

Inspection Report 2009/2010

BMI The Foscote Hospital

2 Foscote Rise Banbury Oxfordshire OX16 9XP

Introduction

Certain independent healthcare providers in England must be registered with the Care Quality 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 Care Quality 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 result from a review of the providers annual self-assessment and as a follow up to the statutory notification notice issued in November 2009 following an unannounced inspection in October 2009, when areas of non compliance with the Private and Voluntary Healthcare Regulations were identified.

This inspection took place on 12 February 2010, and was announced.

Main findings

The provider was able to demonstrate that progress had been made against all the areas of concern identified at the last inspection in October 2009 when a statutory notification notice was issued. Forty three members of staff out of forty nine have completed appraisals. The granting of practising privileges for all consultants has been reviewed and the required documentation is now on file. There is standard operating procedure for the management of controlled drugs and a system is in place for the segregation of expired controlled drugs and their disposal. A review of the management of policies and procedures is ongoing but the whole process has been streamlined with local standard operating procedures being developed in support of organisation wide policies. Risk assessments are current and in place for each department. There is an established audit program in place that involves both local and corporate level audits being conducted and reported on. Young people aged 16 to 18 may be treated at this establishment

however only one member of staff has attended current safeguarding training. Monitoring of stock levels and stock rotation was identified as any area of concern, and some items of equipment were found to be inappropriately stored. Any areas of concern were identified this were discussed with the management team at the time of the visit.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Independent Hospital	IH
Acute hospitals (with overnight beds)	AH
Cosmetic surgery (overnight)	AH (Cosmetic)
Prescribed techniques or prescribed technology: establishments using endoscopy	PT (E)

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
This establishment is registered to provide treatment and care under the following service user categories only: Acute hospitals (with overnight beds) AH Prescribed techniques or prescribed technology: establishment using endoscopy PT (E)	Condition Met
Notification in writing must be provided to the Care Quality Commission at least one month prior to providing any treatment or service not detailed in your Statement of Purpose.	Condition Met
This establishment may provide overnight accommodation for a maximum of 16 patients.	Condition Met
This establishment may not provide treatment or services to patients under 16 years of age.	Condition Met
Children between the ages of 16 and 18 years can only be treated as day cases.	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 Care Quality 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 Care Quality 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 Care Quality Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Care Quality 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	Standard not met
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Standard met
C22	Medicines Management	Standard almost met
C23	Ordering and Storage of Medicines	Standard almost met
C24	Controlled Drugs	Standard almost met
C25	Infection Control	Standard almost met
C26	Medical Devices and Decontamination	Not inspected
A10	Infection Control	Not inspected
A11	Decontamination	Not inspected
A33	Responsibility for Pharmaceutical Services	Not inspected
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	Not inspected

No	Standard	Regulation	Requirement	Time scale
	C13	36	<p>Findings: There is an organisation wide policy that relates to child safe guarding but there is no local information to support this policy.</p> <p>Action required: The registered person must ensure that local information in relation to child safeguarding as detailed in the organisation wide policy is available on site. This is so that staff have ready access to the required information in case of a safe guarding concern.</p>	30 April 2010
	C13	36	<p>Findings: Young people aged 16 to 18 may be seen at this establishment as either an out patient or a day case, however only one member of staff from the radiography department has completed current child safe guarding training.</p>	30 April 2010

No	Standard	Regulation	Requirement	Time scale
			Action required: The registered person must ensure that all staff who have contact with these young adults have attended training in child safe guarding so that they have the knowledge to deal with any allocations of concerns relating to abuse.	
	C22	9(1)	<p>Findings: Some of the hospital policies and procedures relating to the pharmacy department and management of medicines are due for review.</p> <p>Action Required: The registered person must ensure that the pharmacy policies and procedures are reviewed and updated. This is to ensure that medicines and dressings are handled in a safe and secure manner.</p>	12 May 2010
	C23	15(5)	<p>Findings: There were a number of pharmaceutical drugs and medical dressings held in stock that had expired. The stock levels and expiry dates are not regularly monitored.</p> <p>Action required: The registered person must ensure that all pharmaceuticals and supplies are regularly checked for both stock levels and for expiry dates. This is to ensure that medicines and stock items are handled in a safe and secure manner.</p>	12 March 2010
	C24	15(5)	<p>Findings: For one of the controlled drugs held on the premises, the blister pack had been cut and the expiry date was not apparent. The date on the storage box could also not be read.</p> <p>Action Required: The registered person must ensure that all controlled drugs are correctly held and handled in line with the Misuse of Drugs Act and any drugs held where the expiry date cannot be identified must be destroyed. This is</p>	28 February 2010

No	Standard	Regulation	Requirement	Time scale
			to ensure that controlled drugs are stored and administered appropriately.	
	C25	9(6)	<p>Findings: The dirty linen and a piece of microscopic equipment were inappropriately stored in areas that had a potential infection control risk.</p> <p>Action required: The registered person must ensure that a risk assessment is carried out on items that the hospital knows are possibly inappropriately stored and ensure that any required action is taken. This is to ensure that the risk of patients, staff and visitors acquiring a health care associated infection is minimised.</p>	28 February 2010

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Standard Met
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
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 met
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Standard almost met
C10	Practising Privileges	Standard 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	Standard almost met
C30	Completion of Health Records	Not inspected
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	Not inspected

Number	Standard	Assessment
	Committee	
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
	C9	19 Schedule 2	<p>Findings: Recent photographic identification is not available for all members of staff.</p> <p>Action required: The registered person must ensure that recent photographic identification is available for all staff members so that it is possible to confirm staff members identification.</p>	30 April 2010
	C29	9(2) 21(2)	<p>Findings: Patient records were seen in an open unoccupied office and in a room that although locked would be accessible to unaccompanied cleaning staff.</p> <p>Action Required: The responsible person must ensure that information about a patient is disclosed only to those persons who need to be aware of that information. The responsible person must ensure that patient records are kept in a secure place. This is to ensure that all health records are stored securely with arrangements in place to protect the records from use by unauthorised persons, damage or loss.</p>	28 February 2010.

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Not inspected
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	Not inspected
A13	Resuscitation Equipment	Not inspected

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	Standard almost met
C21	Health and Safety Measures	Standard met
A9	Health and Safety	Not inspected

No	Standard	Regulation	Requirement	Time scale
	C17	25(2)	<p>Findings: There was no evidence that the hospital carries out or documents regular checks on water and heating surface temperatures, and fail-safe lighting.</p> <p>Action Required: The responsible person must ensure that a regular programme of checks on temperatures and fail-safe lighting is put in place, carried out and documented. This is to ensure that patients receive treatment in premises that are safe and appropriate for that treatment.</p>	12 March 2010

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