

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

BMI Foscote Hospital

2 Foscote Rise, Banbury, OX16 9XP

Tel: 01295252281

Date of Inspection: 11 June 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Foscote Court (Banbury) Trust Limited (by Guarantee)
Registered Manager	Mrs. Jennifer Jane Liggitt
Overview of the service	<p>A private hospital providing diagnostics and treatment. People may be admitted for overnight care but the majority of treatment is provided on a day case basis.</p> <p>The hospital has charitable status and is managed on behalf of the Trustees by a larger provider group.</p>
Type of services	<p>Acute services with overnight beds</p> <p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 11 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with three people who used the service and two relatives. They told us how they were very happy with the care and treatment they received, that they felt involved in their care and they felt safe. One person said "excellent, everything is explained and the service is very personal". Another person said "I feel well informed and well cared for".

We spoke with eight nursing staff who told us they liked working at the hospital. One nurse said "because we are a small hospital we get more time to talk to the patients".

We found the nursing staff to be well trained and supported and we saw that records, files and policies were well managed and maintained. This meant that people were cared for appropriately, their needs were met and they were safe from abuse.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

People who used the service were able to give valid consent to the examination, care, treatment and support they received.

Reasons for our judgement

The provider had systems in place to gain and review consent from people who used the service, and act upon them.

We spoke with three people who used the service and two relatives. They all told us they were happy with the care and treatment they received and that they felt involved in their care. One person said "they have explained everything to me, I have signed the consent forms and I am happy with the plan for my procedure". Another person said "it is excellent, everything is explained and it is all very personal". One relative said "we have been consulted and involved from start to finish".

We spoke with eight staff at the hospital. All the staff we spoke with told us they place great emphasis on consent and involvement. One nurse said "I have worked here a very long time and it is so important that we explain to patients what the procedures involve and we explain any risks. This lets them make informed decisions". A healthcare assistant said "even though they have signed the consent forms and had the treatment explained to them we try to keep them updated and remind them what is happening". A staff nurse said "I am the patients advocate. I know that consultants can sometimes appear a little scary so I see part of my role as giving advice and putting a more personal perspective on the process".

We looked at three care plans for people using the service and saw that consent to treatment forms were signed by the person and were dated and correct. We were able to track one person whom we had spoken with to their care plan and saw they had signed their consent form. We also spoke to the nurse caring for this person who confirmed that their treatment had been explained to them and they understood the procedure and had signed the consent form.

We saw pre-admission assessments for people that demonstrated the person had been involved in the assessment which included an explanation of the planned procedure and

any risks that may exist.

This showed us that people were involved in their care and treatment and that consent to care was sought and managed effectively.

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

Our judgement

The provider was meeting this standard.

People who used the service experienced safe and appropriate care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The provider planned and delivered care, treatment and support, so that people were safe, their welfare was protected and their needs were met.

We spoke with three people using the service and two relatives. Everyone we spoke with spoke very highly of the service. One person said "this is excellent. I have been treated well and I have been well looked after". Another person said "I really have no complaints at all. The treatment here is first class". One relative told us how caring the nursing staff were. They said "I cannot praise them enough". They told us that they were fully informed of the procedures and that any risks were explained to them. One person said "I know what is happening and that really helps". One person told us how they were informed about what they should do when they get home and what to expect regarding mobility and pain. They said "I am confident I shall be able to cope at home and I know what to expect".

We spoke with eight nursing staff who told us that they liked working at the hospital. One nurse said "I love it here. Because we are a small hospital we get more time to talk to the patients. I think it makes a difference". Another said "It is a small team and we work so well together and the people are so nice".

We observed nursing staff caring for people and saw this was done in a respectful and genuine fashion. They explained what was going on and took time to ensure the person understood what was happening. We saw that they knocked on the person's door before entering the room and they were always polite and cheerful.

We looked at three care plans and noted that care and treatment was planned and delivered in a way that ensured people's safety and welfare. For example, we saw that there were risk assessments in place for clinical reasons such as the prevention of thrombosis or blood clots. These assessments enabled nursing staff to provide the right care and support to minimise the risks. We noted that the VTE (Venous Thromboembolism) risk assessment had been completed in each of the clinical records reviewed. This demonstrated effective management of the assessment process for people who may have been at risk of developing a clot as a result of reduced mobility.

People's needs were assessed and care and treatment was planned and delivered in line

with their care pathway. For example, we saw that there were standardised care pathways for differing clinical procedures. We were told that the care pathways were based on National Institute for Clinical Excellence (NICE) guidance. The medical assessment was supported by a pre-admission assessment carried out by a senior nurse and any further care needs identified to support care planning.

Peoples' diversity and cultural needs were catered for and respected. We asked the matron what arrangements were in place for a person with cultural or religious needs and they told us that at the pre-admission assessment stage any needs or issues were noted. For example, for those people needing alternative diets arrangements were made to procure preferred food and ingredients from appropriate sources. They also told us that they have the 'language line' facility for people whose first language is not English or they can call in a translator. If people using the service prefer a male nurse the matron said they would make one available.

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

Our judgement

The provider was meeting this standard.

People were protected from abuse, or the risk of abuse, and their human rights were respected and upheld.

Reasons for our judgement

The provider had taken action to prevent abuse from happening in the service.

We spoke with three people who all told us they felt safe. One said "I do feel safe. I am not sharing a room with anyone, which is good". Another said "yes totally at ease". We also spoke with two relatives who both told us they were happy that the people were safe and well cared for. One said "I have no safety concerns".

We spoke with eight nursing staff, all of whom demonstrated a good knowledge of safe guarding and the risks of abuse. One staff nurse said "all my staff are fully aware on this subject. They get regular training". A healthcare assistant said "we get trained every year. It is important we know what to do". All the nursing staff we spoke with said they knew who to contact both, inside and outside the organisation, if they suspected abuse was taking place. One said "I would go to my line manager or matron". Another said "ultimately I would call the police".

We saw the training matrix and noted that safe guarding training was recorded for all staff and that refresher training was scheduled at appropriate intervals. Safe guarding training was also part of the induction training programme that nursing staff undertook at the start of their employment with the hospital. The provider had a policy on safe guarding vulnerable adults and we were able to confirm that should a safe guarding issue arise that the provider would inform the appropriate authority.

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.

The provider had effective recruitment and selection procedures in place.

Reasons for our judgement

People who used the service were safe and their health and welfare needs were met by staff who were fit, appropriately qualified and were physically and mentally able to do their job.

We spoke with eight members of nursing staff. We asked them about the recruitment process and they were all able to confirm that they had provided two references. They also told us that they had provided a Criminal Records Bureau (CRB) disclosure and proof of identity.

We looked at six nursing staff files and we were able to confirm what the nursing staff had told us. All the files contained two references, a CRB disclosure, proof of identity and the original application form. All nursing staff had signed a fitness notification that declared the person fit to carry out their role. We also saw that qualifications were held in the file along with relevant registration with professional body's documents and renewal dates. Performance reviews and development plans were held that contained details of supervisions, appraisals and any development actions. Training records and certificates were also seen.

We saw that nursing staff were recruited and selected in line with the provider's policy on recruitment and all the nursing staff we spoke with were able to confirm that this process had taken place.

The matron told us that any candidate for whom English was not their first language would be questioned on interview to check that they could communicate effectively. They also told us that if any member of the nursing staff was no longer capable of carrying out their role they would contact the relevant professional body.

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 monitored the quality of service that people received.

Reasons for our judgement

People who used the service benefited from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

We looked at the minutes from the monthly Governance Committee and saw that the actions from previous meetings had been completed within the time allocated. There were few actions carried over to the next meeting which demonstrated that staff took responsibility for the outcomes. The Governance Committee was a formal and recorded meeting that addressed a range of quality indicators including Regulation; Incidents; Infection Control; Patient Satisfaction and Health & safety. We were told that the meeting provided a useful forum for staff to discuss quality and review outcomes.

The provider conducted extensive audits covering areas such as records, patient equipment, fire safety and management checks. Any findings and required actions were recorded and people were identified to take any actions forward. We saw that these actions were being completed within identified timescales. For example; one action was noted that a re-audit was required for the following month. A member of staff was identified to carry out this action and we saw evidence that this had been completed.

The provider held policies on a range of topics such as, theatre practices, governance and security, legal and occupational health. These policies underpinned the working practices at the hospital and gave guidance to all staff.

We saw that complaints were well managed, in line with the provider's policy on complaints that stated all complaints would be acknowledged within five working days and resolved, where possible within twenty. Any delays would be acknowledged with a written response. We saw that there had been fourteen complaints since July 2012, three of which were still to be resolved. All the complaints we saw were of a minor nature. One specific complaint noted a side effect that a patient had experienced following a procedure. The matron told us that following this complaint a new test had been introduced prior to this procedure being carried out that identified the likelihood of any possible side effects and this helped to keep patients informed and enabled them to make more informed choices.

We saw records of staff meetings that were held monthly/bi-monthly. These meetings were scheduled to follow, where possible, clinical governance meetings. We saw that this allowed information to be passed down to nursing staff. We also saw a 'tracker spread sheet' that was available to all nursing staff on the computers shared drive and gave access to policies and information. This facility also gave information on results of service user surveys and audits. We saw some results and noted that the service user surveys rated the hospital highly and in comparison with other hospitals in the group, BMI Foscote was currently rated number one.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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