

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

BMI Foscote Hospital

2 Foscote Rise, Banbury, OX16 9XP

Tel: 01295252281

Date of Inspections: 09 January 2013
02 January 2013

Date of Publication: February
2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Foscote Court (Banbury) Trust Limited (by Guarantee)
Registered Manager	Mrs. Jennifer Jane Liggitt
Overview of the service	<p>A private hospital providing diagnostics and treatment. People may be admitted for overnight care but the majority of treatment is provided on a day case basis.</p> <p>The hospital has charitable status and is managed on behalf of the Trustees by a larger provider group.</p>
Type of services	<p>Acute services with overnight beds</p> <p>Doctors consultation service</p> <p>Diagnostic and/or screening service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 2 January 2013 and 9 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We met with ten staff and six service users as part of the inspection. We inspected the premises and had access to the clinical and non clinical areas.

Service users were unanimous in their praise for the quality of care that they received. One described the care as "first class" and said they were treated with dignity. We were told by a service user that staff managed their pain effectively and requested to calls for assistance promptly.

Service users said they felt involved in their care and some told us that they had been offered a choice with regard aspects of their treatment. One service user, however, said that they had not been provided with information ahead of the procedure but felt able to discuss this with the clinical staff.

We saw staff from a range of disciplines speak to service users in a friendly, polite and professional manner. We observed staff showing respect for service users and service users, in turn, said they felt that they were well cared for.

The hospital was well maintained and clean. One service user said the hospital was "spotless". The maintenance manager felt involved in the running of the site and had effective processes in place to maintain the fabric of the building.

Meals were well presented and menus well coordinated with a range of options. Other food was available on request.

We saw that there were effective governance arrangement in place to monitor quality and outcomes.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. Also their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them and were given appropriate information and support regarding their care and treatment. For example, one service user told us that the information given to them by staff was helpful and the way that it was given was encouraging and comforting.

Two service users told us that they had been given information about differing types of anaesthesia for their individual procedures, to enable them to make a choice about what was best for them. The provider may like to note that one service user, however, told us that they were only given the name of the procedure and not told what the procedure involved in advance. They said that they were given further details on the day of the procedure and considered that it would have been more helpful to have had this ahead of admission.

We were told that people using the service were asked for their views as part of a satisfaction survey. We were told that as a result of the comments made, that there had been changes made to some aspects of care, including a change to the menus for people receiving care as day patients.

Staff we spoke to confirmed that service users were given a satisfaction survey and we noted that there was a domain on the discharge checklists to confirm that a survey had been given to the person. We saw boxes on the walls of the hospital inviting service users to leave their comments and completed surveys.

We were told by the Manager that service user satisfaction had gone up and the hospital was now at the top of the regional league amongst the hospitals group for service user satisfaction. We saw evidence of this in the form of a written report that was made available. Staff we spoke with were aware of the results of the recent surveys.

We saw information leaflets for a range of conditions treated at the hospital and these

were available for people receiving care.

One of the staff we spoke to said that service users were not rushed and given the time to ask any questions. They also said that service users were able to contact them by email should any queries arise between appointments. Those receiving care confirmed that they felt that they had time to discuss their care and any concerns with the staff.

All of the service users said that they were treated with dignity and respect. For example, one person told us that staff supported them to meet their personal care needs in a discreet and caring way. Another told us that the respect shown to them helped them feel more relaxed about their treatment. Service users were admitted for short periods of time and mainly for day care. One person we spoke to was expected to remain an inpatient for four days following planned surgery. We saw that each service user admitted for day care or inpatient care was nursed in a single and ensuite room. There was a television and telephone in each room to enable service users to maintain their independence and privacy. We were told that service users were able receive visitors in the bedrooms. We were told that other rooms could be made available for visitors if necessary.

We observed staff speaking to service users in a friendly and polite manner. All of the service users said that they had been treated very well by staff and this demonstrated that staff were committed to maximising people's choice, control and inclusion thereby respecting their rights.

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

People's needs were assessed and care and treatment was planned and delivered in line with their care pathway. For example, we saw that there were standardised care pathways for differing clinical procedures. We were told that the care pathways were based on National Institute for Clinical Excellence (NICE) guidance. The medical assessment was supported by a pre-admission assessment carried out by a senior nurse and any further care needs identified to support care planning. Staff commented that there was a lot of repetition in the completion of the paperwork and said that they had asked for the paperwork to be reviewed but this had not been done. We noted that the paperwork required largely tick box answers.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. For example, we saw that there were risk assessments in place for clinical reasons such as the prevention of thrombosis or blood clots. Such assessments enabled staff to provide the right care or support to minimise the risks. We noted, for example, that the VTE (Venous Thromboembolism) risk assessment had been completed in each of the clinical records reviewed. This demonstrated a degree of rigor in the assessment process for people who may have been at risk of developing a clot as a result of reduced mobility.

There were arrangements in place to deal with foreseeable emergencies including equipment and the procedures to follow. We were told that the medical staff employed at the hospital were also employed at the local acute Trust. Partly as a result of this, the manager considered that they had good links with the local acute hospital and were able to transfer patients there if their clinical presentation required this. We were told by staff that there had been instances when patients had been transferred to ensure their safety and recovery.

One person described their care as "first class". They said that the nurses were attentive and that the medical care was "wonderful". They felt very confident in the staff. Other service users had chosen the provider following recommendation or personal experience. Several of the service users we spoke to had received care at the hospital previously.

Staff told us that they could be contacted by email or telephone if the service user considered this necessary to discuss further their planned treatment to further ensure that

they were fully involved in their care.

We observed staff, both clinical and non clinical staff speak to service users in a respectful way, for example, one of the housekeeping staff politely explained to the service user that they would return to complete their cleaning after we had finished speaking to enable us to talk in private and without any distractions. We also saw staff knock on people's rooms before entering, again showing respect for their privacy.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We were shown copies of the menus for service users. These menus included soft meal options for those service users who required such a diet. The menus offered a choice for service users and contained a vegetarian option as standard. People were provided with a choice of suitable and nutritious food and drink.

One service user we spoke to said that the breakfast she ordered was provided and that hot drinks were available at any time. We observed one service user requesting some food and drink prior to discharge and this was provided. One service user told us that the food was "beautifully presented".

We saw that a service user was offered food and a drink prior to discharge following treatment and they were given what had been requested. At the time of the inspection no service user needed assistance from staff to maintain their dietary needs.

We saw that water jugs in service users rooms were clean and the water provided was fresh.

Some service users were admitted for minor surgery or investigations and some of these felt that food was not such a priority for them as they remained in the hospital for a short period of time.

We reviewed the support workers training and competency manual and saw that nutrition and hydration were covered in detail which demonstrated the commitment of the provider to ensuring that service users nutritional and dietary needs were assessed and met.

We were told that as part of the checks prior to treatment, service users were asked if they had remained nil by mouth if this was clinically necessary. There was also a domain on the clinical pathway to ensure that this was asked of service users.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

We saw that there was a policy for the safeguarding of vulnerable people. Staff we spoke to demonstrated an understanding of the process to follow if they suspected that a service user was being abused. All staff told us that they had not needed to make any referrals to the safeguarding team nor to raise any concerns with their manager.

We saw the electronic system that recorded staff's training and saw that Safeguarding was one of the domains set out in the schedule of training. All clinical staff we spoke to confirmed that they had received safeguarding training. One of the visiting staff told us that they received training within their substantive post elsewhere in the local area.

We were told that female service users can have a member of staff to act as a chaperone for any examinations if this is considered necessary by either the service user or the clinician. This further safeguarded both the service user and the member of staff and offered assurance to the service user that their safety and dignity were respected.

Staff we spoke to demonstrated an understanding of Whistleblowing but felt confident that they would be able to discuss any concerns with the managers of the provider.

Service users told us that they knew how to raise any concerns or make a complaint. One service user told us that they would discuss a concern they had regarding information provided prior to admission with the clinical staff but none had any complaints regarding their care and treatment.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. The hospital was built approximately 40 years ago and the facilities included a theatre; out patient consulting and treatment rooms as well as service user bedrooms and staff offices.

We were told by the manager that the hospital was managed by a larger organisation on behalf of the Trustees of the Charity. This ensured that comprehensive cover was provided to service the site at all times as staff from other provider units provided cover.

The hospital appeared to be well maintained. There was effective signage and adequate lighting outside of the hospital. Inside, it appeared similarly well maintained and in good decorative order. The reception area was pleasant and had adequate seating.

There was a single entrance to the hospital which enhanced safety and security for those receiving care as well as staff working in the hospital. People entering in the hospital were requested to sign in and were given a visitors badge to help with identification. Staff had key fobs to access areas within the hospital. Clinical rooms had clear signage to indicate that they were in use to maintain privacy for the service user. Sterile areas were well signposted to maintain safety as was the Xray room.

We were told that there was an electronic system in place whereby staff were able to request maintenance work. The facilities manager told us that requests for work were addressed promptly and most of the staff we spoke to concurred with this. One person told us that they felt that maintenance work took longer than it had previously. All of the people we spoke to who were using the service told us that they were satisfied with the fabric and maintenance of the hospital.

We met with the person in charge of facilities and estates and reviewed the maintenance schedules. We were able to see that there was a planned maintenance programme as well as a planned programme for servicing essential equipment. This meant that the provider was able to ensure that the environment was continuously maintained and updated to ensure people's safety.

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 services that people received.

The provider also had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

We saw the schedule of quality meetings for the year. This demonstrated that there was a process in place, as well as a commitment to assessing and monitoring the quality of service.

We reviewed the minutes from the monthly Governance Committee and saw that the actions from previous meetings had been completed within the time allocated. There were few actions carried over to the next meeting which demonstrated that staff took responsibility for the outcomes. The Governance Committee was a formal and recorded meeting that addressed a range of quality indicators including Regulation; Incidents; Infection Control; Patient Satisfaction and Health & safety. We were told that the meeting provided a useful forum for staff to discuss quality and review outcomes.

We saw that there was a complaints system in place and we were told that complaints received had mainly been in relation to finance, and people whose care and treatment were funded by insurance not knowing that they may have some personal financial liability. We saw that to resolve this, the hospital had clear signage in the consulting rooms advising service users to check with their insurance company regarding personal liability. Staff had also been asked to discuss this with service users.

We saw the complaints folder and the responses that had been made to them. Complaints were logged on the electronic system forming a record of the process from start to completion. We saw that complaints was a standing agenda item at the Governance meetings which meant that complaints were discussed openly and used as an opportunity for learning and to improve practice. We were also told by both the Manager and the Chair of the Board of Trustees that any complaints were discussed between them.

There was evidence of learning from incidents and adverse events, including near misses. For example, we were told by the Manager that clinical incidents were discussed amongst the relevant clinical team and that these were used as a learning opportunity for clinical

staff. As a result of incidents reports there had been additional training provided as well as the purchase of different medical equipment. Clinical staff confirmed that changes had been made to practice following these incident reviews. This showed that learning from incidents and investigations took place and appropriate changes were implemented as a result of the process.

We were told that audits outcomes were discussed at the Governance meetings and the minutes confirmed this. We saw the evidence for a range of audits carried out such as environmental; mattress clinical records and medication audits.

Service users were asked for their views on their care and treatment and both the Managers and the clinical staff we spoke to were proud that service user satisfaction had increased. Service users we spoke to said that they felt able to raise any concerns or issues with the staff but as the survey was given out on discharge they had not been asked to complete one at the time of the inspection. Staff told us that they were able to discuss clinical issues with the team as necessary, and such discussions ensured learning and critical review of incidents and clinical practice.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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