Inspection Report

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

BMI The Blackheath Hospital

40-42 Lee Terrace, Blackheath, London, SE3 9UD

Tel: 02083187722

Date of Inspection: 30 October 2012

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

Fees	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	BMI Healthcare Limited
Registered Manager	Mr. Peter Harris
Overview of the service	BMI The Blackheath Hospital is a 69 bedded private hospital, operating across two nearby sites. The main hospital site provides day treatment and inpatient services across a range of medical and surgical specialties including orthopaedics, endoscopy and oncology. The second associated site provides consultation services and treatment of minor injuries. BMI The Blackheath hospital treats adults and children aged three years and above.
Type of service	Acute services with overnight beds
Regulated activities	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'.

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 30 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Patients we spoke with that were privately funded consistently confirmed that they had clear and timely information about all associated costs with their treatment.

There were various arrangements in place to accommodate people's needs, values and diversity such as wheelchair access and special dietary options.

Patients confirmed that the hospital had worked with their other care providers to make sure they were properly cared for.

Our inspection of 31 January 2012 found that the hospital equipment had not been properly maintained. When we inspected on 30 October 2012, we found that equipment was properly maintained and suitable for its purpose.

Members of staff received professional training and development, and felt supported by their colleagues.

The provider took account of complaints and comments to improve the service. Patients were encouraged to complete feedback forms prior to their discharge from the hospital, and this information was reviewed and shared with the staff team.

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

Fees ✓ Met this standard

People who pay for a service should know how much they have to pay, what they are paying for, how to pay, and when to pay for it

Our judgement

The provider was meeting this standard.

People paying for their treatment had clear information about fees.

Reasons for our judgement

The majority of people using services at BMI The Blackheath Hospital were privately funded, and either paid for services directly themselves or through their medical insurance. Approximately 30% of people using the service were NHS funded and had chosen to be treated at the hospital through the NHS 'Choose and Book' system.

Patients we spoke with that were privately funded confirmed that they had clear and timely information about all associated costs with their treatment. They told us that details of costs were provided to them in writing before they had their treatments.

We saw examples of quotations provided to patients before they accessed the service. The quotations clearly specified the procedure, the price, what was included in the treatment package, and details of any exclusions. Patients were provided with a copy of the quotation to keep for their own records, and if they found the quotation content acceptable, signed and returned a copy to the service. Clear information was provided about acceptable methods of payments as part of the quotation.

Managers told us about the arrangements in place to ensure patients had information about costs when they considered accessing the service. The hospital helpline had a 'fixed price calculator', which was able to give a quotation over the phone based on the medical condition specified by the prospective patient. The telephone quotation was then confirmed in writing.

BMI The Blackheath Hospital offered a range of fixed price self pay packages, details of which were displayed, available in leaflet form and on their website.

Once patients had started receiving treatment, they continued to be informed about any cost changes. One of the nurses told us, "We bring to the patient's attention what is and what is not covered by their insurance. We double check each time a new procedure occurs as to whether it is covered by the patient's insurance. We discuss price at every given stage."

Care and welfare of people who use services ✓ Met this standard

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

We spoke with seven patients, all of whom confirmed that the service met their needs. People described their experiences of the service as 'excellent', 'great' and 'very good'.

Patients we spoke with confirmed that they were well taken care of in the hospital. One patient told us, "It's been fine. Everyone's been really nice and helpful". Another patient said, "The anaesthetist was brilliant. I was awake during the procedure but it didn't bother me. The explained the advantages [of having the procedure under local anaesthesia]."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Patients requiring major procedures had a full assessment by nursing staff as part of the pre-admissions clinic they attended. The assessment included blood tests and cross matching, diagnostic testing and urine analysis. People also completed an in-patient pre-operative assessment questionnaire, which provided the service with relevant information to allow individualised plans of care to be arranged.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Prior to admission, patients were provided with information in writing on how they must prepare for their procedures. For example, where it was required, patients were told how long before their procedure they needed to go without food.

In the ward areas, patients were accommodated in individual bedrooms, with ensuite toilet and shower facilities. People had easy reach access to call bells at their bedsides. When call bells were used, staff members responded to them promptly and attended to people's needs.

There were various arrangements in place to accommodate people's needs, values and diversity. The main hospital site and the outpatient centre were able to accommodate wheelchair users. An interpretation service was available in the hospital, but people using the service were also advised to attend with a member of their family or someone close to them if they had any particular cultural or language barriers that they needed the support to overcome.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The managers told us that they communicated with insurance companies regularly on behalf of people under insurance. They shared with the insurer the required procedure code, who in turn verified the level of treatment covered in the person's policy. The hospital helped people to obtain their insurance pre-authorisation number to access treatment, and if there were required treatment changes, such as admission to the High Dependency Unit (HDU), they communicated with the insurer to get further approval.

People receiving treatment in the hospital through the NHS were referred through their GP or family doctor. An NHS coordinator was in post in the hospital, who worked with the local primary care trust (PCT) and met with them on a quarterly basis to provide feedback from NHS patients, discuss any incidents relating to their patients and actions taken in response to these incidents.

The staff told us that on discharge, each person using the service was provided with a letter for their GP, and their hospital consultant also wrote to their GP about their treatment outcome and required ongoing care. People we spoke with confirmed this and told us that where appropriate additional support such as district nursing and social care input, was discussed with them.

Patients confirmed that the hospital had worked with their other care providers to make sure they were properly cared for. One person told us, "They got some previous information, some xrays, from the last hospital that treated me."

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

Our inspection of 31 January 2012 found that the hospital equipment had not been properly maintained. The provider told us that they would ensure the necessary equipment servicing and maintenance, and equipment records and audits was brought and kept up to date by 29 February 2012. When we inspected on 30 October 2012, we found that equipment was properly maintained and suitable for its purpose.

People we spoke with told us that they had no concerns about any of the equipment used in their care.

The hospital had a contract in place for equipment maintenance services, primarily for their medical equipment. There was clear accountability and responsibilities for the management and maintenance of equipment because there was a designated lead. There were 'equipment champions' nominated in the various departments.

An 'equipment champions' told us about some of the arrangements that were now in place to ensure equipment remained appropriately maintained. Equipment champions acted as key points of contact for their colleagues, and were made aware of any repair needs. They maintained repair logs and following up with the engineers to ensure these repairs were carried out promptly.

People were protected from unsafe or unsuitable equipment because the provider had equipment maintenance contracts in place, and a named engineer carried out weekly equipment maintenance visits to the hospital.

We found that equipment maintenance records and audits were in place. These highlighted where repairs and service visits were due, and actions were taken to address these.

There was enough equipment to promote the independence and comfort of people who use the service. We looked at a range of equipment in the hospital and found them to be in good working order. Equipment such as beds, weight scales, suction machine and a hoist was clearly labelled with the service date and the due date for the next service.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff members were assigned to mandatory training courses according to their role. Training was provided in class based sessions or accessed electronically.

There was a preceptorship programme in place for newly registered nurses, which gave them the appropriate level of support and supervision at the beginning of their careers. Managers told us that new nurses were supernumerary for a period of time so worked as additional staff when they first joined the service and were able to observe and learn in their new roles. All new starters were assigned a mentor who had the same off duty rota. New starters were set objectives for their three month probation, and had opportunities to reflect on their progress with their ward manager at the end of shifts.

A monthly staff forum was led by the Executive Director, and staff were able to discuss changes to services, staff changes, and ask the Executive Director about any issues. Staff members told us that they attended regular team meetings where learning points were discussed. Ward meetings were also held and sometimes attended by the Director of Nursing and the Quality and Risk manager. Matters discussed included incidents, training and documentation.

Electronic team briefs were disseminated among the staff team on a monthly basis. This allowed them to stay informed with key developments in the hospital and across the organisation. The communications included contributions from the Executive Director, Director of clinical services, and there were sections which discussed staff changes, training and ward events.

Staff members we spoke with told us they felt supported by their colleagues and managers. One staff member told us, "My line manager is always available and we have access to journals and study days. There is good team support and we always liaise with each other."

None of the staff we spoke with raised any concerns about bullying or abuse at work. They spoke of increased staffing levels which had helped to reduce stress, and that they felt able to raise any problems with understaffing with their managers. Staff members spoke of feeling comfortable speaking up against any poor practices and raising any concerns with their managers.

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 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

Our inspection of 31 January 2012 found that the quality assurance arrangements did not identify and address shortfalls in the equipment maintenance programme. The provider told us that they would ensure staff awareness, ownership and responsibilities for equipment maintenance. The arrangements for equipment maintenance and suitability would also be monitored from 05 March 2012.

When we inspected on 30 October 2012, we found that equipment champions were identified in key departments, and had link roles to ensure that the service remained compliant with equipment maintenance, that equipment was fit for purpose, and repairs were carried out promptly. Equipment maintenance records and audits were also in place, which highlighted when repairs and service visits were due, and action was taken accordingly.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Pre-admission assessments were carried out for all NHS and longer stay patients. The assessments were carried out by a dedicated nursing staff team.

Assessments were completed for all patients on admission for a range of risks including falls, tissue viability and mental health. Appropriate amendments were made to patients' plans of care based on the outcomes of the risk assessments, for example, bed rails may be used to reduce the risks of falls from beds, and a pressure relieving mattress may be used where people may be at risk of developing pressure sores.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Monthly clinical effectiveness meetings took place, and were attended by the ward manager, ward sister and representatives from other hospital departments, such as pharmacy and imaging. Ongoing investigations were discussed at these meetings and action plans were developed and monitored to improve the service.

Monthly summaries of all incidents were disseminated by heads of departments to their teams. This allowed the staff team to have an overview of the types of incidents that had occurred and the preventative measures put in place to reduce them.

An audit schedule was in place, which specified the planned areas for audit in the current year. The area, frequency of audit and the responsible auditor or department were included in the schedule. For example, monthly audits of controlled drugs and drug charts were planned, expected to be led by the pharmacy department.

The provider took account of complaints and comments to improve the service. Patients were encouraged to complete feedback forms prior to their discharge from the hospital. The feedback was anonymous and all the freehand comments were reviewed and shared with the relevant department on a monthly basis.

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.

Contact us

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