

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

BMI The Clementine Churchill Hospital

Sudbury Hill, Harrow, HA1 3RX

Tel: 02088723872

Date of Inspection: 26 February 2013

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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

Safeguarding people who use services from abuse ✓ Met this standard

Cleanliness and infection control ✓ 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

Records ✓ Met this standard

Details about this location

Registered Provider	BMI Healthcare Limited
Registered Manager	Mrs. Janice Hale
Overview of the service	BMI The Clementine Churchill Hospital provides acute services with overnight beds to both private and NHS patients. The hospital provides a broad range of specialist services and treatments.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Safety, availability and suitability of equipment	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
Records	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 26 February 2013, checked how people were cared for at each stage of their treatment and care and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us. We were accompanied by a specialist advisor.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

The inspection team included a hospital theatre specialist. We inspected the emergency care centre, orthopaedic unit, critical care unit, oncology and the operating theatre suite. We spoke with people who use the service, staff and managers.

People using the service told us that, "the service is fantastic", "I'm always treated with dignity and respect" and "Everything is clearly explained". The staff told us how they meet people's individual needs by carrying out risk assessment and having personalised care plans for each person. This was confirmed by the records we viewed.

We saw evidence that people were protected from the risks of abuse because the provider had up to date policies in place and staff had attended relevant training. The staff were able to identify different types of abuse and explain how they would deal with any issues.

The provider had regular audits to ensure that infection control procedures were being followed by staff. People using the service told us, "Staff always wash their hand when they come into my room".

There were daily and weekly checks of the equipment that was being used in the hospital. The maintenance and servicing of this equipment was carried out according to the guidelines issued by the manufacturer.

A recent patient satisfaction survey had been carried out in which 95.5% of respondents stated that they were satisfied with the overall service they received.

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.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. People told us they received pre admission assessments, where the staff explained the treatment they were to receive, as well as separate consultations where they could ask any questions. We saw evidence of these completed pre admission forms in people's care records. Leaflets about the different services provided by the hospital were available in the reception areas.

People told us that they were kept informed throughout their treatment. Some comments were, "everything is explained" and, "I've been involved in all aspects of my care". We saw evidence that people who were to be discharged from the hospital were provided with information about continuing their care and recovery.

We spoke with two people using the emergency care centre (ECC). Both told us that the process and the cost were clearly explained.

People's diversity, values and human rights were respected. We saw that patients were not left uncovered or unnecessarily exposed whilst in the operating theatre. People told us they were called by their preferred name and staff always knocked on the door before entering. People staying overnight in the hospital had their own private room and toilet.

Staff explained that interpreters were available if required. The staff also said that relatives of people whose first language was not English were allowed to stay over at night so that the staff were better able to meet people's individual cultural needs. People were also allowed to have relatives stay over if they were worried or concerned or if the relatives had long distances to travel.

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 individual care plan. We looked at care records for people using the service and saw that these described how the staff would meet people's individual needs. These records included detailed information about people's dietary requirements and a person's susceptibility to falls and pressure sores and steps to reduce those risks.

Care and treatment were planned and delivered in a way that ensured people's safety and welfare. We saw evidence that the provider had appropriate and relevant policies and procedures in place to deal with foreseeable emergencies. Some of these procedures included health and safety, emergency planning, patient moving and handling and fire safety management. There were also protocols in place for each specialist unit. For example the emergency care centre had measures in place to deal with a sudden influx of patients and specific emergency planning measures.

People's care and treatment reflected relevant research and guidance. We saw evidence that people were placed on recognised care pathways when their treatment dictated this and they were involved in these discussions.

We observed surgical procedures in the operating theatres and at all times patients were treated with dignity and respect. We noted that the staff were following the 'five steps to safer surgery' guidelines.

The provider may wish to note that the updated swab and instrument policy did not appear to be fully embedded in staff practice.

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

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. We saw that there were clearly displayed contact details for the local authority safeguarding teams in each of the departments that we visited.

All of the staff we spoke with were aware of the safeguarding policies and procedures. The staff told us they had attended safeguarding training and explained how they would be able to identify and report abuse. The staff told us how they would monitor and detect changes in patients behaviour if suspected abuse.

The managers told us and training records showed that there was a safeguarding training program in place for staff. Staff training was up to date and recorded appropriately.

One person we spoke with said, "I feel safe here".

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that the provider had policies and procedures in place to protect people from the risk of infection. All of the staff we spoke with were aware of effective hand washing procedures and demonstrated this. There was a supply of hand gel for each bed in the wards and sufficient hand gel located around the hospital. Infection control posters were displayed and information leaflets were available for anyone who visited the site. One patient told us, "All staff wash their hands on entering my room".

The staff explained how patients were isolated if there was a risk of infection spreading and we saw evidence that people were checked for infections on admission to the hospital. This helped control the risk of infection.

The provider carried out regular infection control audits and published this information for members of the public on its website. We saw evidence that legionella checks were carried out monthly as well as a water hygiene risk assessment.

The staff used disposable personal protective equipment including gloves and aprons. Clinical waste was disposed of in accordance with national guidelines and the provider's policies in infection control and waste management.

We spoke with the staff in the operating theatres who explained that they follow the 'five steps to safer surgery' guidelines. We observed the end of a surgical procedure and saw that thorough cleaning of the operating theatre took place.

The provider may wish to note that clean equipment was not labelled with the date and time of cleaning. This meant that staff did not know when equipment had been cleaned.

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

People were protected from unsafe or unsuitable equipment. We spoke with the staff who told us that they had enough equipment to enable them to work safely and meet the needs of people. We saw that there was evidence that all equipment was serviced and maintained according to the manufacturers' guidelines.

The staff in the critical care unit explained that daily and weekly checks were carried out on the equipment. We saw evidence that this was recorded and all the equipment was serviced according to the recognised guidelines. The staff explained how they would report any faulty equipment.

We saw the staff carrying out daily checks on resuscitation equipment around the hospital. These daily checks were recorded appropriately.

The staff explained that they had received training in using specialist equipment so they could operate it safely. We confirmed this by examining the staff training records.

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. We saw evidence that all staff received the provider's mandatory training and an induction that included infection control, safeguarding, basic life support and equality and diversity. We also saw evidence that staff were able to obtain further qualifications.

We saw that staff received training that was relevant to their individual needs and also relevant to the department in which they worked.

We spoke with managers and staff who told us that annual appraisals of staff performance were carried out as well as regular staff supervision. Staff meetings were held for each unit or ward.

Staff told us they felt supported and were able to raise any issues 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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The hospital had systems in place to monitor the quality of service and manage risk through audits, adverse incident reports, patient feedback and complaints. There was a programme of clinical and non clinical audits available. The results were reported through to the clinical governance committee and cascaded to wards and departments in their meetings.

We were told that identified risks were discussed at management meetings, the clinical governance group and at health and safety meetings. Action plans were put in place to reduce the risks.

People were encouraged to feedback their views on the care and treatment they received by completing a patient satisfaction survey. The last survey was carried out in December 2012 and 95.5% of people stated they were satisfied with the overall service. Patient satisfaction survey results are also published by the provider on their web page.

Staff were also encouraged to report back their views by using the 'please tell us' leaflet.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw evidence that following a recent incident a policy review had been carried out. New policies had been introduced and the staff had received additional training.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We spoke with the staff who explained that people's records were kept secure. We examined people's records. The information was up to date and contained appropriate risk assessments to ensure that care was delivered according to people's individual needs.

Records containing confidential or sensitive information were kept locked and secured and could be located promptly when needed. For example staff records were kept locked away so only those people authorised to access them could do so.

We saw evidence that the provider had recently reviewed its record management policy that explained procedures around the creation, maintenance, storage and disposal of records.

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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