## Review of compliance

### Medical Services International Limited
Bupa Cromwell Hospital

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<th><strong>Region:</strong></th>
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| **Location address:** | Cromwell Hospital  
  Cromwell Road  
  London  
  SW5 0TU |
| **Type of service:** | Acute services with overnight beds  
  Doctors consultation service  
  Diagnostic and/or screening service  
  Doctors treatment service |
| **Date of Publication:** | July 2012 |
| **Overview of the service:** | Bupa Cromwell Hospital is a private hospital in central London offering care and treatment for adults and children. The hospital provides a wide range of medical and surgical specialities with diagnostic facilities. Patients come from |
the UK and from more than 100 countries worldwide.

At present the hospital is undergoing a significant programme of redevelopment. This includes refurbishment and redesign of patient facilities and new imaging equipment and tests.
Our current overall judgement

Bupa Cromwell 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 26 June 2012, talked to staff and talked to people who use services.

What people told us

People we spoke with were satisfied with their care and treatment at the hospital. Many described aspects of their care as "excellent". They reported that they were treated with respect. People understood the treatment that they or their children were undergoing and had been involved in making decisions about their care. They felt that they could give feedback about the service and ask for more information.

People who did not speak English as their first language told us that they had had a good experience at the hospital. They had had as much information as they needed and could ask for more. They had always been able to use the interpreter service when they needed it, or their doctors spoke Arabic with them.

What we found about the standards we reviewed and how well Bupa Cromwell 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's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider was meeting this standard.

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

People experienced care and support that met their needs and protected their rights. The
provider was meeting this standard.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

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

There were enough qualified, skilled and experienced staff to meet people's needs. The provider was meeting this standard.

**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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service. The provider was meeting this standard.

**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

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<td><strong>What people who use the service experienced and told us</strong></td>
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<td>People we spoke with were satisfied with their care and treatment at the hospital. They reported that call bells were responded to promptly. Many described aspects of their care as &quot;excellent&quot;.</td>
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People who use the service and their families or representatives understood the care and treatment choices available to them. Many of the patients do not have English as their first language. There was a team of interpreters available as well as an international patient team to assist with the organisation of patient requirements.

We used the hospital interpreting service to speak with families who did not speak English, to seek their opinions of the hospital. They told us that they had had a good experience at the hospital. They had had as much information as they needed and could ask for more. They had always been able to use the interpreter service when they needed it, or their doctors spoke Arabic.

We saw that there was information available in the main languages spoken by patients and their families on the hospital's website. We saw that staff respected patients' individuality, privacy and dignity.

**Other evidence**
People's diversity, values and human rights were respected. We saw that all the inpatient rooms were single with en suite facilities. In outpatient areas people were
seen in private consulting rooms. Suitable meals were provided that met religious or cultural requirements. Female staff were available for people who preferred this.

We discussed cultural differences with some staff. They all stated that cultural awareness and equality and diversity were a large part of induction and yearly mandatory training. Nursing staff had a formal process of handover between shifts so that staff could be made aware of their patients' preferences.

We saw an information guide in every room. These included feedback forms for patients to complete. There was specialist information available, for example information for parents with children in the Paediatric Intensive Care Unit (PICU). The hospital employed play specialists to offer children activities during their stay.

We saw positive interactions between staff and patients in all the areas we visited. We observed that staff knocked on doors before entering a room.

**Our judgement**
People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider was meeting this standard.
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
People we spoke with told us that they felt well involved in their care and treatment. They told us they understood their treatment and had participated in the planning of their care.

Other evidence
Staff described risk assessments and care plans in paediatrics. Integrated Care Pathways (ICP) were used for some types of surgery and this ensured that patients were cared for by multi-disciplinary teams with care that was evidence-based and coordinated. Completed and up-to-date care plans and assessments were seen. Paediatric Early Warning Scores (PEWS) were used in the paediatric areas so that staff could be alerted if a child's condition was deteriorating.

We heard that paediatric patients were moved to specialist hospitals for more complex procedures, but may return to Bupa Cromwell Hospital to recover. We heard and saw that there were processes and protocols in place for transfer of patients to other hospitals and for transfer in and out of the country.

In the PICU we saw that risk assessments were reviewed and updated twice daily for every child. Staff used a critical care recording chart for recording the vital signs of the children. We saw these for previous days and these had been fully completed.

We saw that similar care planning and risk assessments had been undertaken for adult patients. These included pre-surgical assessments and screening, full assessment on admission and use of the World Health Organisation surgical checklist. Staff used the Early Warning Scores recording system to record their patients' vital signs.
An environmental and equipment risk assessment was carried out daily in all inpatient rooms.

People's care and treatment reflected relevant research and guidance. We saw that new information and guidance for staff had been produced following up-to date guidance from specialists. An example was new adult antibiotic guidelines. This meant that the various consultants at the hospital had consistent guidelines to follow. There were mechanisms for review of the policy and audit of the use of the policy.

There were plans in place for a foreseeable emergency. These included training of all staff in life support, emergency equipment and emergency drugs in place and protocols that ensured appropriate staff were on call for an emergency in the hospital. We saw that there were resuscitation policies in place. We checked some of the resuscitation trolleys and these had been checked daily. Resuscitation trolleys were available in all the clinical areas. There were emergency alarms in all the rooms.

**Our judgement**
People experienced care and support that met their needs and protected their rights. The provider was meeting this standard.
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect. People who use services: * Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

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<td>The provider is compliant with Outcome 07: Safeguarding people who use services from abuse</td>
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| **What people who use the service experienced and told us**
People using the service told us that they felt safe at this location. They told us that they would raise a concern if they had one.  

**Other evidence**
There was a safeguarding named nurse and deputy for the hospital. There was a safeguarding named doctor for the hospital who was a paediatric consultant. The named nurse raised all safeguarding alerts with the local authority safeguarding lead and sought advice when needed. The named nurse also attended the Local Children's Safeguarding Board meetings so that she could share and receive knowledge and awareness of safeguarding matters.  

The process for raising a safeguarding concern was consistently described by all staff. There was a laminated flowchart of the procedure available in staff areas of wards. Staff understood the importance of safeguarding and knew how to recognise the different types of abuse.  

All hospital staff received basic training in child protection. All paediatric staff received more advanced training from an external trainer.  

The hospital's safeguarding policy was based on the local authority's safeguarding policy and was available for all staff on the hospital's intranet.  

**Our judgement**
People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from
happening. The provider was meeting this standard.
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
People we spoke with were positive about staff, both clinical and non-clinical. In the paediatric ward people said the nurses were always in and out of the room checking on the patient and family and were very knowledgeable and reassuring.

We heard that staff answered call bells promptly and people commented that there were sufficient staff to meet their needs.

We tested the availability of interpreting staff and found that people's interpreting needs were met.

Other evidence
We visited many of the clinical areas of the hospital. These included the paediatric (PICU) and adult intensive care units (AICU), paediatric ward, paediatric outpatient department, oncology ward and surgical ward. We saw that there were enough nursing staff to offer one to one care with a suitably trained nurse in the high dependency areas. This was also the case during the night.

Nursing rotas were set in advance by the general manager of each area. These were based on a suitable skill mix of staff and the dependency levels of patients. We saw that hospital bank or agency staff were used if there were not enough permanent staff available or if extra staff were needed. Staff confirmed that this was the case.

We saw that there was specialist advice, care and treatment available from other health professionals such as speech and language therapists, physiotherapists and dieticians. Specialist nursing advice and support was available, for example for safeguarding concerns. A member of the senior management team was available on call 24 hours a
There was 24 hour resident medical officer (RMO) cover and this included the paediatric inpatient areas. All the paediatric RMOs were at specialist registrar level or above.

We heard that there was a 24 hour paediatrics consultant on call rota for any planned and unplanned appointments or emergencies. There was also a 24 hour PICU consultant rota. We saw that the consultant paediatric intensive care lead visited the PICU daily and that the RMO on duty could access specialist advice and support if needed.

Consultants visited their patients daily. Cover was arranged if consultants were not available.

Staff spoken with were positive and enthusiastic about their roles. They were involved in the redevelopment of the hospital and excited about the positive changes. They felt supported and enjoyed working at the hospital.

**Our judgement**
There were enough qualified, skilled and experienced staff to meet people's needs. The provider was meeting this standard.
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
People we spoke to told us that they could give their feedback about their care and treatment.

Other evidence
People who use the service were asked for their views about their care and treatment and they were acted on. We saw that there were various ways to capture patient feedback. These included verbal feedback, questionnaires, suggestion boxes and an electronic system being piloted. Every patient was given an 'opinion makes a difference' booklet at every appointment. This feedback was analysed externally and reported on and reviewed at the integrated clinical governance (ICG) meetings.

We saw that there was a system for incident reporting. Staff were taught at induction how to report an incident. Incidents were discussed at team meetings and notes were taken and displayed for staff who were not at team meetings.

Incidents were discussed at the monthly ICG meetings with all leads of directorates. Incidents were reported to the board quarterly. We saw the last ICG meeting report from June 2012. This included discussion of incidents, review of new policies, review of National Patient Safety Agency alerts, complaints and patient feedback. We saw actions that had been undertaken following incident reporting to reduce the likelihood that the same issue would reoccur.

A hospital risk register was in place, was discussed at the ICG and was reviewed weekly by the senior management team to mitigate risks.

There was a central electronic system for policies and procedures which staff could
The Chief Nurse undertook daily rounds of the hospital, checking on the service. There was a system to review the individual clinical practice of the consultants who have practicing privileges granted at the hospital. This included a formal practicing privileges governance committee.

We saw that staff had received information about meeting the CQC’s Essential standards of quality and safety. This included an information DVD about the standards and compliance with them. The hospital took into account recently published reports. For example, following the CQC’s Dignity and Nutrition Inspections report of 2011 staff looked at improving support at meal times and some patients now have red trays, indicating that they require assistance at mealtimes.

**Our judgement**
The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service. The provider was meeting this standard.
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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