

Inspection Report 2008/2009

BMI The Foscote Hospital **2 Foscote Rise, Banbury, Oxon, OX16 9XP**

Introduction

Certain independent healthcare providers in England must be registered with the Healthcare Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Healthcare Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Background

The hospital provides an inpatient service for people over the age of sixteen. The hospital offers a range of surgical procedures, diagnostic imaging, endoscopy and physiotherapy. There is one operating theatre and two out-patient consulting rooms. The hospital is staffed by registered nurses, a medical team and support staff. The patient rooms are on two floors and are accessible by a lift. There is a ramp to the main entrance leading from a small car park. The hospital is managed by BMI Healthcare. This inspection resulted from our review of the providers annual self assessment submission.

This inspection took place on 12 February 2009, and was announced.

Main findings

The service was in general meeting the needs of the patients, and where an area of concerns was identified this was discussed with the management team at the time. During the last year the hospital has experienced changes in management and for a large part of the year the ward manager has also been covering the director of nursing role.

Policies and procedures are in place however there is a large number of policies and duplication and variation across departments, with no clear link to the corporate policies. Standards of record keeping are being monitored but do not consistently reflect national guidance or the hospitals own policy.

Appraisals for staff and medical practitioners with practising privileges have not been consistently reviewed and mandatory training records demonstrate that in some incidents training has not been attended for the last year. While there are some systems in place to monitor and ensure the

contents of the personnel files is kept up to date this is not consistently being applied to all components of the records.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Acute hospitals (with overnight beds)	AH

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
Children aged 16 years and over can be treated as day cases only	Condition met
No treatment to persons aged under 16 years to be carried out	Condition met

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Healthcare Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Healthcare Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

C	Core Standards
A	Acute Hospitals
M	Mental Health Establishments
H	Hospices
MC	Maternity Hospitals
TP	Termination of Pregnancy Establishments
P	Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
PD	Private Doctors

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Not inspected
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Standard almost met
C22	Medicines Management	Not inspected
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Standard almost met
C25	Infection Control	Not inspected
C26	Medical Devices and Decontamination	Not inspected
A10	Infection Control	Not inspected
A11	Decontamination	Not inspected
A33	Responsibility for Pharmaceutical Services	Not inspected

Number	Standard Topic	Assessment
A34	Ordering, Storage, Use and Disposal of Medicines	Not inspected
A35	Administration of Medicines	Not inspected
A36	Self administration of Medicines	Not inspected
A37	Medicines Management	Not inspected
A38	Aseptic Dispensing, Non Sterile Manufacture and Repacking	Not inspected
A39	Storage and Supply of Medical Gases	Standard met

No	Standard	Regulation	Requirement	Time scale
1	C24	15(5)	<p>Findings: The hospital specific controlled drugs policy does not reflect current guidance and legislation.</p> <p>Action required: The registered person must ensure that the policy for the management of controlled drugs is in line with current guidance and legislation. This is to ensure that controlled drugs are ordered stored, administered and destroyed in line appropriately and in line with current best practice.</p>	31 March 2009
2	C20	9 (1) (e)	<p>Findings: The overall process for risk management is not clearly outlined and therefore it is not obvious how staff are informed of the process or who is responsible for what.</p> <p>Action required: The registered person must ensure that there is a well defined risk management process in place that is supported by a written policy and procedure so that staff are clearly informed of the process and the levels of responsibility.</p>	30 April 2009.

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Not inspected
A14	Meeting the Psychological and Social Needs of Children	Not inspected
A15	Staff Qualifications, Training and Availability to Meet the Needs of Children	Not inspected
A16	Facilities and Equipment to Meet the Needs of Children	Not inspected
A17	Meeting Children's Needs During Surgery	Not inspected
A18	Pain Management for Children	Not inspected

Number	Standard	Assessment
A19	Transfer of Children	Not inspected
A20	Documented Procedures for Surgery – General	Not inspected
A21	Documented Procedures for Surgery – Patient Care	Not inspected
A22	Anaesthesia and Recovery	Not inspected
A23	Operating Theatres	Not inspected
A24	Procedures and Facilities Specific to Dental Treatment under General Anaesthesia Facilities	Not inspected
A25	Cardiac Surgery	Not inspected
A26	Cosmetic Surgery	Not inspected
A27	Day Surgery	Not inspected
A28	Transplantation	Not inspected
A29	Arrangements for Immediate Critical Care	Not inspected
A30	Level 2 or Level 3 Critical Care within the Hospital	Not inspected
A31	Published Guidance for the Conduct of Radiology	Not inspected
A32	Training and Qualifications of Staff Providing Radiology Services	Not inspected
A40	Management of Pathology Services	Not inspected
A41	Pathology Services Process	Not inspected
A42	Quality Control of Pathology services	Not inspected
A43	Facilities and Equipment for Pathology Services	Not inspected
A44	Chemotherapy	Not inspected
A45	Radiotherapy	Not inspected

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Standard not met
C8	Role and Responsibilities of the Registered Manager	Standard not met
C9	Human Resources Policies and Procedures	Standard almost met
C10	Practising Privileges	Standard almost met
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Standard almost met
C31	Information Management	Not inspected
C32	Research	Not inspected
A3	Qualifications of all Medical Practitioners	Not inspected
A4	Qualifications and Experience of Medical Practitioners Undertaking Independent Private Practice (i.e. without supervision, commonly known as "Consultants")	Not inspected
A5	Practising Privileges and the Medical Advisory Committee	Not inspected
A6	Resident Medical Officers	Not inspected
A7	Allied Health Professions	Not inspected
A8	Training, Experience and Qualifications of Staff	Not inspected

No	Standard	Regulation	Requirement	Time scale
3	C30	21	Findings: Patients records are maintained and the standards of record keeping are monitored	30 June 2009.

No	Standard	Regulation	Requirement	Time scale
			<p>through audit. However the standards of record keeping do not consistently reflect professional guidance relating to record keeping or the hospitals own policy.</p> <p>Action required: The registered person must ensure that the standards of record keeping are maintained in line with professional guidance and the hospitals own policy so that patients are assured that there is a contemporaneous record of their treatment.</p>	
4	C7	9	<p>Findings: There are a large number of policy files that are compiled according to departments. This has resulted in duplication and variation.</p> <p>Action required: The registered person must ensure that a review of all policies and procedures is conducted to ensure that there is a consistent approach across the whole hospital with out duplication and variation. This is to ensure that appropriate policies and procedures are in place to help support the quality of treatment and services.</p>	30 June 2009.
5	C7	9 (4)	<p>Findings: Some of the policies and procedures were out of date or past the stated review date.</p> <p>Action required: The registered persons must ensure that all policies and procedures are kept current and are reviewed three yearly as a minimum. This is to ensure that appropriate policies and procedures are in place to help support the quality of treatment and service.</p>	30 June 2009.
6	C9	18	<p>Findings: Mandatory training is not consistently being updated annually, particularly fire training.</p> <p>Action required: The registered person must ensure that all staff attend mandatory training annually so that staff maintain their</p>	30 June 2009

No	Standard	Regulation	Requirement	Time scale
			knowledge and skills.	
7	C9 C10	18 (3)	<p>Findings: There were no records of current appraisals for nursing staff or medical practitioners with practising privileges.</p> <p>Action required: The registered person must ensure that each person employed by or for the purpose of the establishment including any medical practitioner with practising privileges receive regular and appropriate appraisal inline with current guidance so that patients receive care from appropriately trained and qualified staff.</p>	31 July 2009.
8	C10	18	<p>Findings: There are some systems in place to monitor the content of personnel files aiming to ensure that they are kept current however this is not consistently being applied to all components of the records.</p> <p>Action required: The registered person must ensure that the contents of the personnel files are kept current and up to date so that there is clear evidence that the staff have the appropriate qualification and skills and are maintaining their professional registration and insurance where required.</p>	30 June 2009
9	C10	18	<p>Findings: The information reviewed did not demonstrate that practising privileges for medical practitioners are reviewed every two years as a minimum.</p> <p>Action required: The registered person must ensure that practising privileges for each practitioner are reviewed every two years as a minimum so that patients are assured that treatment is provided by appropriately trained and qualified medical practitioners.</p>	30 June 2009.
10	C8	Care Standards	Findings: The hospital manager has not applied to become the	7 March 2009.

No	Standard	Regulation	Requirement	Time scale
		Act Section 11	<p>registered manager. Any person who carries on or manages an establishment or agency of any description without being registered under the Act in respect of it shall be guilty of an offence.</p> <p>Action required: The hospital manager must submit an application to become the registered manager so that the manager is not in breach of the Care Standards Act.</p>	

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Standard not met
C2	Patient Centred Care	Standard met
C5	Care of the Dying	Not inspected
C14	Complaints Process	Not inspected
C15	Information for Patients about Complaints	Not inspected
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Not inspected
A1	Information for Patients	Not inspected
A2	Advertising	Not inspected
A12	Resuscitation	Standard almost met
A13	Resuscitation Equipment	Not inspected

No	Standard	Regulation	Requirement	Time scale
11	A12	18	<p>Findings: Staff are trained in basic life support and the use of an automated defibrillator (AED) and the resident medical officer is trained in advanced life support however bi monthly resuscitation scenarios are not conducted.</p> <p>Action required: The registered person must ensure that bi monthly resuscitation scenarios are conducted so that staff skills and knowledge is kept current and patients are resuscitated appropriately.</p>	30 April 2009
12	C1	6	<p>Findings: The statement of purpose does not clearly detail the procedures undertaken and services provided by the establishment, staff qualifications or the complaints procedure.</p> <p>Action required: The registered person must ensure the statement of purpose contains all the information as detailed in regulation 6 and Schedule 1 of the private and voluntary healthcare regulations so that clear information is available on the services provided by the establishment.</p>	30 April 2009.

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Not Inspected

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Not Inspected
C21	Health and Safety Measures	Not Inspected
A9	Health and Safety	Not Inspected

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

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