

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

BMI The Princess Margaret Hospital

Osborne Road, Windsor, SL4 3SJ

Tel: 01753743434

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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
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	BMI Healthcare Limited
Registered Managers	Mr. Paul Louis McPartlan Ms. Yvette Stembridge
Overview of the service	BMI The Princess Margaret Hospital is an independent hospital offering both inpatient and outpatient services.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures 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

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 reviewed all the information we have gathered about BMI The Princess Margaret Hospital, looked at the personal care or treatment records of people who use the service, carried out a visit on 9 January 2013 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

People spoke very highly of the services and staff at BMI The Princess Margaret Hospital. They told us they were provided with relevant information and felt informed about their care and treatment. People told us their needs and preferences were respected. They felt there were good arrangements to ensure their privacy and dignity. They commented particularly on the positive attitude of staff. One person observed that staff "just smile and put you at ease." People praised the cleanliness of hospital facilities and told us staff used alcohol gel hand rub to minimise infection.

We found that people using the service were provided with appropriate care to meet their needs. Measures were in place to ensure people's privacy and dignity were respected. National clinical guidelines and recommendations were understood and implemented. Infection prevention and control measures were in place. There were systems in place for monitoring the quality and safety of services provided to people. Information security protocols were in place to ensure the confidentiality and security of care records. The hospital monitored how staff completed patients' medical records to ensure the records met professional standards of medical record keeping.

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's diversity, values and human rights were respected.

People we spoke with told us staff treated them with respect and honoured their preferences and choices. They said they felt good measures were in place to respect their privacy and dignity.

The hospital's latest patient satisfaction report, from November 2012, showed that 99% of respondents felt they were treated with respect and dignity. 99% felt they were given enough privacy and were involved in decisions about their treatment.

The layout of the hospital showed consideration for privacy and dignity issues. People were cared for in single bedrooms with en-suite facilities. At the time of our visit, a refurbishment project was underway to replace en-suite bath tubs with showers. Patients felt this facilitated their independence.

A patient information guide was available to people and included information on the hospital's aims and objectives, information about people's rights, and instructions for making a complaint. The hospital had systems for collecting feedback from people who use its services.

We looked at four sets of care records. We found evidence that people's preferences regarding how they wished to be cared for and treated were recorded.

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.

People told us they received good care from staff. They praised staff for being approachable and responsive. When people needed assistance, they told us staff were quick to respond to the call bell. People told us they were provided with information about their care and that they could raise concerns with any member of staff. People said they felt involved in planning their treatment and care.

The hospital's most recent patient questionnaire, from November 2012, showed 97% of respondents said their overall impression of their consultant and anaesthetist was good, very good or excellent. 88% of respondents felt the hospital did everything it could do to control their pain. When asked whether they felt involved in planning their treatment, 99% of patients answered "yes."

The hospital had policies and procedures in place to support the delivery of care. There were systems in place to monitor compliance with these policies. These included audit, collection of patient feedback, review of clinical and performance indicators, and support from a dedicated quality team. Where improvements were required, there were actions plans in place and staff were able to tell us what was done to address the concerns which were identified.

We looked at a sample of patient records. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We found completed notes in regards to patients' medical histories, consent, care pathways, risk assessments, and discharge.

We observed staff interacting with or caring for people. They treated people respectfully and responded promptly when they needed attention. There was a good rapport between staff and people using the service. People seemed comfortable talking with staff.

There was evidence the hospital implemented national guidelines and recommendations. Standardised care pathways were used for specific procedures. The World Health Organisation's pre-operative check list was used by medical staff before performing

surgery.

There was evidence the hospital followed relevant guidance from the National Institute for Health and Clinical Excellence (NICE). Staff were able to describe the guidance and tell us how it was implemented in practice. Systems were in place to receive and act on national medical alerts and safety notices. External assessments of the hospital's radiation services identified no major concerns.

Information provided by the hospital showed there was a system for reporting, recording, and monitoring adverse incidents. Where there was a concern, there was evidence that the hospital followed it up.

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.

People we spoke to were pleased with the cleanliness of the hospital. They told us that their rooms were cleaned daily. They told us they were pleasantly surprised that their bed linen was changed on a daily basis. They also said staff used alcohol gel for hand hygiene when they entered and left their room.

We observed the hospital to be clean and tidy. Alcohol gel for maintaining hand hygiene was available throughout the hospital and people were encouraged to use it.

There was an infection control lead for the hospital who provided advice and support on infection prevention and control issues. In addition, each department had an infection prevention and control representative who acted as a link between their team and the infection control lead. The infection control lead and representatives met as part of an infection control committee to monitor infection related issues and address concerns.

Infection control measures were audited. The last infection control audit report, dated December 2012, identified some areas of concern. An action plan was put in place to address these concerns. An audit of hand hygiene procedures, completed in December 2012, showed overall compliance with standards was 97%.

There were systems in place to ensure continued monitoring of hygiene standards. Audit results, reviews of infection reports, and changes in national guidance were reviewed by the hospital. There was evidence the hospital implemented the Saving Lives initiative. As part of this, the hospital changed its protocols in four areas of care in order to further reduce the risk of infection. The hospital's audit of compliance with these new protocols showed a 94% compliance rate. Where further improvements were required, these were identified.

Staff told us they had infection prevention and control training annually and were able to tell us about what was included in their training. Staff training records showed high attendance rates for infection control training.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

People told us they were cared for and treated by experienced and professional staff. They were confident they were treated by staff who were appropriately qualified to perform their roles.

We checked a sample of personnel files. We found that staff went through a number of recruitment checks. These included application, interview, reference checks, criminal records bureau checks, checks of identification, and confirmation of professional registration. In addition to these employment checks, there were practicing privileges agreements in place with consultants.

There was an induction programme for new staff. There was evidence of staff training in a number of areas including infection prevention and control, protection of vulnerable adults, resuscitation, data protection, and equality and diversity.

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 because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. Records were kept securely and could be located promptly when needed.

A documentation audit looking at care records, dated December 2012, showed care records were completed in line with professional guidance. There was evidence the findings were reviewed and improvement was monitored.

We looked at four sets of care records. Care records were kept in chronological order and were easy to follow. Notes about people's treatment and care were legible and clear. Nursing notes were dated, timed and signed in line with professional guidance.

The staff we spoke to during our visit were aware of information management policies and how they fit into the work they did. Staff told us they had mandatory training in data protection and information security. Training records showed 79% of staff had training in data protection and 67% passed the information security training. We saw policies and procedures related to information management protocols and maintaining the confidentiality of patient records and care.

Staff contracts included confidentiality clauses. Consultants with practicing privileges were required by the provider to register with the Information Commission.

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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