this with the staff involved. They had also organised for refresher training on using the UK Oncology Nurses Society 24-Hour Triage Tool from a member of the UK Oncology Nurses Society.
- We saw the last three months' cancer out of hour's advice line rota. The shifts were shared between only two members of staff which could be a risk in the event of sickness and annual leave.
- Patients who became unwell following chemotherapy were stabilised and transferred to the local NHS hospital. We saw the standard operation policy staff followed to ensure this happened. In the 12 months prior to inspection, one patient needed to be transferred to the local NHS hospital.
- The cancer team met on a weekly basis. We reviewed the minutes of the previous three weeks. The meeting had a set agenda which included any planned leave for key staff and how this would be covered, patients planned for treatment during the week ahead and any current issues.
- The cancer service had been added as a regular agenda item on the monthly Medical Advisory Committee and Clinical Governance Committee meeting. A medical lead for cancer had been appointed and presented the status of the cancer service to the wider hospital team. We saw the minutes of the previous three Medical Advisory Committee and Clinical Governance Committee meetings and saw all policies for cancer care had been agreed at this meeting prior to wider use.
- We saw minutes of clinical governance meetings which occurred in December 2017, February 2018 and May 2018. These demonstrated trends in incidents, complaints and patient satisfaction were reviewed. Action plans were put in place monthly and committee risk register was reviewed every six months.
- We were provided with the Medical Advisory Committee and Clinical Governance Committee constitution folder which included role profiles of Clinical Services Manager, Specialist Nurse and Breast Care Nurse. We saw a Medical Advisory Committee and Clinical Governance Committee meeting template where some of the agenda items included review of previous minutes and actions, matters arising and quality assurances.
- We viewed several policies in the hospital including the oncology policy, adult resuscitation policy and scalp cooling policy. Although they were referenced and had planned review dates some of the policies had passed this review date. (For example, Spinal Cord Compression Policy: Review date November 2016). The Clinical Guidelines for the Management of Cytotoxic Extravasation had also passed the review date of January 2017). This meant patients may not be receiving the latest evidence based treatment.
- The Mulberry Suite had a current operational policy. The policy had been agreed at the Medical Advisory Committee and Clinical Governance Committee meeting in February 2018. Staff had access to a paper copy and it could also be accessed electronically. This meant all staff working within the area could refer to this policy and this ensured consistency in the care provided. The following headings were contained within the policy; training and supervision for staff, network partners, an equipment list, the governance structure, the treatment pathway for patients receiving

# Medical care

chemotherapy, the out of hours service, medicines management and an audit schedule. The policy had an annual review date. This regular review meant any changes in cancer practice could be incorporated into the up to date version of the policy.

- Where BMI corporate cancer policies were not available or in date BMI Goring Hall Hospital had developed local policies.

## Training and supervision

- The team who provided cancer services for BMI Goring Hall Hospital had the appropriate qualifications and training for their roles. Nursing clinical supervision was provided by a clinical psychologist. The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. Supervision was offered in a group or on a one to one basis.
- Links to cancer peers across the BMI group had been established. Staff told us how the communication links worked in practice. This meant staff received advice and support when needed and had the knowledge to provide up to date care for the patients.
- Training for the wider hospital team in cancer care was planned. The aim was to ensure a patient with a cancer diagnosis was 'business as usual' for all members of staff. Training was face to face and provided the opportunity for all staff to increase their knowledge of cancer treatments for patients.

## Records

- We reviewed six sets of patient notes. All notes contained a copy of the multidisciplinary team cancer discussion for the patient. The stage and grade of the cancer was documented as well as the planned treatment. This was in line with safe national practice when caring for patients needing cancer treatment.
- The notes were completed in black ink and all entries were signed and dated. This is in line with the legal requirements when documenting in patient notes.
- The service had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, for example, details of their current medicine.

## Environment and equipment

- The Mulberry Suite was light and airy and had received a Macmillan Quality Environment Mark. The Macmillan Quality Environment Mark is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer.
- The treatment recliner chairs were made from a cleanable plastic fabric. This meant each chair could be cleaned in-between use reducing the risk of infection to patients. However, the chair in the single use room was fabric.
- The sink in the single use room did not comply with health building note 00-09: infection control in the built environment however, no patients had received chemotherapy in this room in the 12 months prior to the inspection.