



# Review of compliance

BMI Healthcare Limited  
BMI The Princess Margaret Hospital

<b>Region:</b>	South East
<b>Location address:</b>	Osborne Road Windsor Berkshire SL4 3SJ
<b>Type of service:</b>	Acute services with overnight beds
<b>Date of Publication:</b>	April 2012
<b>Overview of the service:</b>	BMI The Princess Margaret Hospital is a 78 bed acute independent hospital arranged over three floors. The 78 beds include 8 oncology chairs. The hospital provides a range of facilities, including, four operating theatres, endoscopy and physiotherapy. There is an oncology department, a two-bedded high-dependency unit and access to diagnostic imaging and pharmacy.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**BMI The Princess Margaret Hospital was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 14 February 2012.

### What people told us

People using the service that we spoke to were all complimentary about the quality of the service that was provided at the hospital. We were told that all the staff were kind and helpful and the rooms were kept very clean.

One person told us "there is nothing to complain about". Another said to us "the care is brilliant". Two of the people spoken with had experienced the service before, so knew what to expect.

### What we found about the standards we reviewed and how well BMI The Princess Margaret Hospital was meeting them

#### **Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

People who use the service can be confident that BMI The Princess Margaret Hospital have procedures in place to ensure that people give informed consent prior to any procedure, treatment or surgical procedure.

Overall, we found that BMI The Princess Margaret Hospital was meeting this essential standard.

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

People who use the service benefit from clear documentation that detailed their care needs, risks and goals.

Overall, we found that BMI The Princess Margaret Hospital was meeting this essential standard.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

The hospital ensures that service contracts are in place for all equipment at the hospital. All medical devices and implants used are approved.

Overall, we found that BMI The Princess Margaret Hospital was meeting this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The quality of service provided to people who use the service was regularly monitored and any shortfalls identified and acted upon.

Overall, we found that BMI The Princess Margaret Hospital was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

The hospital has a clear complaints policy in place and people who use the service were clear about who they would raise a concern with if necessary.

Overall, we found that BMI The Princess Margaret Hospital was meeting this essential standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Where they are able, give valid consent to the examination, care, treatment and support they receive.
- \* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- \* Can be confident that their human rights are respected and taken into account.

### What we found

#### Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

#### Our findings

##### What people who use the service experienced and told us

All people who use the service told us that they knew exactly what they were coming to the hospital for. We were told the consultant had explained the consent form to them and they had received plenty of information in the outpatient department, from their consultant, and the nurse in the pre assessment unit.

People who used the service told us that leaflets had also been available to them about their proposed surgical procedure and also information was available in the pre admission pack.

##### Other evidence

We were told by staff that the hospital had procedures in place to ensure that people using the service were able to make an informed choice about the treatment or operation that would be performed.

All people attending the hospital for an in patient procedure are required to have a consultation with their named consultant as an outpatient. During this appointment the procedure, treatment or surgical procedure is explained to them.

We spoke with the manager of the pre admission assessment unit who told us that people are assessed prior to admission to hospital and that there would be another

opportunity for people to discuss their procedure on arrival.

On the day of inspection the pre admission clinic was running. We observed that the hospital also provided a range of information in the form of leaflets to supplement the verbal information provided by staff.

All people who use the service were given pre admission packs which contained information in relation to their stay at the hospital.

The consultant was required to take responsibility for ensuring that the consent form had been signed on the ward prior to their procedure. We sampled three individual care notes and found that the consent form was in place. This was clear to read and contained relevant information about the procedure, and the required signatures.

Procedures were in place to ensure that when patients arrived in the operating theatre checking area, that the nurse would re check with the patient that they understand what treatment they are about to have.

### **Our judgement**

People who use the service can be confident that BMI The Princess Margaret Hospital have procedures in place to ensure that people give informed consent prior to any procedure, treatment or surgical procedure.

Overall, we found that BMI The Princess Margaret Hospital was meeting this essential standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People who use the service told us that they were aware that staff had completed records regarding their health and past medical history. They told us they had not signed their individual care plans but were aware of them.

People told us they were clear about their goals and their expected discharge dates, providing there were no complications. They were also aware of recovery times and their responsibilities regarding exercises and physiotherapy.

##### Other evidence

We sampled three patient records during our visit. We observed that the hospital used the integrated care pathway (ICP) assessment and care planning tools. This was a method of ensuring that the same quality care was delivered to all patients. The staff told us that the hospital had just introduced this new patient record system.

The folders we sampled were detailed, and contained enough information to assist staff to deliver care to each person, in accordance with their specific care needs, as well as informing staff of medical requirements.

Each folder contained a variety of risk assessments including pressure sore assessment, nutritional status, bed rails and falls prevention. Staff had written an update of patient progress in these notes every day.

We observed that people who used the service had not signed to agree to the use of

this paper work. We spoke with the executive director regarding this, who explained that the documentation in place was new to the hospital and they would review this to see how they could incorporate people signatures into the document.

All documentation was written by the nurses and had been started in the pre assessment unit and continued on the ward. The multi disciplinary team also contributed to the record. We saw entries from the patients consultant, anaesthetist and physiotherapist.

**Our judgement**

People who use the service benefit from clear documentation that detailed their care needs, risks and goals.

Overall, we found that BMI The Princess Margaret Hospital was meeting this essential standard.

## Outcome 11: Safety, availability and suitability of equipment

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- \* Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- \* Benefit from equipment that is comfortable and meets their needs.

### What we found

#### Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

#### Our findings

##### What people who use the service experienced and told us

On this occasion we did not speak to people who use the service about this outcome area.

##### Other evidence

We spoke with the executive director and the director of nursing regarding the safety of the equipment in use at the hospital.

The executive director told us there were contracts in place for the servicing of equipment including that used in the operating theatres and checks were carried out on a regular basis. This ensured that medical equipment was maintained in a safe condition. We were told that the equipment had been audited at the weekend as the service provider had been changed.

Safety alerts that were received from the Medicines and Healthcare products Regulatory Agency (MHRA) or equipment manufacturers were sent to the appropriate staff and products were withdrawn immediately if required.

The executive director told us that all medical devices and implants used at the hospital were approved by the MHRA and were marked accordingly. The Poly Implant Prosthèse (PIP) had only been used once at the hospital. This type of implant has been used for breast surgery in some hospitals. Recently concerns related to its quality were brought to the attention of providers and the general public.

**Our judgement**

The hospital ensures that service contracts are in place for all equipment at the hospital. All medical devices and implants used are approved.

Overall, we found that BMI The Princess Margaret Hospital was meeting this essential standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People that we spoke with told us they knew they would be asked to fill in a patient questionnaire relating to their stay in the hospital. One person was about to be discharged and was in the process of completing this form. We were told the forms could be taken home and posted at a later date.

##### Other evidence

We spoke with the director of nursing who was new in post. She told us that all departments had been completing their quality audits but no one had been responsible for bringing them all together. The director of nursing told us that she was now responsible for this piece of work.

When joining the hospital she completed CQC's provider compliance assessments (PCA) and she supplied us with outcomes 11 and 16.

The director of nursing told us the hospital had a quality and risk management team who met regularly to discuss trends, issues and concerns. We were told this reporting system ensured that all risks were documented correctly and trends could be discussed, along with the action to be taken. We were told this also included the hospitals near misses, errors, adverse incidents and complaints.

We were told that further discussions of audit outcomes sometimes took place at a medical advisory committee meeting, to ensure there was consultant engagement with the outcomes. This committee is a group of senior clinical representatives of the

hospital.

The director of nursing told us in their PCA that the staff that were involved in patient care document the care they have delivered and their observations in the care plan or ICP. The care plan was said to be available for people who use the service to view at any time and regular medical records audits were undertaken to ensure that the correct documentation had been completed and was in place.

We were told the other quality audits had taken place, such as, an infection control audit, pain assessment and management, controlled drugs logs, medication charts, theatre documentation, and consent. Some audits had taken place of the recruitment folders, including checks related to the completion of criminal records bureau (CRB), qualifications and performance appraisals.

The director of nursing told us the nurse's forum at the hospital recently completed some work to improve patient satisfaction with regard to the time it took staff to respond to patient call bells.

### **Our judgement**

The quality of service provided to people who use the service was regularly monitored and any shortfalls identified and acted upon.

Overall, we found that BMI The Princess Margaret Hospital was meeting this essential standard.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

##### What people who use the service experienced and told us

People that we spoke with assured us that they knew how to make a complaint. They told us that information had been supplied in their pre admission pack that they brought to the hospital. Everyone that we spoke to told us that they would not be raising concerns as they had received very good treatment at the hospital.

##### Other evidence

We spoke to the executive director about the recent media attention regarding PIP implants. He told us that he had received no complaints regarding these implants. BMI had contacted any patients affected by these and there was a national help and advice line available for them. Staff had been instructed to refer any callers to that number to ensure BMI had a consistent approach to this sensitive matter.

The hospital had an up to date complaints policy which we viewed. We found that all complaints were seen and responded to by the executive director. We reviewed a complaint and found that they had been dealt with in a timely way and all information regarding this complaint was kept together in a folder.

The policy details timescales that the hospital will adhere to in responding to their complaint. The executive director told us that he would ensure that these timescales were kept to.

We found that staff were aware of how people could make a complaint and what they should do if someone made a verbal complaint to them.

**Our judgement**

The hospital has a clear complaints policy in place and people who use the service were clear about who they would raise a concern with if necessary.

Overall, we found that BMI The Princess Margaret Hospital was meeting this essential standard.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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