

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

## BMI Gisburne Park Hospital

Gisburn Park Estate, Gisburn, Clitheroe, BB7  
4HX

Tel: 01200445693

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September 2012

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

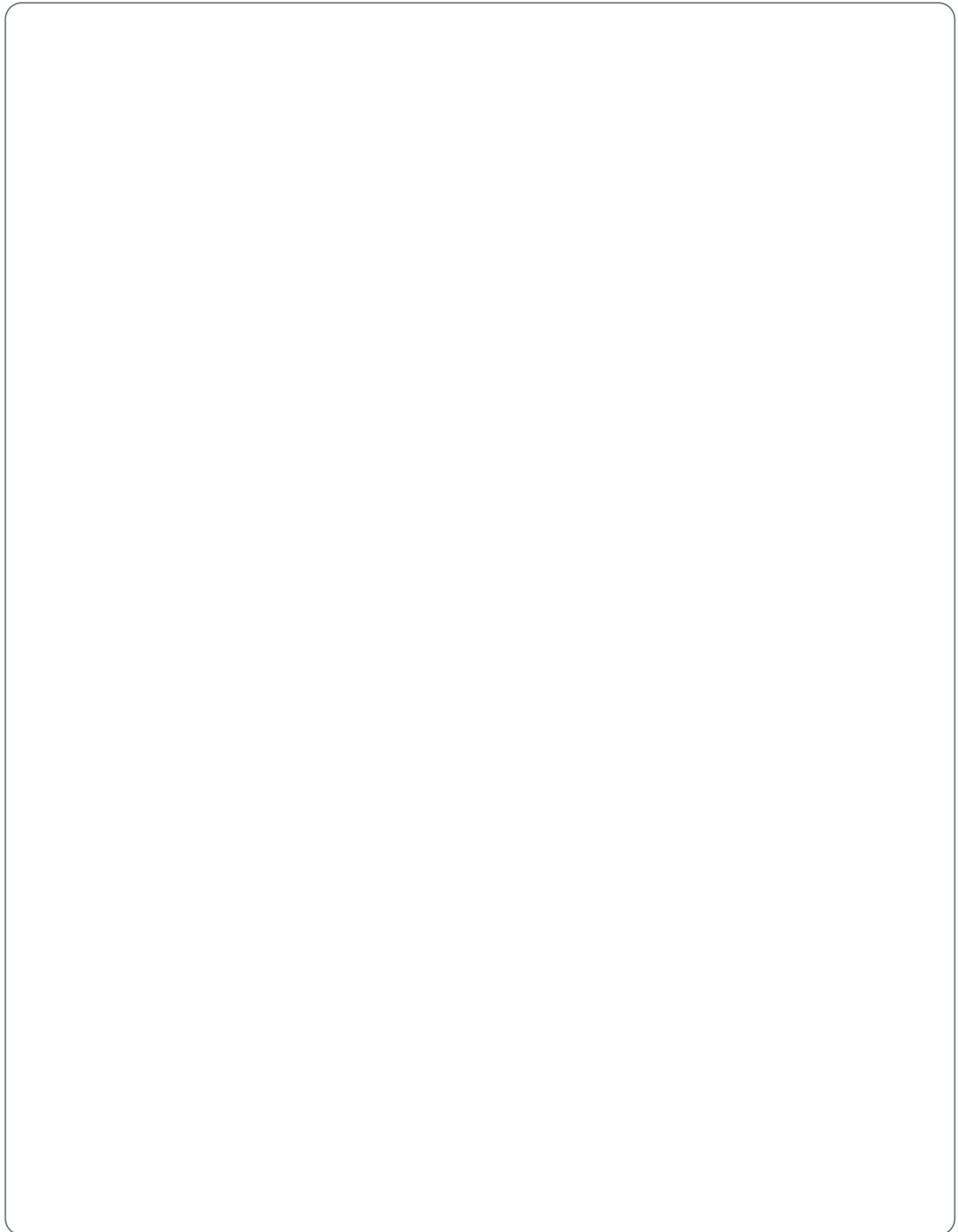
<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✗ Action needed

## Details about this location

Registered Provider	BMI Healthcare Limited
Registered Managers	Ms. Sally Hill Ms. Samantha Sheehan
Overview of the service	BMI Gisburne Park Hospital is housed in a Grade I listed building set in parkland with 35 bedrooms all of which provide an ensuite facility, television and telephone. The hospital has two theatres, five consulting rooms, a physiotherapy suite and a radiology department. The hospital caters for a mixture of surgical and medical patients and has an alcohol and drug dependency centre.
Type of services	Acute services with overnight beds Residential substance misuse treatment and/or rehabilitation service
Regulated activities	Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*



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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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People made complimentary comments about the service, one person told us "It's amazing, the service has been more than I expected" and another person commented, "I've been happy with everything, all the staff are very good and very caring". During our visit we observed positive and respectful interactions between the staff and patients. Records, treatment plans and risk assessments were maintained and updated as necessary. However, we found the treatment plans on the dependency unit lacked detail about people's personal support needs.

Staff had access to appropriate policies and procedures on the protection of children and vulnerable adults. Training on safeguarding vulnerable adults was being rolled out to staff at the time of our visit.

Staff were provided with ongoing opportunities for training and development and were given an appraisal of their work performance.

There were established systems in place to monitor the quality and operation of the service and a quality account was published on an annual basis. However, we found feedback from people on the dependency unit had not been collated or analysed, which meant trends and patterns had not been identified and addressed and the staff training records system was not integrated so it was therefore difficult to determine the training status for individual staff.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 10 October 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Their rights to privacy and dignity were respected and taken into account in the way in which the service was delivered.

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### Reasons for our judgement

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People told us they were involved in the planning of their care and confirmed their options had been fully explained and discussed with their doctor, including the risks and benefits of their treatment or investigation. People told us they had been given information about their specific procedure or treatment, which they said was useful and easy to understand. A patient and his wife both expressed a high level of satisfaction with the service, they commented they had been kept informed and were aware of what was going to happen. The hospital and the doctor had accommodated the patient's wishes for a different date for his procedure to take place which had alleviated some of his stress.

Whilst people told us they received sufficient information we observed one patient's treatment being changed immediately prior to their procedure taking place. This meant the patient did not have sufficient time to consider the different arrangements or make their relative aware.

People attending the dependency centre for addictions were given a patient information/orientation pack which explained the addiction treatment programme and their responsibilities as a patient in the unit. One person told us, "It has been just brilliant, I can't fault anything, the staff have been so supportive and they have explained everything to me". The person confirmed they had received the information pack, which they used for reference purposes.

All people spoken with told us their rights to privacy and dignity were respected and upheld at all times. We also received information about the service via our website from a recent patient, who stated, "The service far exceeded by expectations, everything was fully explained and they respected my dignity and showed consideration for my family members". We observed sensitive and kind interactions between the staff and patients during our visit and noted all records were written in respectful terms.

People were given the opportunity to complete customer satisfaction questionnaires which were collated by an outside company. The results were published on the hospital's

website. The questionnaires enabled people to feedback their views on the service and make suggestions for improvements. People using the dependency centre were also given an additional questionnaire, which was retained by the hospital.



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

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**Our judgement**

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The provider was meeting this standard.

People experienced effective, safe and appropriate care, treatment and support which met their needs and preferences.

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**Reasons for our judgement**

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People made complimentary comments about their experiences of the care and treatment provided by the hospital. One person said, "Everything has been wonderful, everybody has been so caring and attentive". We tracked a person from ward to theatre and back to the ward. The pre operative checklist was completed by the ward nurse and this was checked in a timely way by the technician in the anaesthetic department. The World Health Organisation (WHO) check was completed in theatre prior to the commencement of the operation, in order to double check the identity of the person and the procedure to be carried out. However, we noted the person's pre admission checklist had information such as the patient's weight, height, body mass index and temperature missing. This meant there was the potential for assessments such as the risk of deep vein thrombosis to be incorrectly assessed.

People spoken with were familiar with their care pathway plans, which had been developed for a specific procedure or treatment. With their permission we reviewed one person's medical file and noted the documentation included a fully completed and signed consent form. The care pathway plan had been added to as the person progressed through the stages of treatment, as such there were preoperative assessments, admission assessment, theatre pathway which included activities in theatre and the recovery phase, an anaesthetic record and post operative care plan and record. Appropriate risk assessments had been carried out and actions were clearly identified in line with the level of risk. We also saw that the person had the relevant intervention as indicated by their risk assessments.

We looked at and discussed a person's care file attending the dependency unit and noted detailed information was gathered prior to admission to ensure the person's needs could be accommodated by the hospital. This included a medical history from the person's GP and the results of blood tests. A risk management document was completed as necessary if risk areas were identified. On admission to the unit a screening assessment was carried out, along with risk assessments. The person was asked to sign a contract for treatment, which set out the rules and their obligations during their stay. The person's medication and medical treatment was carefully monitored as part of their medical plan and people were invited to join group and individual counselling sessions. People were introduced to the 12 step approach as a way forward for their own recovery.

People had individual treatment plans; however, the provider may find it useful to note the plans were very brief and only included details of the purpose of the person's stay on the unit. As such there was no information seen about people's individual social and psychological needs and how these would be supported during their recovery. However, a person staying in the dependency unit told us, the staff had supported their personal needs and had adopted a non-judgemental approach. The person said, "They have been amazing, I feel really positive about the future".

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People spoken with told us they were able to voice any concerns about the service and they felt confident appropriate action would be taken. None of the people spoken with had any concerns or worries about the service and all said they felt comfortable and safe.

We discussed safeguarding procedures with members of staff in the hospital. (These procedures are designed to protect children and vulnerable adults from abuse and the risk of harm). We found staff had limited knowledge of the safeguarding procedures, but told us they would alert their line manager if they had a concern. We noted training on the protection of vulnerable adults was in the process of being rolled out to the staff team.

Safeguarding policies and procedures were available for staff reference on the organisation's website, which meant they were readily accessible to all staff teams. The policies and procedures included information on the types and indicators of abuse. A flowchart, which set out the expected response of staff and managers in the event of an alert, was displayed on notice boards in each department. The flowchart included the relevant contact details for the local authority.

Staff also had access to whistle blowing procedures, which provided them with information about how to disclose any concerns about individuals or the organisation through appropriate channels.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were supported by staff who had received appropriate training for their role.

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## Reasons for our judgement

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People spoken with made positive comments about the staff including the doctors and the nursing team. One person told us, "It has been wonderful both the care and hospitality have been excellent" and another person said, "They have been very encouraging and inspiring." All staff spoken with articulated a strong commitment to patient care and providing people with a positive experience of the service.

Staff confirmed they were provided with ongoing training opportunities which were applicable to their role. Members of staff explained they were expected to complete a series of computer based courses known as e-learning and associated face to face training sessions to consolidate their knowledge. However, staff told us the e-learning was time consuming and difficult to complete if they had limited skills on the computer. Staff training covered mandatory topics such as moving and handling, infection control, fire safety and safeguarding children and vulnerable adults. The provider may find it useful to note that we checked staff training records and found these were not up to date and it was therefore difficult to determine the training status for each member of staff.

Staff had an appraisal of their work performance three times a year. The appraisals focused on staff behaviours and competencies and set future objectives, which were reviewed at the next appraisal. We saw an example of a completed staff appraisal form during the inspection and noted the member of staff had the opportunity to make comments and take an active role in the process. However, staff were not provided with regular supervisions and they told us that work based concerns were not always acted upon. Further to this, staff were invited to ward meetings but they told us their comments were not always addressed.

There were established induction arrangements for new staff, which included the completion of an induction training programme and working supernumerary whilst they became familiar with their role. We saw examples of completed induction checklists during the inspection. Staff who were new to the hospital told us they had received an induction and this had been followed up with ongoing support from a peer and discussions with their line manager. All staff were given access to the organisation's collaboration site on the internet and a CD so they could easily refer to policies and procedures.

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

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## Our judgement

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The provider was not meeting this standard.

Systems were not always effective in assessing and monitoring the quality of the service provided. (Regulation 10 (1)).

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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People were consulted as part of the ongoing process of monitoring the quality of the service. We saw evidence of this in the form of satisfaction questionnaires, which were collated and analysed by an external organisation. We looked at the results for July 2012 and noted 98% of respondents indicated they were satisfied with the service. Major comments made by people were discussed at the monthly heads of department meetings and also reported in the BMI Healthcare's quality and risk report. However, we saw no evidence to indicate action plans had been drawn up to address people's comments.

People staying on the dependency unit had been invited to complete a feedback form based on their experiences of using the service. We saw completed forms during the inspection and noted people had made constructive comments. However, none of the responses had been collated and analysed and action plans had not been devised in relation to comments of concern or suggestions for improvements. This meant trends and patterns had not been identified and addressed to minimise the risk of reoccurrence.

There was system and process in place for dealing with complaints. All complaints were logged and an acknowledgment letter was sent out to the complainant along with an information leaflet. We saw investigations had been carried out and action plans developed as necessary. An outcome letter was sent to all complainants, which meant people received feedback about their concerns. Similarly, there was a system in place to monitor accidents and incidents.

Staff training records were not up to date and therefore did not present an accurate reflection of staff training. Further to this, the systems used to record e-learning and face to face training were not integrated and consequently it was not possible to determine what training had been completed. Whilst staff had an appraisal of their work performance three times a year, there were no arrangements in place for supervision. As a result staff told us they felt their work based concerns were not always addressed.

The bedpan washer had been out of use for a two – three week period. This meant staff

were exposed to patients bodily fluids in an unacceptable way. Although, we were told a new machine was on order, the hospital's procedures and processes to ensure this equipment was fixed in a timely way were insufficient.

There was an established system of audits, which were carried out at regular intervals, these included infection prevention and control, health and safety, patients' records and care pathways, falls and hand hygiene. We saw completed audits during the visit.

Outcomes from the quality monitoring processes were considered by the corporate quality and risk team, who carried out unannounced internal provider visits. We saw detailed reports produced following these visits and noted action plans were in place to address any identified shortfalls.

The organisation published an annual Quality Account, which gave an account of the quality of the service using recognised criteria and their priorities for future improvements. The Quality Account was made available to people using or considering using the service on the organisation's website.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require treatment for substance misuse	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> Systems were not always effective in assessing and monitoring the quality of the service provided.
Surgical procedures	
Termination of pregnancies	
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 10 October 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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, 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, primary medical services 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 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.

**✗ 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

Contact us

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